



# The Clarian

LifeLine adds bases in Lafayette and Muncie.

See page 2.

Potentially qualify for 2011 employee health insurance incentives.

See page 3.

## Clarian Transplant again ranks among the nation's top abdominal transplant programs



Clarian Transplant's abdominal program remains the third largest such program in the country by volume, according to data provided by the Organ Procurement and Transplantation Network (OPTN). The only comprehensive transplant program in Indiana, Clarian offers short wait times and excellent patient outcomes. Clarian's abdominal transplant program includes intestine, pancreas, liver and kidney transplants.

Clarian's pancreas transplant program (kidney/pancreas and pancreas alone) is, for the third year in a row, the largest in the country by volume, while Clarian's intestine transplant program is also ranked number-one by volume – up from number-five last year.

"These outstanding national rankings for our abdominal programs again demonstrate Clarian Transplant's commitment to providing unparalleled care to organ recipients," says A. Joseph Tector, MD, PhD, surgical director of the Clarian Transplant Institute. "With wait times below the national average and survival rates above the national average, Clarian Transplant patients can be assured that they are receiving the highest quality care possible."

Overall, Clarian Transplant is the 6<sup>th</sup> largest transplant center by in the nation by volume.

### A SECOND CHANCE TO BE A FAMILY

While Clarian Transplant's abdominal program includes four different organs, patients sometimes need some or all of those organs transplanted at the same time – a multivisceral transplant. Missy Bucher was one of those patients.

Bucher, a Fishers resident and the mother of a second-grader, was healthy and active until December 4, 2004. Bucher had flu-like symptoms and a fever that spiked to 104 degrees; doctors soon found that she had a tumor the size of a grapefruit in her abdomen.

Doctors removed the growth; but after surgery, a blood clot formed, killing Bucher's small bowel – an organ vital to digesting food. She needed a multivisceral transplant.

*continued on page 2*

#### CLARIAN TRANSPLANT NATIONAL RANKINGS

Overall Transplant Program	6
Intestine	1
Pancreas (kidney/pancreas and pancreas alone)	1
Liver	7
Kidney	12

## The continuum of critical care

Critical care starts long before patients reach an intensive care unit



Critical care is not a place – it's a process that sometimes starts on the highway when air or ground first-responder teams treat patients en route to hospitals such as Methodist.

PHOTO PROVIDED BY MICHAEL GRAVETT, MD

Critical care medicine has come a long way since Florence Nightingale first grouped the sickest, most severely wounded soldiers together for observation and treatment during the Crimean War. Yet, this rapidly evolving branch of medicine is often not fully understood.

### WHAT IS CRITICAL CARE

Critical care is required when illness or trauma overwhelms a person's physiological reserves to the point where the patient will not recover without immediate pharmacological or mechanical interventions. Critical care staff and technologies provide those reserves until the patient is out of life-threatening danger.

### WHERE IS CRITICAL CARE

Critical care is not a place – it's a process. Michael Niemeier, MD, chief medical officer, Methodist Hospital, explains: "Critical care is not geographically based. It begins on I-65 when you have your wreck. Or in Bedford with LifeLine transport. It is in the emergency department, the inpatient critical care unit and beyond."

Although the concept of a continuum of critical care was proposed two decades ago, the need to provide such care regardless of location is just now gaining greater recognition.

