UAB Hospitalist Services Expand

25-bed Unit Opens at UAB Highlands, Additional MDs Planned

The Hospitalist Service has played a significant role in the care of patients since its founding in 1998. Housed under Prime Care and academically integrated with the Division of General Internal Medicine, the Hospitalist Service has exclusive management of their inpatient care.

“The hospitalist model of care provides the opportunity to concentrate on inpatients by delivering effective, efficient care, reducing length of stay, and increasing patient satisfaction. In addition, without the time constraints of hospital rounds and calls, primary care physicians can focus on outpatients,” says Hospitalist Medical Director James D. Lyman, MD.

The service, which was initiated with two physicians, now has seven full-time physicians. “We have increased involvement from internal medicine physicians from the Division of General Internal Medicine who will begin rotating through our service,” he says. “We have a physician joining the service in December whose responsibilities include quality improvement initiatives — an area hospitalists are becoming more involved in throughout the country.”

Traditionally not a house staff service, the hospitalist group was identified as a solution for increased inpatient census and fixed resident manpower. The addition of UAB’s North Pavilion and expanded Emergency Department, as well as initiation of the resident 80-hour work week limit, are cited as forces behind the continued growth.

UAB Highlands

UAB Highlands recently opened a 25-bed hospitalist unit, which increases the hospitalist capacity to 30 to 35 inpatient beds for the future. The hospital retained its ability to overflow inpatients to existing units.

“We have modified the Hospitalist Service’s clinical coverage to incorporate a 24-hours-a-day, 7-days-a-week physician presence that is designated for the care of moderately acute patients from any of the Prime Care or General Internal Medicine services who would like to refer to a hospitalist,” Dr. Lyman says. One physician, a nurse practitioner, and a rotation of UAB fellows staff UAB Highlands’ Hospitalist Service.

“UAB Highlands serves as a relief valve when UAB Hospital reaches capacity,” Dr. Lyman says. “Inpatient growth at Highlands is generated from referrals from the

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Epstein Chairs Writing Committee for Cardiac Device-Based Guidelines

UAB cardiologist Andrew E. Epstein, MD, FAHA, FACC, FHRS, chaired the writing committee for new, comprehensive cardiac device-based therapy guidelines issued in May. The “ACC/AHA/HRS 2008 Guidelines for Device-Based Therapy of Cardiac Rhythm Abnormalities” incorporate major advances in device technology and findings of recent studies. The American College of Cardiology (ACC), American Heart Association (AHA), and Heart Rhythm Society (HRS) jointly released the recommendations and posted the full text on their Web sites (www.acc.org, www.americanheart.org, www.hrsonline.org).

ACC/AHA/HRS Task Force on Practice Guidelines Chair Sidney C. Smith Jr, MD, FAHA, FACC, says, “Nominations continued on page 3
HOESLEY IS ASSOCIATE DEAN

Senior Associate Dean for Medical Education H. Hughes Evans, MD, PhD, announces the appointment of Craig J. Hoesley, MD, as associate dean for undergraduate medical education. He succeeds Roger L. Berkow, MD. “Dr. Hoesley is an accomplished teacher and clinician who brings a wide array of talents to his new position,” Dr. Evans says.

An associate professor of internal medicine in the Division of Infectious Diseases, Dr. Hoesley has served as medical clerkship director for 7 years, receiving numerous teaching awards for the clerkship and his individual efforts. His teaching skills have been acknowledged yearly at the Argus Society awards ceremony, commencement exercises, and other university-wide events. He serves on many School of Medicine education committees and chairs the Integrated Medical Sciences Committee, a subcommittee of the Medical Education Committee.

MEDICAL STUDENT FREE CLINIC NEEDS FACULTY VOLUNTEERS

M-Power Clinic Serves the Homeless and Uninsured

More than a year ago UAB's medical students launched a free clinic to serve the needs of Birmingham’s homeless and uninsured. The M-Power clinic has been in operation on Tuesday and Thursday nights in the Avondale neighborhood since 2000.

“Volunteering our time and skills is the best way to support the truly impressive effort and spirit our medical students have shown in developing this clinic.”

Dr. Craig Hoesley

With the help of UAB’s first through fourth year medical students, the clinic expanded its hours in 2007, holding an additional student-run clinic the first and third Wednesday night of each month from 5 to 7 PM.

The students are extremely engaged in the clinic and are eager to expand its operation to every Wednesday evening, says Associate Dean for Undergraduate Medical Education Craig J. Hoesley, MD, who also is director of medicine clerkships. “There is waiting list of students who want to participate in the clinic,” he says, “but there is a need for additional faculty and fellow volunteers to serve as preceptors.”

About 20 Department of Medicine (DOM) faculty have participated in the clinic, and have found the experience rewarding, Dr. Hoesley says. “I would ask faculty and fellows to consider volunteering their time on one or two Wednesdays during the course of the year,” he says. “Volunteering our time and skills is the best way to support the truly impressive effort and spirit our medical students have shown in developing this clinic.”

The clinic is located at 4022 4th Ave S. For more information about the clinic go to www.mpowerministries.org/medical_clinic.html.

DOM faculty and fellows interested in volunteering their time should contact Dr. Hoesley at choesley@uab.edu or 205.934.7090.

UAB Prime Care physician network at The Kirklin Clinic® and the UAB Health Center satellite clinics."

UAB Hospital and UAB Highlands administrators have developed an age-based admission protocol for patients entering UAB Hospital through the University Emergency Department (UED). “If a patient and his family agree, patients 75 years and older are transferred to UAB Highlands for inpatient care,” he says. “This protocol ties in with our goal of establishing a UAB Highlands acute care for elders [ACE] unit, which will be a joint venture with the Division of Gerontology, Geriatrics, and Palliative Care Medicine.

