

Aesthetics Now Match High Level of Care in Renovated ICU Units

Aultman recently completed a \$9.6 million renovation of the medical and surgical intensive care units (ICU) to improve patient care and family comfort while adding state-of-the-art technology.

Now, the 38 private rooms each have a window to the outside and are about 80 percent larger to accommodate the increased amount of medical equipment.

"Each patient needs a lot more space now than in 1980 when the units were first built," said Robin Rodríguez, RN, unit director of surgical ICU. "We use a decentralized nursing workstation concept that takes the care to the bedside. A computer and all necessary supplies are within reach in a locked supply cart, and an innovative medication delivery system brings the patients' medications right to the room."

Each patient room also has a "family zone" with a private bath and a sleeper sofa as part of the hospital's family-centered care initiative.

"The presence and support of loved ones is very instrumental in healing. They are also right there when the physicians and support team are making their rounds, too," said Mia Bausell, RN, unit director of medical ICU.

New features, such as more isolation rooms, special needs for dialysis patients, video monitoring and a security system, have also been added.

CRITICAL CARE SERVICES SAVES LIVES AND RESOURCES IN AULTMAN ICU



■ The multidisciplinary team from Aultman Critical Care Services cares for more than 2,000 patients a year with life-threatening illnesses. The team includes left to right (back row) Erich Agnes, Keith Broadwater, Dr. George Kefalas, Dr. Chadi BouSerhal, Sally Paumier, Susan Sullivan, (front row) Tom Smith, Laurie Fitzgibbon, Dr. Nihad Boutros and Sandy Swigert.

Being admitted to a hospital's intensive care unit (ICU) can be a very emotional experience in many ways for patients and their loved ones

However, those in Aultman Hospital's ICU can breathe a little easier because they will receive specialized medical care that is only offered in 10 percent of ICUs in the United States.

Since 2003, a multidisciplinary team from Aultman's Critical Care Services has provided continuous and consistent care for ICU patients. These patients typically spend 30 percent less time in the ICU because their care is centered on evidence-based best practices.

The Society of Critical Care Medicine (SCCM) maintains with its "Right Care, Right Now" campaign that the best care is provided by an integrated team of dedicated experts directed by a trained and present physician credentialed in critical care medicine – called an intensivist. This team also includes critical care nurses (42 percent at Aultman are also nationally certified), a critical care respiratory therapist, pharmacist, dietitian and a family liaison.

Dr. Nihad Boutros leads the program and is also the medical director of Critical Care Services. In 2007, he was honored nationally by SCCM for making "Outstanding Contributions to Critical Care Medicine."

"Using an Intensivist Model has been shown to decrease morbidity, mortality and cost for the ICU patient," said Boutros. "That is to say, good clinical care is efficient care, and efficient care is cost effective."

Boutros and five other intensivists practice at Aultman including Drs. George Kefalas, Jeffrey Miller, Eyad Nashawati, Michael Gabrilovich and Chadi BouSerhal. All are board certified in critical care and pulmonology.

Aultman Hospital has 64 ICU beds treated by the intensivist-directed team. Approximately 2,000 patients are treated in Aultman's ICUs each year.

MISSION TO PREVENT HOSPITAL-ACQUIRED INFECTIONS

For ICU patient care, Aultman follows more than 20 protocols that are driven by evidence-based practices.

"We continuously monitor our compliance with these protocols. It has led to many successes in reducing and eliminating infection from our ICUs, decreasing time on mechanical ventilator, decreasing ICU length of stay and improving care of the septic patient – all leading to a decrease in mortality," said Boutros. "Our data supports that evidence-based initiatives vastly improve patient outcomes."

Since 2005, Critical Care Services has focused on preventing ventilator-associated pneumonia (VAP) and presented a study of their efforts to the SCCM's congress. VAP rates were reduced by 80 percent and there was a decrease in the length of time on mechanical ventilation.

Another initiative to reduce central line associated bloodstream infection has also made a lot of progress. Since inception in 2006 in MICU and SICU, central line associated bloodstream infections were reduced 97 percent.

The Newborn Intensive Care (NICU) adapted the same protocol for their babies in 2009 and decreased line infections to zero.