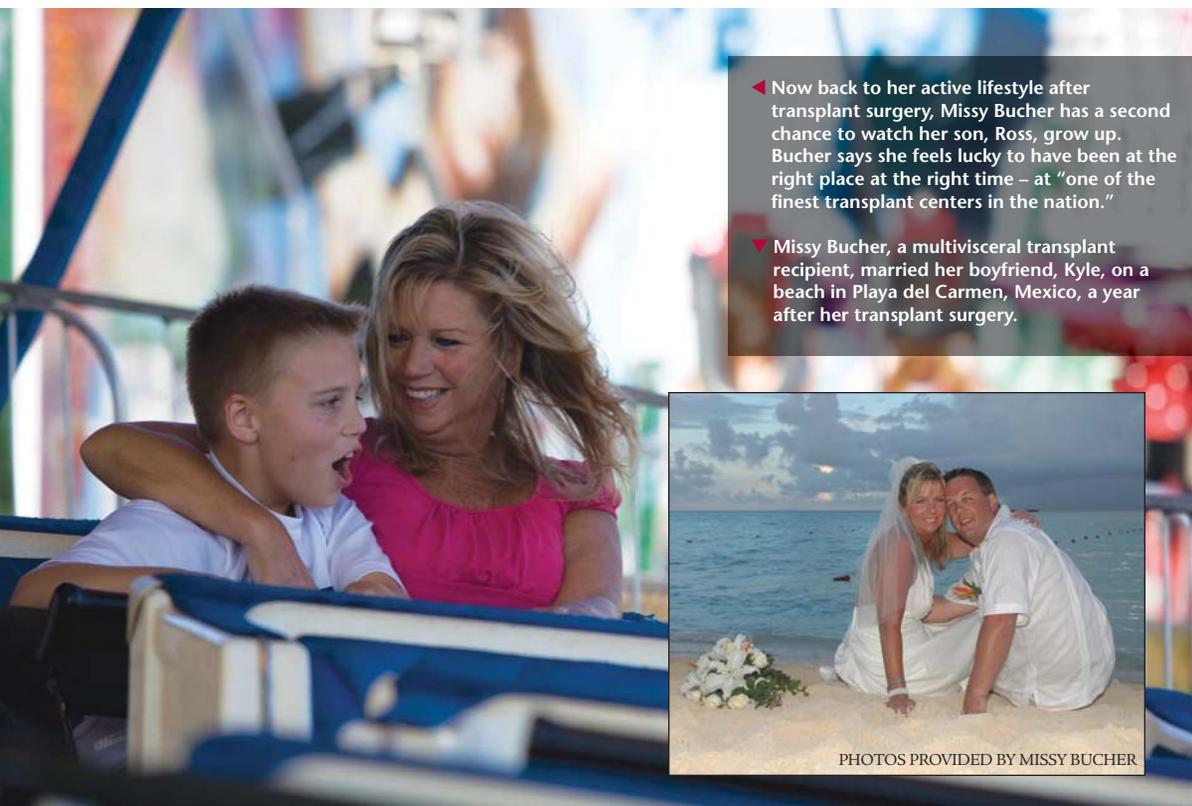
All emergent situations warrant critical care attention. The goal of emergency transport care is to preserve vital functions while delivering patients to a facility with more comprehensive critical care resources. Michael Gravett, MD, NREM-TP, Business Development and Strategic Partnerships, LifeLine Critical Care Transport, notes, "If one organ fails, another will fail. You want to avoid that, as multi-organ failure is very hard to come back from."

Similarly, in the emergency department (ED), "The acuity for us is always at the critical level," says Deb Fabert, BSN, RN, clinical manager, Methodist Hospital Emergency Medicine and Trauma Center. "If you come in with chest pains, you *should* be treated like a critical care patient until we know differently."

### CRITICAL CARE SAVES LIVES (AND MONEY)

Critical care in and out of the hospital makes economic sense. Even though ED visits account for 40 percent of hospital admissions – and a fourth of those involve critical illness – ED care alone averts 11 percent of its patients from requiring admission to an intensive care unit (ICU). Naturally, ICUs require substantial resources; they represent

*continued on page 2*



Now back to her active lifestyle after transplant surgery, Missy Bucher has a second chance to watch her son, Ross, grow up. Bucher says she feels lucky to have been at the right place at the right time – at "one of the finest transplant centers in the nation."

Missy Bucher, a multivisceral transplant recipient, married her boyfriend, Kyle, on a beach in Playa del Carmen, Mexico, a year after her transplant surgery.



PHOTOS PROVIDED BY MISSY BUCHER

## WE WANT TO HEAR FROM YOU!

Do you have a story idea or something to say about a story you've read in *The Clarian*? Tell us about it!

If you have an inspiring story, an interesting angle on a new technology, know of a great example of customer service or a great quote, call, fax or e-mail *The Clarian*.

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### DEADLINES

Submissions for the April 19 issue of *The Clarian* must be received by no later than noon on Wednesday, April 7. Submissions for the May 3 issue of *The Clarian* must be received by no later than noon on Wednesday, April 21. Requests for feature stories may require more lead time. Please call 962-4527 or e-mail theclarian@clarian.org.

When sending a submission to *The Clarian*, include your name, department and phone number. When space is limited, information will be included on a newsworthy basis. All submissions may be edited for style or clarity. Submission does not guarantee publication.

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### ON THE COVER:

Jeff Wolma, LPN

 Clarian Health

## LifeLine to expand service in central Indiana

### LifeLine will be based in Indianapolis, Lafayette, Muncie, Columbus, Kokomo and Terre Haute

In a continuing effort to provide premier critical care transport services to communities throughout Indiana, and to better align with Clarian Health regionally, LifeLine Critical Care Transport will soon expand its service to Lafayette and Muncie.

