Explaining the unexplained: 10 years in the Autonomic Lab

The Autonomic Lab at HHS is celebrating 10 years of helping patients move past the barriers of autonomic & fainting disorders.

Over 10 years, the autonomic lab team at Hamilton Health Sciences has offered insight and answers to more than 2,700 patients, all with one thing in common: they faint.

Fainting is a relatively common but often unexplained and overlooked issue that can result from a number of medical conditions including autonomic disorders. In some cases, it’s a condition that can severely debilitating its sufferers from leading normal day-to-day lives.

On Nov. 14, 2003 the autonomic lab debuted at McMaster University Medical Centre, driven by Dr. Carlos Morillo, cardiologist director of the syncope and autonomic disorder unit and program director of the cardiac electrophysiology & autonomic physiology fellowship program at HHS, and has since remained the only lab of its kind in Ontario.

Now located at Hamilton General Hospital, the lab is supported by a small but mighty team including Dr. Morillo, Dr. Juan Guzman, and registered nurses Brenda Brouwers and Deb Harrington.

The autonomic lab is a service of the General’s cardiac arrhythmia unit (CAU). Patients are referred from the outpatient arrhythmia clinic, as well as other units and centres from across Hamilton, the region, and even the country. In most cases, fainting is caused by heart rate or blood pressure disorders. Often, treatment is simple yet highly effective in reducing fainting episodes and enhancing the quality of life for patients. In the autonomic lab, state-of-the-art tilt table testing and non invasive hemodynamic monitoring are essential to patient diagnosis, often leading to a dramatic shift in the course of patients’ lives.

“A diagnosis for a fainting or autonomic disorder can be life-changing. The patient gets peace of mind to move on with their lives.”

DR. CARLOS MORILLO

“...A diagnosis for a fainting or autonomic disorder can be life-changing. The patient gets peace of mind to move on with their lives.”

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TOGETHER
WE WILL PROVIDE THE
Best Care for All

Moving evidence into practice to deliver the best patient care

Hamilton Health Sciences has five goals that will help us achieve our vision, Best Care for All. In this issue, the focus is on becoming world leaders in moving evidence into practice to deliver the best care. Building on our core value of innovation, we are committed to moving evidence into practice in an effective and timely manner. Our focus is to bring research and quality improvement processes together to deliver exceptional care for our patients and to enhance the quality of their lives.

To become world leaders in moving evidence into practice to deliver the best care

Click here to learn more about our new vision, Best Care for All.

GOAL 2
EVIDENCE-INFORMED QUALITY CARE

“Time is brain”: Evidence-informed practice in stroke care

In stroke care, there’s a saying that “Time is brain” after a stroke occurs. In fact, one to two million brain cells die for every minute blood flow is cut off to the brain. To optimize outcomes following a stroke, patients receive tPA, a blood clot-busting pharmaceutical administered by needle. To maximize effectiveness of tPA, provincial and national benchmarks suggest that the drug should be administered to stroke patients within 60 minutes of the event.

At HHS, the Emergency Stroke Care Quality Improvement Committee (ESCQIC) has led a thorough quality improvement project to bring HHS below the 60-minute “door-to-needle” (DTN) benchmark in an effort to enhance outcomes for stroke patients. Initially, the committee used performance charts and engaged key stakeholders in a Value Stream Mapping exercise to identify barriers & bottlenecks in efficiency in tPA delivery and find areas for improvement.

Since the implementation of the project, HHS has seen a 28-minute reduction in its median DTN time, from 67 to 39 (as of Oct. 30, 2013). This means more patients receive tPA within the 60-minute benchmark, enhancing positive outcomes post-stroke.

A former patient participates in a street campaign to raise awareness around stroke symptoms and emergency stroke care. The sooner clot-busting drugs are given following a stroke, the better the outcome for the patients. HHS has recently improved its “door-to-needle” time for clot-busting drugs by 28-minutes.

“This remarkable reduction in our stroke thrombolysis door-to-needle times could not have been achieved without the outstanding commitment of all staff involved in the process,” says Louise MacRae, regional stroke director.

“I’m proud that our team is a top performer in the country, but more proud that patients have a better chance of recovering from their stroke,” says Dr. Wes Oczkowski, neurologist at Hamilton General Hospital and regional stroke medical director.
Topping global charts in IT leadership

Mark Farrow has been named as a 2014 Premier Top 100 Leader by Computerworld. Mark has multiple roles in healthcare in this region, as vice president and chief information officer (CIO) at Hamilton Health Sciences (HHS), CIO at St. Joseph’s Healthcare Hamilton (SJHH) and CIO and eHealth lead at Hamilton Niagara Haldimand Brant Local Health Integration Network (HNHB LHIN).

