Stroke Alert saves time, and time is brain

A woman calls 911 after finding her 72-year-old husband slouched over his desk, unable to communicate or move the left side of his body. Medics arrive and determine that the man is experiencing a stroke. This information is relayed to the Emergency Department, and "Stroke Alert" protocol is activated.

These are the first steps in the Stroke Alert program at Sacred Heart Medical Center, developed in collaboration with physicians and emergency medical services. The program enables first responders to diagnose, transport and treat stroke patients to minimize the effects of stroke. The program is modeled after Sacred Heart's successful Cath Alert program, which has cut door-to-balloon times for STEMI patients by more than half.

Upon arrival in the ED, our 72-year-old stroke patient is seen immediately by emergency nurses and physicians, using state-of-the-art CT imaging and lab services to confirm stroke diagnosis and the NIH Stroke Scale to measure severity. The on-call neurologist is paged.

The neurologist, emergency physician and interventional radiologist evaluate the test results and discuss the best treatment options for the patient and family, including the administration of tPA. (Intravenous tPA may be administered in the first 4.5 hours of stroke symptom onset; intra-arterial tPA and other endovascular procedures for acute stroke may be performed up to eight hours after onset.)

When certain criteria are met, advanced stroke interventions, including catheter-based blood clot removal and arterial stenting, are available. Patients who receive tPA are sent to the intensive care unit for at least 24 hours of close monitoring. Patients who do not receive tPA but require hospital admission are typically admitted to the neuro floor to be cared for by specially trained nursing staff.

Stroke Alert Facts:
In 2011, Sacred Heart treated nearly 400 ischemic stroke patients, 111 of whom arrived within 3.5 hours of symptom onset. Thirty-two received intravenous tPA and 13 received intra-arterial tPA.

From April to December 2011, 36 patients with stroke received endovascular intervention. Endovascular neurosurgeon Erik Hauck, MD, PhD, performs catheter-based clot retrieval, aneurysm coiling, stenting and angioplasty of intracranial blood vessels to treat stroke and other cerebrovascular disorders.

In the last quarter of 2011, our average time from Emergency Department arrival to tPA was 62 minutes. In all of 2011, 50 percent of Sacred Heart stroke patients received tPA within 60 minutes, meeting the national goal set by Target Stroke, a program run by the American Heart and American Stroke Associations.

Our neuro hospitalist/intensivist Elaine Skalabrin, MD, facilitates the expansion of acute care management of high-risk neurology patients, including those experiencing stroke.

The Oregon Rehabilitation Center, an 18-bed unit located at Sacred Heart's University District campus, serves patients who have experienced stroke, spinal cord injury, brain injury, amputation and other rehabilitation needs. It is accredited by the Joint Commission, as well as the Commission on the Accreditation of Rehabilitation Facilities (CARF) for its Comprehensive Adult Inpatient Program.

Sacred Heart's Advanced Primary Stroke Center was awarded a 2012 "Get With The Guidelines" Gold Plus Performance Achievement Award for Stroke from the American Heart Association/American Stroke Association. Hospitals that receive the award reach an aggressive goal of treating stroke patients with 85 percent of higher compliance to core standard levels of care as outlined by the AHA/ASA for 24 consecutive months. Learn more about our stroke program.

Gawande: Health care need pitcrews, not cowboys

The U.S. health care system is in deep crisis due to cost, complexity and over-specialization, but the solution is simple, according to bestselling author...
and surgeon Atul Gawande, MD, seen here with surgeon David DeHaas, MD, Medical Director for the Surgery Institute at Sacred Heart Medical Center.

It's time for physicians and medicine as a whole to stop acting like cowboys, and start working like pit crews to lower cost, boost quality and produce better patient outcomes.

"Having great components is not enough, but we in medicine have been focused on the components" – the best drugs, the best technology, the best training – Gawande told the audience of more than 500 gathered at Chambers Communications on April 28 for the PeaceHealth-sponsored event. "But we've spent very little time thinking about how they all mesh together."

Doctors today choose from 13,600 different diagnoses – 13,600 different ways the human body can fail. They can select from 6,000 drugs, and 4,000 medical or surgical procedures. And they must do so without wasting resources while delivering some level of humanity and kindness along the way.

"You as an individual doctor or nurse cannot know it all. We simply cannot hold it in our heads any longer," he said.

As a result of this growing complexity, the number of clinicians handling each patient has skyrocketed in the last four decades. In 1970, the average patient saw the equivalent of two full-time employees. By the 1990s, that number had grown to 15 clinicians per case.

Gawande used his own mother’s knee replacement surgery as an example. From diagnosis to discharge, 19 different physicians were involved in orders, and a total of 63 clinicians, physical therapists, social workers and others handled her case. "All this for an ordinary, three-day stay in the hospital that went perfectly well," he said.

