

NEURO TEAM'S COOPERATIVE APPROACH YIELDS 'WOW' OUTCOMES

The mortality rate for UCH inpatients who suffer subarachnoid hemorrhages is under 7 percent, far below the national average.

Patients who suffer illness or injuries affecting the central nervous system must endure circumstances none of us wants to face: the loss of ability to freely move or think with the clarity we take for granted.

“Damage to the brain affects everything,” says Shelly Limon, MS, CNRN, nurse manager of the Neurosciences unit in the AIP. “We have to give our patients diagnoses and treatment options that often are not encouraging. Working in the field of neuroscience is both rewarding and challenging. It takes a special nurse to care for these types of patients.”

Yet the neurological providers at UCH provide a tightly integrated course of care that has been unusually successful in helping patients suffering strokes, brain tumors and hemorrhages, epilepsy and other debilitating conditions survive and even prosper under the most difficult of circumstances.

Nurses who work with these challenging patients will be honored in late May during Neuroscience Nurses Week.

A one-stop shop. Unlike many hospitals, UCH operates a stand-alone neuro ICU, as well as an outpatient neurosciences clinic. The continuum of care improves the quality of treatment outcomes, says Kathi Waite, RN, MS, CCRN, nurse manager of the Neuro ICU.

“In most hospitals, neuro patients are mixed together in one surgical ICU,” she notes. “Having a separate neuro ICU produces better outcomes because our nurses are spe-



Neuro ICU nurse team (l to r): Jenny Gallagher, RN; Kerri Jeppson, RN; Annette Vansickle RN, CNRN; Nicolle Schraeder RN, CNRN; Danette Berger, RN; Kathi Waite, RN CCRN; Diedra Kunkel, ACP (Nursing Student).



Neurosciences nurse team, back row (l to r): Dirk Rynshoven, RN; Wendy Tillman, ACP; Phoeth Makio, CNA; Rosemary Kelly, RN; Deb Sims, CNA; Karen Watts, PSC; Shelly Limon, Nurse Manager; Front row (l to r): Joan Adam Charge, RN; Nancy Spomer, RN.

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cialized and know how to care for this specific patient population. Patients who can't be treated elsewhere come here. The neuro ICU nurses play an integral part in the great outcomes we achieve," she concludes.

Superior results. Outcomes data for patients suffering subarachnoid hemorrhages – bleeding in the space surrounding the brain – support that claim, says Robert Neumann, MD, PhD, director of the Neuro ICU. The national mortality rate for patients who suffer such hemorrhages in the hospital, Dr. Neumann notes, ranges from 25 percent to 55 percent. For patients at UCH, the rate is under 7 percent.

"If you're good at treating those cases," he observes, "you're good at everything else."

Explaining the hospital's success in treating neurology patients, Dr. Neumann stresses its multidisciplinary approach to patient care.

"Neuro ICU nursing is critical," he says. "And we also provide an attending physician in the ICU, 24/7 resident care, neurosurgery, radiology tech support and interventional radiology. And we have excellent neurological services and care, including epileptology."

The system works because the various providers work together, Dr. Neumann adds. "Everybody is involved; it's kind of a crazy family" he remarks. "Everyone does his or her part. In some hospitals, people get territorial. We don't have problems where people don't want to help. Here we're selective in hiring the right personalities."

"We really have one team in three locations," says Judy Potter, OTR, MHS, manager of the Neurosciences Center outpatient practice. "We share patients, faculty and clinical staff. That pulls us together for the good of the patients."

Potter projects the center will handle a combined total of 17,835 neurology and neurosurgery visits in FY08 (which ends June 30), well above the anticipated figure.

Experience counts. The complexity of the conditions that affect neuroscience patients also increases the importance of providers' experience, Limon notes. "We have to use our knowledge base to make an accurate assessment."

When Limon opened the Neurosciences unit in June of last year, a relatively small number of nurses had experience in neurological care and had to be trained. However, she notes, eight nurses have at least five years of experience overall, and another seven have at least 10 years of experience.

The nursing staff in the Neuro ICU, Waite adds, includes four certified neuroscience registered nurses (CNRNs). She says three more are scheduled to take the exam soon. However, she too has found many nurses who stay with neurology despite a lack of specific training.

“It’s difficult to recruit neuro-specific nurses,” she says. “But we find experienced ICU nurses who came in, for example, as travelers and fell in love with the specialty. Now some of them are charge nurses or preceptors. They enjoy the complexity of the patient care, the teamwork and the camaraderie.”

Neuroscience Nurses Week is the fourth week of May. For more information, visit the American Association of Neuroscience Nurses Web site at <http://www.aann.org/about/NNW.html>

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