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Health update from Dean Brater

Colleagues, I am happy to report that things continue to go well. I am walking several miles a day. This may not seem like much, but trust me it is a big improvement. I don't know what surgery does to take all your energy away, but it is quite effective. I am coming to the office daily for a few hours to keep up with stuff and of course am harassing the universe via email.

My chest still feels as if a mule kicked me and I have a dysfunctional left vocal chord which should recover over the next couple of months. In the interim, all I can manage is a croaking sound -- many see that as a blessing! In another week I

will be allowed to drive again and will be terrorizing the roadways so be on the alert.

I continue to receive messages of good will and support -- all have been very much appreciated. I simply cannot conjure the words that are able to express how much they have meant. As I have pointed out in prior messages, one of the things that I have learned is the vital importance of such gestures. All in all, I consider myself to be extremely fortunate, and I count my blessings every day. The extended family of the School has been an integral component of that, and I thank all of you.

For further information, contact Linda Beeson at lbeeson@iupui.edu, or at 274-8416.

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A Moment for Patient Safety and Quality Health Care

Tenth in a series

By Herbert E. Cushing, M.D.

Nutritional support yields improved outcomes for many ICU patients

Studies have concluded that, although malnutrition often is unrecognized in critically ill patients, approximately 40 percent of hospitalized patients may, indeed, be malnourished. Many may be too ill to eat or physically unable to do so.

Strong evidence exists that clinical outcomes can be improved by providing nutritional support to these patients: infections, hospital length of stay and mortality all may be reduced. Yet, studies have shown that the nutritional support being ordered and delivered was between 22 percent and 34 percent less than what was needed to meet patients' nutritional needs.

The wide variety of patient populations and treatment modalities represented in studies of nutritional support make it difficult to interpret and summarize findings. Nonetheless, it is clear that ICU patients' nutritional status should be analyzed and addressed early. Body mass index and skin fold thickness are often the measures used. Enteral nutrition (EN) should be provided to all critically ill medical and surgical patients who can tolerate it.

Total parental nutrition (TPN) is used when the enteral route is unavailable or to supplement EN. It may be of particular benefit when administered preoperatively to malnourished patients undergoing gastrointestinal resection. Given postoperatively, it appears to result in poorer outcomes, and, with head-injury patients, increases the risk of aspiration pneumonia.

EN that is specially formulated to support the immune system appears to reduce infections, ventilator days, and overall length of stay; however, no reduction in mortality has been demonstrated. In fact, a trend toward increased mortality appears to exist.

When needed and appropriately used, the cost of EN, TPN, and immune-enhanced EN, and their administration, are more than offset by the avoidance of costs associated with poorer outcomes.

The report can be found at: <http://www.ahrq.gov/clinic/ptsafety/chap33.htm>.

This is the tenth of eleven practices identified by the Agency for Healthcare Research and Quality's Evidence-Based Practice Centers as "clear opportunities for safety improvement." Through a critical study of recent literature and sponsorship of clinical trials, these practices were found to have the greatest positive impact, with the least downside risk, including cost, of the 79 practices studied.

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US News hospital rankings includes eight IU/Clarian specialities

Eight specialties at Clarian Health Partners -- Methodist, Indiana University and Riley hospitals -- ranked among the top 50 clinical programs according to the *U.S. News & World Report's* "2002 America's Best Hospitals Guide."

The report will hit the newsstands in the July 22 issue and currently can be viewed by visiting USNews.com.

The programs and their numerical rankings are:

- Cancer, 13th
- Urology, 13th
- Neurology and Neurosurgery, 16th
- Digestive Disorders, 17th
- Ear, Nose & Throat, 31st
- Orthopedics, 38th
- Kidney Disease, 45th
- Gynecology, 47th

IUSM and Clarian perennially receive national recognition. Through the hard work of all staff, Clarian and the School of Medicine continue to share the national spotlight, and solidify their spot as the premier health care system in the region.

The rankings are developed by surveys of a geographical cross-section of 180 board-certified specialists in each of 17 specialties. Hospital rankings are based on criteria related to reputation, mortality rates and other areas such as advanced technology capabilities and nursing care.

In addition, hospitals must meet one of three requirements for eligibility for ranking: affiliation with a medical school, membership in the Council of

Teaching Hospitals or having a minimum of nine of the 17 key technologies available.

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Paul Nelson to lead IUMG-SC

Paul Nelson, MD, assumed the role of acting CEO for IU Medical Group-Specialty Care July 1.

Dr. Nelson will fulfill the administrative and leadership duties of chief executive officer as the IUMG board conducts a national search for an official replacement to William Martin, MD, who resigned to accept the position of medical school dean of the University of Cincinnati. Both internal and external candidates will be considered during the screening process.

Dr. Nelson, division director of neurosurgery, joined the IU faculty in 1992 following three decades in Pennsylvania serving at both University of Pittsburgh School of Medicine and Presbyterian University Hospital.

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IUSM Special Events Calendar now available for use

In order to prevent similar special events from being scheduled simultaneously, the Dean's Office has developed a Special Events Calendar for your reference and use. It's located at <http://wwwdb.ucs.indiana.edu/iusm/scripts/calendar>.

There also is a link on the IUSM home page.

To qualify for inclusion on the calendar, a "special event" should be open and of

interest to a broad representation of School of Medicine faculty, students, residents and staff.

The Special Events Calendar makes it easy for people to avoid scheduling events during other events that might draw the same audiences.

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Bioinformatics support offered by UITS

Arrangements can be made on the UITS Web site to have seminars and workshops telecast on the network and/or archived. The link for making arrangements is <http://www.indiana.edu/~rac/INGEN/ingen-vcr.shtml>

Telecasting is not available for all rooms, so it is worth checking the Web page for suitable rooms before booking a room. Requests to have events telecast must be made at least 10 days prior to the event.

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Scientific Calendar online

A comprehensive listing on IUSM seminars, lectures and Grand Rounds can be accessed at www.medlib.iupui.edu/calendar/. To place items on the Scientific Calendar, please forward them to Iona Sewell at imsewell@iupui.edu.

To keep the electronic version of *Scope* as streamlined as possible, only seminars and lectures of general or multi-disciplinary interest will be included.

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Submissions to Scope

Scope wants your news items.

The deadline for submission is 8:30 a.m. on Fridays. *Scope* is published electronically and sent to faculty, staff, students, and residents.

There are four easy ways to submit story ideas or information to *Scope*:

- fax the information to 278-3502
- e-mail the information to mhardin@iupui.edu
- mail the information to Mary Hardin, LO 401, IUPUI
- paste your plain text message into Scope Web form on the IUSM faculty & staff page: <http://medicine.iu.edu/faculty/index.html>

Contributions submitted by e-mail should be forwarded in 12 point, plain text format.

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