This increasing complexity means health care providers must work together, despite a culture that values autonomy and independence. The failure to do so leads to inappropriate, incomplete care and unmanageable cost. "We're trained, hired and rewarded to be cowboys, but pit crews are what we need," he said.

Health care organizations that behave like a system of care are more successful, he said. And doing that requires three skills – the ability to recognize whether you're succeeding or failing by measuring performance against reliable benchmarks, the ability to devise solutions such as surgical safety checklists like the one he helped develop for the World Health Organization, and the ability to implement a solution.
Gawande’s New York Times bestselling book *The Checklist Manifesto* chronicles his work with the WHO to develop the *Surgical Safety Checklist*, which was implemented at hospitals around the world, in countries rich and poor. After about 4,000 patients, the hospitals involved reported a 37 percent average reduction in complications and a 47 percent average reduction in deaths. Stateside, the Veteran’s Administration instituted the checklist in 74 hospitals and saw an 18 percent reduction in deaths.

“If this was a drug that could reduce your chances of dying in surgery by 18 to 47 percent, I would be rich,” he said. “But instead, it’s free, and that makes it interestingly complicated.”

Washington is struggling with these issues, attempting to find solutions, but the real solution is local, Gawande said. It requires humility, a willingness to acknowledge that no matter how trained, talented and experienced we are, we will fail; discipline, because doing things the same way every time reduces the likelihood of failure; and teamwork, which produces an amazingly better result especially when we acknowledge that people up and down the hierarchy have something to contribute.

“I met an actual cowboy by the way, and I asked him, how do you do your job?” Gawande said. His answer: They work in teams with a clear leader. They remain in constant contact, often electronically. And they use checklists to track things like inoculations.

“Even the cowboys are pit crews now, and it makes me think maybe it’s time we were, too,” Gawande said.

Gawande’s speech capped off the inaugural Surgery Symposium hosted by Sacred Heart Medical Center. Presentations from speakers at this year’s symposium, *Optimizing Perioperative Care for the Complex Surgical Patient*, are available at [www.peacehealth.org/cme](http://www.peacehealth.org/cme).

**New pain medication management program monitors patient compliance**

The abuse and misuse of prescription medications pose a significant patient and community safety issue. The death rate from prescription medication overdose more than quadrupled from 2001 to 2008, according to the Centers for Disease Control and Prevention. PeaceHealth Laboratories’ pain medication monitoring program offers the industry’s highest levels of accuracy to detect pain prescription medication and identify negative interactions before they occur.

*PtProtect™* (Patient Protect) is a federally patented testing program that
detects up to 38 prescribed medications and illicit drugs. Medications are revealed at the industry's lowest thresholds for the most sensitive, comprehensive detection of opiates and opioids, thus reducing the possibility of adverse drug interactions.

**PTPROTECT™ BENEFITS**

- Monitors analgesic medication compliance to ensure patient safety and protect practices
- Uses lowest detection thresholds for most sensitive, comprehensive detection of opiates and opioids
- Offers highest testing specificity available
- Tests for more opiates/opioids than other laboratories, without relying on an initial screen
- Detects non-prescribed analgesic medication, reducing the possibility of adverse drug interactions
- Heroin metabolite (6-monocacetyl morphine) testing available on most panels
- Simplifies patient management with easy-to-understand interpretations
- Increases testing flexibility with multiple panel configurations

In five years of field testing, PtProtect™ has proven to regularly disclose patients' pain medication abuse or misuse previously unknown to their physicians. The program has the potential to significantly reduce accidental deaths due to prescription medication. "The main issue is to educate the patient about the dangers of mixing medications," said James R. Morris, MD, a pain specialist with Pain Management Partners in Eugene. "We are a pill-oriented society where people take medications without really thinking about it. PtProtect™ identifies what is in their system so I can tell them what the dangers are."

Drug overdose is a leading cause of death in the United States, causing approximately 40 deaths every day, and prescription drug abuse has reached the level of a national epidemic. Overall costs of abuse and misuse are estimated at $70 billion per year. PtProtect™ directly addresses the safety and financial concerns of prescription pain medication abuse by using the most sensitive and definitive assays to detect medication and illicit drugs.

In field tests, PeaceHealth Laboratories found that 35 percent of PtProtect™ tests returned discrepant results outside a patient's known prescriptions. "The primary benefit of PtProtect™ is safety," Dr. Morris said. "PtProtect™ gives me the ability to identify patients at risk who have an unsuspected diagnosis of substance abuse. The patient is grateful for discovering that."
For more details about the program, read the PeaceHealth Laboratory factsheet on PtProtect™, or an article that appeared in The Register-Guard last month.

