Adapting to thrive in today’s changing healthcare landscape

We ask our patients to be proactive in their healthcare needs — pay attention to what their bodies are telling them, talk with their caregivers and make lifestyle adaptations as needed to improve their health. Ohio State’s Wexner Medical Center leadership is doing the same with access to the services we provide.

Leadership is:
- Being attentive to our patients’ and referring physicians’ requests for additional critical care services.
- Forming multidisciplinary teams to examine our options and recommend adaptations.
- Being flexible and innovative to meet current service demands as we build for future needs.

It’s all part of how we Create the Future Now. Here’s an example of how it works:

The Neurosciences Critical Care Unit (NCCU) at Ohio State’s Wexner Medical Center provides full-service medical and surgical critical care to patients with any primary neurological or neurosurgical diagnosis. The expertise of our staff is unparalleled in central Ohio, making Ohio State’s NCCU an integral part of our nationally recognized neurological program.

Recognition of our NCCU expertise is driving demand for these services, which in turn is spurring growth in that area. The new James Cancer Hospital and Solove Research Institute and Critical Care Center, which opens in late 2014, is the future of medicine. It is designed to meet that growing demand and future needs.

Yet, while anticipating that opening, we have experienced a significant increase in demand for Neuro services. A multidisciplinary team came together to study the situation, make recommendations and help us adapt, says Jerry Mansfield, PhD, RN, chief nursing officer for University Hospital and the Ross Heart Hospital.

In February, four beds of our eight-bed Epilepsy Monitoring Unit (EMU) will be converted to the NCCU step-down beds, explains Mansfield. This is a temporary shift of beds that are often underutilized as Ohio State recruits additional physicians to the epilepsy program.

The EMU beds on the 10th floor of Rhodes Hall are physically close to other Neuroscience units and part of the overarching Neurosciences Signature Program. It seemed natural to move them adjacent to the step-down unit where there is greater demand, Mansfield says.

The short-term solution benefits all — patients and our Medical Center. It’s an example of leadership vision and flexibility supported by staff commitment and willingness to do what is best for our patients.

Mansfield summarized the initiative this way: “We knew we had a crunch around the step-down capacity in the critical care/med surg area. Ultimately, the bed shortage will be alleviated with the opening of the new James and critical care facility in late 2014. Meanwhile, we’re being flexible and responsive so that we can provide the best care and service to our patients and referring physicians.”

This bed move also helps our Medical Center continue to grow our Neurosciences program and advance on our goal of becoming a certified stroke program.

Mansfield commended staff input and willingness to adapt: “More and more, it is clear that the healthcare industry is transforming from sick care to well care. Our staff’s commitment to positive change and intercollaborative teamwork makes all the difference. We are all part of creating a preferred future in patient care delivery.”

In his State of the Medical Center address, Steven G. Gabbe, MD, chief executive officer of Ohio State’s Wexner Medical Center, pointed out that Ohio State hospitals are near capacity on a daily basis. Gabbe urged staff to “think differently, and to be more efficient with space, on-time discharges and patient throughput.” In this way, staff can Create the Future Now by being part of innovative solutions that best serve our patients and our Medical Center.

To learn more, visit Create the Future Now on OneSource.
Hospitalists impact all areas of patient care

Joe Meaney | The Ohio State University Wexner Medical Center

When patients admitted to Ohio State’s Wexner Medical Center need medical care during their stay, they can depend on Ohio State’s staff of hospitalists. “Hospitalists are physicians who provide all aspects of care to a patient while they’re hospitalized,” says Kim Tartaglia, MD, FACP, associate director of the Division of Hospital Medicine and a hospitalist in the departments of Pediatrics and Internal Medicine.

“Typically our patients are general medicine patients, but we take care of any patient from the time they are admitted to the time they are discharged.”

Hospitalists are Internal Medicine trained physicians whose primary focus is on hospital medicine and who care for patients while they are in the hospital. They work with residents, medical students, and other physicians to help provide optimal care during a patient’s stay at the hospital. They are the primary contact for questions or updates in order to direct all necessary aspects of treatment and determine a comprehensive plan of care. In addition, hospitalists are the main physicians for families to contact for updates on a loved one.

“I think that the advantage for patients is that, in the majority of cases, they have the same hospitalist from admission to discharge,” says Tartaglia. “While it’s not their primary provider who they’ve known for a long time, it’s a sense of continuity during their hospital stay. We provide 24/7 coverage for our patients.”

Tartaglia also says that patients benefit from the presence of hospitalists because their doctor is physically present in the hospital during the entire day, making them available to come back and answer questions, update loved ones, and discharge patients later in the day if necessary.

“When a change in a patient’s status arises or if tests results come back later in the day, the hospitalist is there to respond to the situation in person. They aren’t being called away to see patients in an outpatient practice or perform procedures on non-hospitalized patients,” says Tartaglia. “Since this is all we do, we have become experts in inpatient medicine and this allows us to be more efficient in expediting care and discharging patients in a more timely fashion.”

