

Organizations that experience success with a well-established, fully-functional cath lab often find that initial achievement of goals is quickly followed by questions about how to sustain momentum for the long term. The inclusion of neurovascular interventional capabilities within the cath lab setting can be key to optimal utilization of resources, increased staff efficiency, and streamlined operations. Community Hospital, a 458-bed hospital in Munster, Indiana, took advantage of this HEART AND BRAIN CONNECTION and Corazon had the opportunity to discuss with Jill Conner, Administrative Director of Neuroscience and Cerebrovascular Services.



**Q** What was the impetus for co-locating cardiology and neurovascular services?

**A** Data collection pushed them together – by what related to each and what was most appropriately aligned. Structural Heart and Neurovascular naturally merged. Cryptogenic Stroke (caused by AFIB) ultimately drove these two together. We started holding “Heart/Brain Connection” events for the community, including screening for AFib. We are also able to more effectively manage cross-referrals.

**Q** Describe how you are capitalizing on the synergies between the heart and brain.

**A** The heart/brain connection helped to eliminate the typical silos. When we look at stroke patients, we pull apart the etiology of the stroke and determine what cardiac issues could be present as well. Conversely, if it's a cardiac event, the patient is screened for stroke symptoms. Often a patient will be referred to a Neurointerventionalist. It's a matter of getting patients into the system and shifting the model to primary intervention – a lot of cross-protocols have been put into place. Our coordinators have been extremely instrumental – they cross refer with each other frequently and interact with patients to decide where they should go.

**Q** What value has this brought to the program in terms of clinical/operational/financial outcomes?

**Clinical:** We have reduced the long-term effects of stroke in our community based on preventative strategies and making earlier rule outs. With this crossover, we are able to get patients into the appropriate care queue based on symptoms.

**Financial:** We may see these patients in an outpatient setting, which saves in-hospital costs.

**Operational:** Based on the tests, patients are able to go directly to the correct specialist. We can get the patients to the right place at the right time and provide the right care more efficiently.



**Q Have you been able to identify further ways to improve outcomes with this linkage?**

**A** Data has been powerful. We have an extremely large AFib & Cryptogenic Stroke population. Through these programmatic changes, we found that the management of these patients wasn't the best – they got 'lost in the shuffle.' This screening process is an advantage to the patient and clinicians. Twice a year we offer heart/brain connection events - lectures, screening for AFib, and patient appointment scheduling.

**Q Can you speak to physician satisfaction resulting from this change?**

**A** Once the physicians saw the benefit of co-locating these services, they were pleased with the outcome. It took cardiology some time to say that they were partners with neuroscience, and would work together. A lot of repetitive conversations had to happen for them to get comfortable, but now our physician team is very cohesive.

**Q Do you have any lessons learned to share with others that are considering leveraging these two specialties?**

**A** The biggest challenge is uniting the two separate specialties to one common goal. They all have their own space – but showing them the commonalities between each other to get them engaged has worked well. Using data and outcomes to highlight the positive difference that it makes, and getting down to the details to get the doctors on board was helpful.

**Q Are there plans to expand on this experience or continue it moving forward?**

**A** Growth in neuro has been huge and our structural heart program has been solid. As a next step, we would like to look at a vascular clinic concept. In structural heart, we have surgeon and interventionalist clinics - we would like to replicate that same concept with a vascular clinic model wherein we could triage patients and have a multidisciplinary look to better direct care.



Community Hospital in Munster, Indiana is a great example of a client that has taken the synergies between the heart and brain and capitalized on them to improve patient care. This connection has brought a wealth of opportunity and growth for their hospital, has increased patient and physician satisfaction, and streamlined diagnosis and treatment for both heart and brain patients. They are now equipped to handle other possible co-locations of services that will lead to improved clinical, financial, and operational outcomes for their hospital.