"The initiative has been so successful that all areas of Aultman Hospital are now trained and following the protocol," said Angela McGee, associate vice president of Critical Care Services. "We are also sharing our knowledge and outcomes with other Ohio hospitals."

The Institute of Healthcare Improvement has recognized Aultman as a "Fully Committed Hospital" in protecting patients from harm.

ICUS WITHOUT INTENSIVIST-LED SERVICES

SCCM estimates 160,000 lives and \$13 billion are lost annually because 90 percent of ICUs don't

BENEFITS OF AULTMAN'S TEAM

- Improved patient outcomes
- Reduced ICU length of stay
- Fewer clinical and procedural complications
- Reduced costs
- Improved patient, family and private physician satisfaction
- Increased focus on patient safety
- Reduced morbidity and mortality
- Decreased hospital-acquired infection, ventilator days and complications
- Accurate placement of patients in the correct level of care
- Coordinated transition of care when patient leaves ICU

use an Intensivist Model.

"It is not uncommon for a patient in a non-intensivist ICU to have multiple consulting physicians – pulmonologist, neurologist, infectious diseases expert or cardiologist – managing different aspects of care. Consequently, orders for tests and medications may be written that are in conflict," said Critical Care Services Coordinator Laurie Fitzgibbon, RN.

"Therapies for the heart might conflict with therapies for the kidney, while therapies for the lungs might conflict with therapies for the heart. It is crucial that physicians treating the critically ill know how to orchestrate the care of the whole patient," she said.

According to Boutros, the old model – a pulmonologist or critical care physician individually rounding in the ICU for a brief period daily – doesn't work.

"What works is a board-certified physician who has no competing responsibilities," he said. "Any sudden changes are expeditiously treated using the physician and team's expertise. Additionally, the Intensivist Model supports timely and personal communication with the patient's family."

Everyone Can Save a Life One Day

About 100 Stark County residents are waiting for organ, eye or tissue transplants. Only 54 percent of licensed drivers and state ID holders in Stark County are registered donors.

Are you registered? If not, what are you waiting for? April is Donate Life Month.

Age doesn't rule you out; nor does diabetes or a previous cancer, for example.

Aultman Hospital and Lifebanc – Northeast Ohio's organ, eye and tissue recovery organization – are working hard to educate the community and save lives.

"The younger generation doesn't hesitate to be a registered donor. The older folks do, and I think that is because of education," said Laura Ash, who serves as Lifebanc's in-house coordinator at Aultman. "Recent advances in transplantation have allowed more people to be eligible donors. The oldest donor in the United States was 92 years old at the time of his death."

According to Ash, the statistics are daunting. Once every 48 hours, an Ohioan dies waiting for a transplant, and more than 108,000 Americans are on a waiting list.

In the last three years, 20 Aultman Hospital patients gave the gift of life with organ donation, and 74 other patients offered life-enhancing tissue to those in need.

"One person's decision to be a donor has the potential to change the lives of more than 50 people in need of a transplant," Ash said.

58 LIVES SAVED

THROUGH 20 AULTMAN-BASED DONORS

| | | | |
|----|--------|---|-------------------|
| 22 | KIDNEY | 7 | HEART |
| 16 | LIVER | 4 | KIDNEY & PANCREAS |
| 8 | LUNG | 1 | KIDNEY & LIVER |

"It's a very emotional process for everyone, but Aultman staff and families are wonderful to work with. Families are so proud of their decisions," said Ash.

Terry and Judy Shea of Wooster are proud of their 35-year-old daughter Lisa who was a nurse, mother of two and a registered donor. Lisa died tragically in 2008 from choking.

"Organ and tissue donation is wonderful," Judy Shea said. "It keeps her alive for us. She made someone as happy as we were sad to lose her. Through this we know she is still out there."

Lisa gave her kidneys, liver and eyes to others and her pancreas to research.

A TOP LIFESAVING HOSPITAL

Providing patients and families the option to donate life is an important mission at Aultman. The organization has been honored by the U.S. Department of Health and Human Services for its dedication.

And according to Lifebanc, Aultman is consistently one of the top lifesaving hospitals in Northeast Ohio for organ, eye and tissue donation.