**Hypoventilation program to address post-operative risks of OSA**

A pilot program for screening total joint replacement patients for obstructive sleep apnea (OSA) prior to surgery will soon become standard practice for most surgery patients at Sacred Heart Medical Center. Educators have been busy rolling out the protocol and associated education to nursing staff on surgical units with an anticipated roll-out date of June 19.

During the total joint pilot, surgeons at the Slocum Center for Orthopedics and Sports Medicine trained their office staff to assess patients for potential obstructive sleep apnea using the STOP Bang screening tool, an eight-question assessment. The protocol has been refined to target the previously untested surgical population, with the goal of addressing the increased risk for complications in surgical patients with OSA.

Ideally, patients would be screened pre-operatively in their physician's office for OSA, just as surgeons screen patients for coronary artery disease. If the patient has a positive score (5 or more), he or she should be referred for a sleep study prior to surgery. Both Sacred Heart Medical Center's Sleep Disorders Center and the McKenzie-Willamette Medical Center Sleep Solutions Center perform sleep studies.

Review a protocol illustrating how information from the sleep study is incorporated into the patient's post-operative care plan.

Read an article in The Register-Guard by Stephen Aufderheide, MD, Medical Director of Anesthesia at Sacred Heart.

**New physician factsheets available online**

Several new physician factsheets are available on topics including Revascularization of Chronic Total Occlusion, Transcatheter Aortic Valve Replacement (TAVR), Sacred Heart's Level II Trauma Program, and Sacred Heart's Advanced Primary Stroke Center. Factsheets and other information about Sacred Heart programs are always available at www.peacehealth.org/medpro.

**In the News**

Read about physicians featured in the news.
* PeaceHealth Medical Group Neurologist David Lippincott, MD, appeared in a story about cluster headaches on KVAL-TV. (3/20/12)
* Warren Griffith, DO, Division Chief for PeaceHealth Medical Group Urgent Care, discussed common illnesses and injuries on KUGN 590AM's Doc Talk program. (3/20/12)
* Stephen Cook, MD, Cardiologist with Oregon Cardiology wrote about a new treatment for chronic total occlusion in The Register-Guard. (3/22/12)
* PHMG Internal Medicine physician Geoff Simmons, MD, discussed preventative care on KUGN 590AM's Doc Talk program. (3/27/12)
* The Spring issue of Eugene Magazine features an article on heart disease by Nasreen Ilias-Khan, MD, Cardiologist with Oregon Heart & Vascular Institute; and "ask an Expert" questions by Jill Chaplin, MD, PHMG Family Medicine; Lisa Lamoreaux, MD, PHMG Orthopedic Surgeon; and Sudeshna Banerjee, MD, Interventional Cardiologist at OHVI. (3/30/12)

**Jeffrey Larkin, MD, Medical Director of the Gerontology Institute at Sacred Heart discussed activities for keeping the aging brain sharp in The Register-Guard. (4/4/12)**

- PHMG Otolaryngologist Abraham Sorom, MD, appeared on KUGN 590AM's Doc Talk program to discuss allergy symptoms and treatment. (4/3/12)
- PHMG's Geoff Simmons, MD, talked about food safety on KUGN 590AM's Doc Talk Program. (4/24/12)
- PHMG Pediatrician Chris Hammond, MD, was interviewed on KMTR-TV about items you should avoid buying at second-hand stores. (4/26/12)
- The Register-Guard published a story announcing John G. Hill as the new CEO for PeaceHealth Oregon Region. (4/26/12)
- PHMG Hospitalist Richard Barnhart, MD, was interviewed on KMTR-TV about Cascade Medical Team's free medical clinic for uninsured Lane County residents. (4/30/12)
- Neurologist Ray Englander, MD, Co-Medical Director at Sacred Heart's Advanced Primary Stroke Center, was interviewed about Stroke Month and the BODY WORLDS exhibit at RiverBend on KEZI-TV and KMTR-TV. He also wrote an article for The Register-Guard, and appeared on KUGN 590AM's Doc Talk program. (4/29, 4/30, 5/3/12)
- The Register-Guard drew on topics discussed at the PeaceHealth-sponsored Atul Gawande dinner for an editorial about coordinated care organizations and future health care policy. (5/1/12)
- PHMG gastroenterologist Andrew Mirhej, MD, joined host Geoff Simmons, MD, on KUGN 590AM's Doc Talk program to discuss GI issues. (5/15/12)
- PHMG internal medicine physician Michael Carnevale, MD, explained the difference between an internist and other kinds of primary care physicians in The Register-Guard. (5/17/12)
- The Register-Guard featured a story on PeaceHealth's telemedicine program with interviews with Jill Burell, Pediatrics Nurse Manager; Paul
People

New physicians and transitions.