Under the direction of Nathan O’Dorisio, MD, the hospitalist program has grown since its founding in 2003 from less than a handful of hospitalists to a current staff of 40. The Division of Hospital Medicine staffs several Ohio State hospitals including University Hospital, the James Cancer Hospital and Solove Research Institute, Nationwide Children’s Hospital and most recently at University Hospital East.

Tartaglia believes that there is still room for the hospitalist program to grow in the future. Physicians are attracted to the program because it allows them to incorporate patient care with other medical interests.

“Part of the reason we have grown so large is because many of us have interests in addition to patient care, including quality initiatives, research and education,” says Tartaglia. “The ability to take care of acutely ill patients, interact and consult with specialists, and take part in patient-based teaching with the students and residents is what is most rewarding about practicing at OSU Wexner Medical Center.”

Tartaglia has been involved in several quality initiatives since coming to Ohio State in 2008, including improving care of patients admitted with COPD, advocating for judicious use of antibiotics, and improving communication with primary care providers around high-risk medications.

For her excellent effort and passion for improving the quality of care, Tartaglia was named a 2012 Top Hospitalist by the American College of Physicians. Tartaglia was nominated by her colleagues and chosen for her patient safety, community involvement, clinical skills, quality improvement, leadership and teaching.

With the increase of hospitalists at Ohio State’s Wexner Medical Center and in hospitals across the country, Tartaglia says there has also been an increased interest in the hospital medicine curriculum at Ohio State.

“We’ve seen an increase in residents who are interested in hospital medicine. With the new Lead. Serve. Inspire. curriculum in the College of Medicine, students will have opportunities for advanced clinical tracks in which they could opt for a more intense and personalized exposure to hospital medicine,” says Tartaglia. “I think our involvement in the medical school curriculum has grown over the last several years and will continue to grow.”

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Plans for new brain and spine hospital

Steven G. Gabbe, MD, CEO of Ohio State’s Wexner Medical Center, announced earlier this month the future plans for the current James Cancer Hospital and Solove Research Institute. This building will be the site of a new Brain and Spine Hospital. Having a hospital dedicated to treating neurological disorders will significantly advance education, research and patient care in our Neurosciences Program, which has been a Signature Program since 2006. The Ohio State University Board of Trustees recently approved $2 million to employ consultants who will help plan renovations for Rhodes Hall, Doan Hall and the current James. Renovations in the three buildings will include converting existing double rooms to private patient rooms and updating spaces for programs including Neurosciences, Transplant, Women and Infants, and General and Specialty Medical Surgical Services.
‘Journey to Innovation’

Samantha Beasore The Ohio State University Wexner Medical Center

Dan Spetie, MD, associate professor of Nephrology, describes his childhood in communist Romania as “being born behind an Iron Curtain and never having the opportunity to see what’s on the other side.”

He adds: “It was tough, in hindsight.”

Spetie left his hometown of Bucharest to pursue personal freedom and a career in medicine in the United States.

“Freedom means a lot to me,” he says. “It is one of the very important reasons that I left the country in which I was born. I came to the land of the free; I came to the United States of America.”

Spetie has been a Buckeye for almost 22 years. He came to Ohio State in 1992 to study Nephrology, the medical discipline that focuses on the prevention, diagnosis and medical treatment of all diseases relating to the kidneys.

“We diagnose and treat a variety of kidney disorders,” explains Spetie. “The kidneys are so much linked with the rest of your body that many of these kidney disorders are part of a systemic illness.”

Spetie says he’s thankful for the diversity in his department and division, but also for the cohesiveness of the Ohio State community. He says he feels that a balance has been achieved.

“I am very, very proud to be a member of a division that is quite diverse, based on ethnic background, and has been very successful, ranking year after year in the top 50 divisions of its kind in the country,” says Spetie. “I’ve developed a good relationship with many colleagues. It pretty much feels like a second family. It feels very good.”

See and hear Spetie’s journey to Ohio State at go.osu.edu/Spetie.

About ‘Journey to Innovation’

Diversity in people and ideas is a core value and strength of The Ohio State University and its Wexner Medical Center. The video series “Journey to Innovation” shares the stories of 12 foreign-born physicians who made Ohio State’s Wexner Medical Center their destination. Follow the series in Insight and online at YouTube.com/OSUMedicalCenter (search “Journey to Innovation”).

“Journey to Innovation” was made possible by a grant from the OSU Medical Alumni Society; Ismail Nabeel, MBBS, MPH; the OSU Wexner Medical Center Diversity Council; and the Department of Marketing and Strategic Communications.

EBP program benefits patients and nurses

Four OSU Health System nurses have received top honors for their work during an Evidence-Based Practice (EBP) Immersion program. Evidence-based practice is a driving force giving Ohio State nurses the tools to provide personalized care for each patient.

OSU Health System Nursing partnered with Ohio State’s College of Nursing to participate in the Evidence-Based Practice Immersion program, which attracted nursing staff from across the nation and even foreign countries.