Beginning in July, LifeLine, which operates 24 hours a day, will offer six base locations: Indianapolis, Lafayette, Muncie, Columbus, Kokomo and Terre Haute. The new base locations will ensure accessibility to critical care transport for all of central Indiana and will enable Clarian Arnett and Ball Memorial Hospitals to serve as regional centers for critical care and other patient needs in east- and west-central Indiana.

"Having LifeLine helicopters based in these communities will increase our ability to deliver high-quality care to our patients and serve more people in and between these areas," says Shelly Maersch, RN, BSN, MBA, director, LifeLine Critical Care Transport.

LifeLine transports severely injured and critically ill patients in more than 1,500 flights annually.



Beginning in July, LifeLine will expand its services to the communities of Lafayette and Muncie.

## Clarian transplant continued from page 1

Under the Clarian Transplant team's care during the complex surgery, Bucher received a new small bowel, stomach, pancreas and liver.

"Because our surgeons carefully evaluate every organ offer, we are able to do more transplants and significantly reduce wait times for our patients," says Rodrigo Vianna, MD, surgical director of Clarian Transplant's adult and pediatric intestine and multivisceral transplant programs and Bucher's surgeon.

Now with a second chance at life, Bucher married her boyfriend, Kyle, and resumed her active lifestyle with her son, Ross.

"There are so many times when we're doing something and I just sit and stare at Ross and think, I may not have known him to this age," she says. "Life gets better every day."

Register to be an organ donor at [donatelifeindiana.org](http://donatelifeindiana.org). It only takes a few minutes, and as many as eight lives can be saved from one person's gift.

## April is National Donate Life Month



*Indiana*

Clarian Health, Indiana Organ Procurement Organization and Donate Life Indiana will hold a flag-raising ceremony on Tuesday, April 6, 8-9 a.m., in the Barnhill Drive Atrium of the IU Simon Cancer Center.

The ceremony commemorates those who have given the gift of life to others. A short service will be held before raising the Donate Life flag.

The Indiana Donor Registry is handled through Donate Life Indiana, an alliance of agencies that save and enhance lives by registering organ, eye and tissue donors.

Refreshments will be served following the ceremony; all are welcome.

## Critical care continued from page 1

about seven percent of all hospital beds, but they account for 20 to 30 percent of hospital costs. "If I can diagnose something more quickly, prevent a complication or infection, if I can help 'graduate' patients out of ICU more quickly, that makes for a better bottom line financially for the hospital," notes Niemeier.

### CARE THAT SHIFTS WITH PATIENTS' NEEDS

Methodist's critically ill inpatients are served by a multidisciplinary team headed by an intensivist, a specialist physician with up to three years of additional training in critical care medicine. As of today, only 37 percent of all ICUs use intensivists, although patient outcomes are better when this model is used. The need for intensivists is increasing as Americans age.

The structure of an ICU care team is fluid by design, as patients' rapidly changing needs and constant monitoring require the collective skills of nurses, respiratory therapists, multiple physicians and others.

Niemeier explains that the team's leadership is fluid as well: "In our model, the intensivist is a coordinator and facilitator of care, but the 'leader' – if you have to define a leader – is really a dynamic process. It includes a surgeon, infectious disease physician, nephrologist, etc., depending on the patient's course. It really is a multi-headed team. What makes it so important is that the team allows that shifting and does so without regard to a structured hierarchy."

### TRAINING FOR THE FUTURE

Because emergency medicine (EM) and critical care medicine (CCM) are inextricably linked, one might think that physicians serving in either capacity would be cross-trained in the other. However, that's the exception, not the rule.

Methodist is a rarity: it both employs and educates dual-trained EM/CCM physicians. One such person, Tim Ellender, MD, who splits his time between Clarian ICUs and EDs, created a fellowship – one of only five in the country – to train ED physicians in critical care. As an assistant professor of Clinical Emergency Medicine, Ellender hopes that "Lighting the Way: the Campaign for Methodist Hospital" will infuse more dollars into this effort to create more physicians who "understand both sides of the aisle."

### THE FUTURE OF CRITICAL CARE

As people live longer with multiple chronic conditions, their complex health care needs require hospitals to allocate more dedicated space for sicker patients and the technologies they require. "Lighting the Way: the Campaign for Methodist Hospital" will help ensure the highest availability and quality of pre-hospital and hospital critical care for the next 100 years.

The issue touches everyone: on average, each person will have one to two critical care "events" in their lifetime. The quality of care given in those earliest hours directly affects long-term outcomes.

Fabert has both personal and professional experiences with critical care. Hear her story at [methodisthealthfoundation.org/employeecampaign.aspx](http://methodisthealthfoundation.org/employeecampaign.aspx).