In 2009, Lifebanc gave its inaugural Gift of Life Nursing Excellence Award to Aultman Surgical ICU Manager Robin Rodríguez, RN. The award recognized her collaboration with Lifebanc to support families, honor donor wishes and save lives.

HOW TO REGISTER AS AN ORGAN DONOR

- SAY "YES" AT THE BUREAU OF MOTOR VEHICLES.
- REGISTER AT DONATELIFE0HIO.ORG (ALL AGES).

Be sure to discuss your donation wishes with loved ones.

Don't eliminate yourself due to age or an existing medical condition.



Rapid Response Team Goes Beyond the ICU

About 4-16 percent of U.S. hospital patients suffer an adverse event, many of which are preventable with early recognition and intervention. To address this, Aultman's Critical Care Services created a Rapid Response Team (RRT) in 2006 to go beyond the walls of the ICU.

Bedside nurses are often the first to recognize that a patient is developing a life-threatening complication and are most often the ones to call the RRT to action. Their efforts prompt timely rescues

and prevent the need for higher-risk interventions later on.

Patients and families are also encouraged to participate in care and use the RRT as the in-hospital "911."

Early involvement from an RRT has been proven to reduce cardiac arrest, death and unanticipated ICU admissions.

SINCE INCEPTION AT AULTMAN, THE "CODE BLUE" RATE FOR NON-ICU PATIENTS HAS DECREASED BY 80 PERCENT.



■ At Aultman, a Rapid Response Team – comprised of a dedicated critical care nurse and respiratory therapist – is called to provide fast bedside assessments when non-ICU patients develop life-threatening complications. Showing the RRT's red toolkit are Heidi Seal, RRT, (L) and Michelle Jeffries, CNP, CCRN.

AULTMAN: A CENTER OF EXCELLENCE FOR...



CRITICAL CARE MEDICINE

AULTMAN



CENTER of EXCELLENCE



Critical Care Medicine

Going to an intensive care unit (ICU) can be a very emotional experience. Aultman patients receive specialized care from our Intensivist Program and our dedicated group of critical care nurses, critical care pharmacists, respiratory therapists and intensivists.



Women/Children

Together with our patients, the Aultman Birth Center is promoting and uniting families for life. We take a team approach to providing the best care for you and your baby — under one roof.



Heart

Aultman Hospital has been named one of the nation's 50 Top Cardiovascular Hospitals by Thomson Reuters for 2011. At the Aultman Heart Center, prevention is a priority. Our education and risk factor identification programs can help you keep your heart healthy.



Cancer

The Aultman Cancer Center is a fusion of ideas, technology, talent and compassion. The physicians associated with Aultman Cancer Center evaluate and design individual patient treatment plans based on the type, stage and aggressiveness of the patient's disease.



Neurosurgery/Stroke

Trauma or illness involving the brain, spinal cord or nervous system can be a frightening experience for a patient and loved ones. Take comfort in knowing you are in the hands of some of the region's most skilled neurological experts, neurosurgeons and stroke specialists.



Emergency/Trauma

Aultman's Emergency/Trauma Center, staffed by board-certified physicians, is designed to allow the fastest access possible to the latest in emergency-care technology.



Orthopaedics

Many orthopaedic problems need more than one medical service. You may require emergency room treatment, medical treatment, surgery, therapy, medical equipment for the home or intense on-site rehabilitation.

AULTMAN
Aultman is My Hospital™

INTENSIVE CARE UNITS FOCUS ON FAMILY-CENTERED CARE



■ Former Aultman ICU patient Kim Henline (seated) and her mother Garnet Henline express their gratitude to Dr. Nihad Boutros and Family Liaison Sally Paumier, RN. The Henlines spent about 50 days at Aultman Hospital and experienced the family-centered care from an intensivist-led team when Kim was very ill from H1N1.

Four out of five Americans will experience intensive care during their lifetimes, either as a patient or as a loved one of a patient

Doctors, nurses and other clinicians focus on caring for patients, but who is responsible for attending to family members?

At Aultman, that someone is Sally Paumier, a family liaison in the medical and surgical intensive care units where those with life-threatening illnesses and injuries are treated.