As part of the program, attendees completed an EBP project proposal. OSU Health System nurses honored and their work include:

• Jan Kulisek, MS, APRN-BC, RN-BC, clinical nurse specialist (September 2012 recipient) — Patient Outcomes Related to Urethral Catheters Versus Condom Catheters.
• Maureen Musto MS, RN, CRRN, ACNS-BC, clinical nurse specialist, Dodd Rehabilitation (September 2012 recipient) — Evaluation of Intermittent Urinary Catheters
• Kristin Calvitti, MS, RN, ACNS-BC, CMSRN, clinical nurse specialist (December 2012 recipient, who received first place) — Tracheostomy Suctioning: The Right Evidence-Based Approach?
• Brenda Vermillion, DNP, RN, ACNS-BC, ANP-BC, CCRN, clinical nurse specialist (December 2012 recipient) — CNSs Promoting Evidence-Based Practice in an Academic Medical Center
• Marcia Belcher, MSN, BBA, RN, CCRN-CSC, CCNS, clinical nurse specialist (April 2012, recipient, who received first place)

Ohio State will send additional clinical nurse specialists to participate in this program in March. “We are always exploring new ways to provide growth and professional development opportunities for all of our nurses,” says Jackie Buck, PhD, RN, NE-C, administrator, Quality, Research, EBP and Education for OSU Health System Nursing.

“Research shows as nurses’ education, skills and knowledge increase, patient outcomes improve. And, since the clinical nurse specialist role is to be that clinical expert on the floors and a resource for our bedside nurses, this EBP program at the College of Nursing is a great fit.”

Feb. 27: Cultural Understanding Workshop

Interpreter Services will host a workshop, Understanding Our Muslim Patient Population, on Feb. 27 from 9-11 a.m. in University Hospital East’s Wallace Auditorium. Attendees will learn about the Islamic faith, its view of illness and treatment, modesty in behavior and dress, diet and more. Presenters include Yosef Khan, MPH, PhD, and Milly Valverde, MA, BS, manager of Interpreter Services. See OneSource for registration information.
Helping new moms with heart disease

Gina Berichia | The Ohio State University Wexner Medical Center

The birth rate for women over 40 years old is the highest it has been in 50 years as women wait longer to start families. Combined with the fact that approximately 500,000 women live with congenital heart disease in the United States, the result is more mothers have or develop heart disease during pregnancy.

The Adult Congenital Heart Disease Program at Ohio State's Wexner Medical Center, a national leader in the treatment of men and women with congenital heart disease, specializes in helping women with heart problems who are pregnant or trying to become pregnant. As a result, more than 500 healthy babies have been born to mothers with heart disease with help from Ohio State's heart disease experts.

"Even in healthy women, the workload on the heart and circulation is much greater during pregnancy. So for women with pre-existing heart conditions, or who may not know they have heart disease, the heart, in some circumstances, may struggle or even fail with the changes that occur during pregnancy," explains Curt Daniels, MD, director of the Adolescent and Adult Congenital Heart Disease Program at Ohio State's Wexner Medical Center and Nationwide Children's Hospital.

Nikki Westphal, 34, of Hilliard, is part of a large and growing number of women born with congenital heart disease who are living longer and are able to start families of their own. According to the Adult Congenital Heart Association, 90 percent of children born with a heart defect will now survive into adulthood.

Westphal was born with aortic stenosis, a narrow and defective aortic valve. As she was preparing for heart surgery to replace her valve, preliminary tests led to a surprise — Westphal found out that she was pregnant. Multiple physicians told her that her heart condition made it impossible for her and the baby to survive the pregnancy.

Westphal's research led her to Ohio State's Adult Congenital Heart Disease Program where Daniels and other heart specialists explained that the only way she could keep her baby would be to risk open heart surgery while pregnant. Not only was her aortic valve narrow, she had also developed an unrecognized life-threatening aortic aneurysm.

"It was worth the risk to have the possibility of keeping my baby, instead of the 100 percent chance of losing him, if I didn't have the surgery," says Westphal, who decided to have the open heart surgery during her pregnancy.

A team of congenital heart disease specialists, cardiothoracic surgeons, high risk obstetricians and anesthesiologists at Ohio State worked collaboratively to save Westphal's baby and fix her heart. While four-months pregnant, she successfully had her aortic valve replaced and aortic aneurysm repaired. She then carried the baby full-term, giving birth to a healthy son, Conor.

"Before I went into labor, I felt pretty comfortable that everything would be fine because of how well my heart surgery went," says Westphal. "I had a lot of confidence in my doctors."

Westphal's doctors continued to keep a close eye on her right after the delivery, because as Daniels points out, that's still a risky time for new mothers with heart disease.

"We are concerned about women with heart disease not only during pregnancy and at delivery, but also immediately after delivery and for the next several days because it is a shock to the system," says Daniels. "The heart can fail very rapidly, arrhythmias develop or aneurysms can tear or rupture."

Many women do not learn that they have these heart complications until they become pregnant and start experiencing symptoms. Daniels suggests to women who have a family history of heart disease or were born with congenital heart disease that they talk with their doctor and consider getting specialized evaluation and testing before they try to start a family.

Learn more about Ohio State's Heart and Vascular Center at medicalcenter.osu.edu/heart/.