Mark is among only a handful of Canadians and the only leader from Hamilton and the region to ever receive this prestigious lifetime honour. He joins an impressive list of honourees leading information technology systems in organizations around the world (see the full list here). With more than 25 years experience in the field, Mark sees a number of positive changes coming with IT in healthcare, including greater mobility to bring information to care givers when and where they need it.

The Premier Top 100 program, created in 2000, recognizes individuals from around the world who have had a positive impact on their organizations through technology. This year’s honorees were selected for their demonstration of positive management strategies, innovation despite business challenges and effective use of information technology.

Click here to watch a video about Mark and his views on the importance of IT in health care.

Recap: 2014 Cardiac & Vascular (CV) Insight

On Nov. 20, 2013 Hamilton Health Sciences (HHS) hosted its 22nd annual Cardiac & Vascular (CV) Insight conference. The event, held at Winona Vine Estates, was the best gathering yet with a unique line-up of nine interdisciplinary speakers ready to share their knowledge and experiences with more than 100 HHS staff and local healthcare professionals.

The day started with Dr. Matthew Danter who shared new developments on the implementation of a transvenous laser lead extraction program. Following him was registered nurse Laura Pokoradi who vibrantly explained the mysteries of chronic pain and how it should be approached.

Next up was social worker Diana Tikasz who touched on compassion in health care, and solutions to prevent ‘compassion fatigue’, followed by registered nurses Sarah Gracie and Lisa Boyd who explained that some of the aging practices in health care are outdated and must be challenged. After a satisfying lunch, Dr. Jacques Tittley shared the evolution of aortic arch repair. Next was Dr. Menaka Pai reviewing the effects of anticoagulation in surgeries. To wrap-up the day, guests were treated to a debate between Dr. James Velianou and Dr. Adel Dyub who presented opposing cases for how open heart surgery should be approached.

“This day exemplifies what Hamilton Health Sciences is all about,” said Michael Kampen, chief of interprofessional practice at HHS. “By sharing and learning with others, we can continue to excel as leaders in cardiac and vascular care.”
Celebrating commitment to continuing education

Hamilton Health Sciences (HHS) is celebrating the recipients of its annual Health Professional Bursary Awards. The bursaries, which are funded by the HHS Foundation and the HHS Volunteer Association and their donors, are awarded each year to staff members who are continuing education on a full-time basis. The selection committee, chaired by Jennifer Henderson, interprofessional education specialist, had the opportunity to review a number of applications from some very accomplished HHS staff members.

Applications for the awards are accepted each year beginning in May and are due by August. Applicants must provide an up-to-date resume that includes employment and education histories, as well as any research and publication contributions. References must also be included. Application packages are reviewed by members of the selection committee using a set of established criteria.

In addition to the Health Professionals Bursary Award, applications will soon be available for the Margaret R. Charters Bursary for nursing staff. Beginning on January 13, the application will be available on the Education Intranet Site under “Education Funding”. The deadline for this bursary is March 21, 2014. If you have any questions about funding or the application process for these or other education funds, please contact the Funding Hotline at ext. 46020.

Please join in celebrating the achievements of the 2013-2014 bursary award recipients.

Aileen McPhail Bursary
Amy Wright, nurse practitioner, McMaster Children’s Hospital

Paul Robson Bursary
Lisa Boyd, RN, Hamilton General Hospital

Susan D. Smith Bursary
Jessica Roloson, RN, McMaster Children’s Hospital

Foundation Bursary
Stephanie Carlin, pharmacist, Hamilton General Hospital

Volunteer Association Bursary
Blessy Philip, RN, McMaster Children’s
Natalie Mendola, RN, McMaster Children’s
Natalia Worek, registered practical nurse, Regional Rehabilitation Centre

“Time is brain”: Evidence-informed practice in stroke care

Fainting spells and autonomic disorders can create significant limitations in a person’s life. Often, patients are driven by their fear of fainting, limiting participation in physical activities and avoiding daily tasks such as driving and going to work. This loss of independence, coupled with a mystery diagnosis, can lead to depression.

“Depression prevalence is quite high in some of our patients,” says Brenda. “Diagnosis and treatment will give hope and lead to recovery.”