New People

New PeaceHealth Oregon CEO Arrives

PeaceHealth Oregon Region's new Chief Executive Officer, John Hill, arrived on Monday, June 4. He comes to PeaceHealth from The Medical Center of Aurora and Centennial Medical Plaza near Denver, Colo., where he was CEO.

Hill was CEO of The Medical Center of Aurora for five years. TMCA is a 346-bed, acute-care hospital with Level II trauma designation and specialization in cardiovascular services, neurosurgery, women's services, oncology and surgical services. TMCA was named a 2010 Healthgrades Distinguished Hospital for Clinical Excellence, for low mortality and complication rates. Prior to TMCA, Hill worked from 2003-2007 as the COO at Medical City Dallas Hospital, a 704-bed tertiary acute-care facility.

Tom Reitinger, who has worked as Interim CEO for the past year, will continue on through mid-June to ensure a smooth transition. In addition to both Sacred Heart Medical Center campuses in Eugene/Springfield, Hill will oversee operations at Cottage Grove Community Hospital and Peace Harbor Hospital in Florence. His primary office will be at Sacred Heart at RiverBend.

Charlotte A. Clausen, MD, Perinatology

Medical School: University of Kansas School of Medicine
Internship/Residency: OB/GYN, Oregon Health & Science University
Fellowship: OB/GYN, University of California, Irvine
Board-Certified: Obstetrics and Gynecology, Maternal and Fetal Medicine
Women's Care
3355 RiverBend Drive, Suite 210
Springfield, OR 97477
(541) 349-7600
Alicia B. Feldman, MD, Pain Management
Medical School: Creighton University
Internship: Internal Medicine, University of Nebraska Medical Center
Residency: Physical Medicine and Rehabilitation, University of Colorado School of Medicine
Board-Certified: Physical Medicine and Rehabilitation
NeuroSpine Institute
74B Centennial Loop, Suite 100
Eugene, OR 97401
(541) 686-3791

Mandilin G. Hudson, DO, Psychiatry
Medical School: Western University of Health Sciences
Internship/Residency: Psychiatry, Samaritan Health Services
Board-Eligible: Psychiatry
PeaceHealth Medical Group Behavioral Health - Johnson Unit
1255 Hilyard St.
Eugene, OR 97401
(541) 685-1794

Janjan A. Reforma, MD, Family Medicine
Medical School: University of the Philippines
Internship/Residency: Family Medicine, Summa Health System
Board Candidate: Family Medicine
PeaceHealth Medical Group - Family Medicine
1200 Hilyard St., Suite 230
Eugene, OR 97401
(458) 205-6016

Jonathan D. Sherman, MD, Neurosurgery
Medical School: Indiana University School of Medicine
Internship/Residency: University of Cincinnati College of Medicine
Fellowship: University of Pittsburgh
Board-Certified: Neurological Surgery
KeiperSpine, PC
1410 Oak St., Suite 200
Eugene, OR 97401
(541) 485-2537

Steven M. Vets, DO, Emergency Medicine
Medical School: New York College of Osteopathic Medicine
Internship/Residency: Emergency Medicine, State University of New York at Buffalo
Fellowship: Emergency Medicine, Morristown Memorial Hospital
Board-Certified: Emergency Medicine
Eugene Emergency Physicians PC
Duc M. Vo, MD, General Surgery
Medical School: George Washington University School of Medicine
Internship/Residency: General Surgery, University of California Davis Medical Center
Fellowship: Colon and Rectal Surgery, Creighton University Affiliated Hospitals
Board-Certified: Surgery
Northwest Surgical Specialists
3355 RiverBend Drive, Suite 300
Springfield, OR 97477
(541) 868-9303

Send notice of new physicians to Rebecca Taylor.

CME Opportunities
Learn about continuing medical education offerings at Sacred Heart Medical Center, including conferences, grand rounds and regularly scheduled sessions.

Save the Date
Women's Health Care Symposium
Friday, Sept. 7, 2012
Holiday Inn, Springfield, OR
Information

Cardiovascular Symposium 2012
Saturday, Sept. 29, 2012
Valley River Inn, Eugene, OR

Online CME
Enduring online CME courses are available at www.peacehealth.org/cme. Sessions cover a wide variety of topics, and new courses are posted as they become available. To receive credit, evaluation forms must be completed and submitted. The forms and instructions are posted on the website.

See Also:
Conferences
Medicine Grand Rounds
Pediatric Grand Rounds
Palliative Care Grand Rounds

http://emailer.emailroi.com/r.pl?RRkaOVb9QzUyFycy_df27cde47559287e
Regularly Scheduled Sessions (tumor boards, case review, trauma rounds, M&M meetings, journal clubs)

Up-to-date information about Continuing Medical Education is always available at www.peacehealth.org/cme.