Paumier is a registered nurse with 30 years of experience and a licensed counselor with certification in pastoral care and grief counseling.

"Patients don't go through the intensive care experience alone. A life-threatening illness is often harder on the family than the patient. Most of the time patients don't remember what happened to them," she said.

Family-centered care is very important throughout Aultman Hospital. Paumier quickly learns who the family members are and makes them feel as comfortable as possible throughout the journey.

Communication and knowledge are powerful tools that help families cope with anxiety and fear of the unknown.

Paumier helps facilitate communication between families and clinicians, answers questions, explains the complex health care

"PATIENTS DON'T GO THROUGH THE INTENSIVE CARE EXPERIENCE ALONE."

— SALLY PAUMIER, RN

system, offers emotional support and much more.

Research shows people only remember about 10 percent of what they are told when under stress, especially when it's unfamiliar information. "I want them to know it is OK to ask questions, especially more than once," Paumier said.

A FAMILY AFFAIR

Sandyville resident Garnet Henline spent many days and nights at the bedside of her daughter, Kim, who was very ill from H1N1. Garnet admits she didn't understand how sick Kim was sometimes, but she wanted to know everything and what to expect.

"Anytime I needed to talk, I sought after Sally. She was such a friend to me," Garnet explained. "She understands the medical terms that

I don't, so she explained everything to me. I looked for her every day."

Kim was hospitalized about 50 days — 19 of them in a coma, which really took a toll on Garnet's health, too. "Kim didn't know I was there, but I was afraid to leave her — even to get something to eat, so the nurses made sure I got a meal and took care of myself."

Garnet and Kim have a very special mother-daughter bond. "I was surprised to hear how strong my mom was during my illness. I'm not sure how she would have coped if Sally hadn't been there to really explain things to her," said Kim.

Looking back, Garnet said she was overwhelmed with all of the good things that came out of their time in the ICU. "Everyone was so nice — doctors, nurses, housekeepers. I will never forget it."

Today, Kim's lungs have some permanent damage caused by the H1N1 flu virus, and her immune system is still weak making it difficult to undergo a third surgery for an injured back.

"We spend a lot of time going to doctor appointments, but I'm just so happy to have her home," Garnet said. "I truly thank Aultman's ICU team for their care."

CARDIOVASCULAR SURGERY

Team Approach Exceeds Patient Satisfaction

After any surgery, the No. 1 goal is restoration of health — whether that's the ability to play golf, do household chores, go back to work or simply walk to the mailbox.

Aultman's Cardiovascular Surgical Intensive Care Unit (CVSICU) is committed to making this happen as quickly as possible for cardiovascular and thoracic patients.

According to Lorrie Durkin, RN, unit director of CVSICU, the unit uses a collaborative-team approach to provide the highest quality of compassionate care. "A multi-disciplinary team is here to alleviate fears that patients and family members typically experience during this vulnerable time in their lives. We realize how frightening it can be waking up from open heart surgery," said Durkin.

The team includes seven surgeons, five advance practice nurses and 55 bedside nurses. Respiratory therapists, dietitians, physical and occupational therapists, case managers and social workers make up the ancillary staff who work collaboratively with nursing to

produce high-quality outcomes.

"We are truly a team and are so proud of our patients' outcomes, especially when they come back and share how we have improved their quality of life," she said.

CVSICU is in the 99th percentile for overall patient satisfaction and "likelihood to recommend" as a result of Press Ganey surveys done in 2010. The ranking is based on a comparison of 7,000 health care organizations using Press Ganey's services to measure and improve quality of patient care. Some components of the survey are communication with doctors and nurses (courtesy, respect, listened carefully, kept me informed), pain management, received quick help and more.

The unit consists of 14 beds that are equipped for patients recovering from anything heart or vascular related such as coronary artery bypass surgery (CABG), valve repair/replacements, aneurysm repair, minimally invasive coronary artery bypass and other surgeries.

A unique open area accommodates



■ MICU and SICU Critical Care Nurse Educator Tina Morris (center) shows critical care nurses Gina Trainer and Justin Hamilton how to set up a dialysis machine.

the sickest patients. According to Cardiovascular Surgeon Dr. Roberto Novoa, open heart patients need a lot of attention just after surgery.

"We don't put them in isolated rooms, like many hospitals do, where it's hard to hear and see what's happening. The ICU is open so many people can oversee their care," said Novoa.

Patients transition to a neighboring step-down unit with the same multidisciplinary team for the remainder of their care, which averages 3.5 days.

ICU Nurses Consistently Recognized for Award-Winning Care

Every intensive care unit at Aultman Hospital is a multiyear recipient of the **Beacon Award for Critical Care Excellence**, an award given by the American Association of Critical-Care Nurses (AACN) to recognize the nation's top hospital critical care units.

The units are:

- Cardiovascular Surgical ICU (CVSICU)
- Cardiac Care Unit (CCU)
- Medical ICU
- Surgical ICU

Just 3 percent of the estimated 6,000 intensive care units in the United States have been recognized as three-time award recipients like the Aultman CVSICU and CCU.

Additionally, nurses are instrumental in Aultman's commitment to quality care for heart failure and stroke patients. Their exemplary care was recognized by the American Heart Association's **Get With The Guidelines® Gold Plus Performance Achievement Awards for Heart Failure & Stroke**. By following this high-tech, evidence-based approach, Aultman improves the quality of care it provides heart failure and stroke patients, saves lives and ultimately reduces health care costs by avoiding re-hospitalization.

In October, Aultman was again granted **Magnet®** recognition by the American Nurses Credentialing Center (ANCC) for overall nursing excellence, an achievement shared by only 6.47 percent of hospitals in the nation. Aultman first earned the honor from the high-level Magnet Recognition Program® in 2006 and is still the only Stark County organization named.

Research shows that facilities with Magnet recognition have more positive outcomes for patients, nurses and the workplace. Specifically, patients experience lower mortality rates, shorter stays and increased satisfaction. Magnet facilities consistently outperform their competitors in recruiting and retaining quality nurses, physicians and interdisciplinary professionals.



AULTMAN NICU KEEPS BABIES CLOSE TO HOME

When babies arrive prematurely or have other serious complications, the Aultman Birth Center provides an advanced Newborn Intensive Care Unit (NICU).

The Aultman NICU is among the first in Ohio to provide private patient rooms. Each of the 25 rooms features individual lighting and heating controls to provide a soothing atmosphere for the newborns. Fold-out furniture is also supplied so parents can stay overnight with their babies.

In Medical Care

Who Is Your Voice When You Can't Talk?

Many patients in the ICU are not able to speak for themselves, but it's crucial for the medical staff to know the patient's end-of-life wishes and who is legally allowed to make other medical decisions.

An advance health care directive — also known as a living will, personal directive, advance directive or advance decision — is a valuable way to communicate end-of-life wishes when the patient cannot.

Furthermore, people should identify a Power of Attorney for Healthcare who knows their life values and can make other types of medical decisions.

Sally Paumier, the family liaison at Aultman's medical and surgical ICU, spends a lot of time helping families through end-of-life issues, so she believes having the decisions already made is a wonderful gift to the family.

"They relieve so much of the burden. It's very difficult to decide who makes the call, as well as when and if a loved one should be taken off life support, especially if the patient never discussed it."

She strongly suggests people 18 and older to have their medical wishes documented, kept updated throughout their lives and available when the need arises.

"Give your loved ones a copy and place one in the car glove box," she said, "so everyone knows your wishes. Also have conversations with those who might be involved — family as well as your physicians."

Aultman PrimeTime Seniors offers free living will and durable power of attorney forms. Forms don't have to be notarized but it's recommended, which PrimeTime offers complimentary on weekdays. Call 330-363-6262 for assistance.

PASTORAL CARE SUPPORTS PATIENTS AND FAMILIES

Aultman Pastoral Care is available 24 hours a day to spiritually and emotionally support patients and families of all faiths and denominations.

Chaplains Paul Rudy and Terry Livengood journey with those in need by routinely visiting patients, answering referrals, responding to traumas and more. A dedicated group of pastoral volunteers also provides support for those in need.