“Focus on older adults at Highlands, including the development of the ACE unit, with its special focus on an elder-friendly environment and system of care that helps to avoid geriatric syndrome complications, are aspects of care we believe will benefit the patients and their families,” he says.

The Hospitalist Service also has a clinical criteria protocol for hospitalist admissions from the UED that works to transfer inpatients to UAB Highlands regardless of their age.

Increasing Staff

Growth plans include developing a daily census of 20 to 30 patients to help support two hospitalists practicing at UAB Highlands during weekdays and increasing the UAB Hospital staff to eight full-time hospitalists.

“Throughout the nation we are starting to see hospitalists take on leadership roles in their organizations,” says Dr. Lyman, who points to his role as UAB Highlands physician-in-chief as an example. “Because the hospital is the only place they practice medicine, hospitalists are able to provide unique expertise as they become more involved in patient safety and quality initiatives. This kind of involvement, along with the additional services hospitalists provide, adds significant value to patient care.”
for chair of a clinical practice guideline writing committee require specific characteristics, including a strong sense of leadership and commitment to the ACC and AHA methodology and scientific rigor.

“We also aim for a senior practicing clinician who, in addition to being a leader in their field of expertise, can drive consensus when faced with varying points of view,” Dr. Smith says. “Dr. Epstein epitomizes these important characteristics. He masterfully led all phases of this important guideline and continues to be a valuable resource to both the ACC and the AHA.”

Prestigious Panel

The writing committee was composed of a “who’s who” of experts from prestigious academic medical institutions across the nation and included authorities on device therapy, cardiovascular medicine and surgery, internal medicine, ethics, and socioeconomics.

The guidelines cover device-based therapy indications for life-threatening cardiac arrhythmias, heart failure, congenital heart disease, and sudden cardiac arrest. “The recommendations are thoroughly evidence-based, incorporating the latest data on efficacy and clinical outcomes from dozens of clinical trials and advances in pacemaker and implantable cardioverter-defibrillator (ICD) therapy,” Dr. Epstein says.

Cardiac device technology is a rapidly evolving area of clinical practice. In 2005 US patients with cardiac rhythm abnormalities received an estimated 180,000 pacemakers and 91,000 ICDs. “The expansion of indications for device implantation necessitates education and guidance to ensure that their prescription is evidence based,” he says.

Patient-specific Modifiers

The patient-centered approach the task force adopted considers patient-specific modifiers such as comorbidities, patient preferences, frequency of follow-up, and cost-effectiveness of devices.

Throughout the document, the writing committee emphasized the need for optimization of medical therapy before device implantation is considered.

“Given the enthusiasm for cardiac resynchronization therapy, the committee gave guidance that these devices should be prescribed only when patients with heart failure are still experiencing significant symptoms while being treated with optimal recommended medical therapy,” Dr. Epstein says.

The authors encourage optimized pacemaker programming to minimize unneeded right ventricular pacing, which can worsen heart failure.

Revised ICD indications reflect new developments and consider voluminous literature related to device efficacy in the treatment and prevention of sudden cardiac death (SCD) due to life-threatening ventricular arrhythmias. Because of overlap between primary and secondary indications for ICDs, guideline authors combined recommendations for all such devices.

Humanistic Approach

Dr. Epstein describes the recommendations, rewritten “from stem to stern,” as humanistic and patient oriented. The authors formally articulated the importance of discussing risks and benefits of implanted devices, life expectancy, and quality of life issues with patients and families to ensure that their expectations are appropriate. “Lack of patient understanding and adherence may adversely affect treatment outcomes,” the authors write.

As physicians, patients, and families increasingly are faced with decisions about device-based therapies in elderly patients, consideration must be given to life expectancy estimates, comorbidities, procedural risk, and patient preference.

“Indications for ICDs and cardiac resynchronization therapy device implantation will evolve as technology advances and guidelines change. These guidelines extend and clarify current best practices and offer the best evidence available for treating patients with heart disease,” Dr. Epstein says.
Nine Programs Ranked in ‘America’s Best Hospitals’

Nine UAB specialty programs are among the nation’s top 50 in the 16 categories evaluated at 5462 American hospitals this year by U.S. News & World Report. Five of the nine are among the top 25 programs, according to rankings in the magazine's 18th annual “America’s Best Hospitals” issue, released July 11.

UAB Hospital was 1 of only 170 hospitals, or about 3% of U.S. institutions studied, to rank high enough in even one specialty to make the much-watched “Best Hospitals” list. No other hospital in Alabama or Mississippi made the list.

Rheumatology, ranked for the 17th consecutive year, was eighth in the rankings. Other cited programs and rankings were:

- Kidney disease, 14th;
- Gynecology, 19th;
- Cancer, 20th;
- Ear, Nose, and Throat, 29th;
- Respiratory Disorders, 24th;
- Urology, 36th; and
- Heart and Heart Surgery, 46th.

“We are very happy to be recognized for the high quality care we provide at UAB Hospital,” said UAB Hospital CEO Mike Waldrum, MD, MSc, MBA. “Our longstanding inclusion in this listing is a tribute to the efforts of everyone who works here and the commitment they have to providing our patients with the best care possible.”

According to the magazine’s published methodology, the ranking for 12 of the categories is based on three equal parts: reputation, mortality, and a mix of care-related factors such as nursing and patient services. The 50 hospitals in each of these specialties with the highest scores are listed. Rankings for ophthalmology, psychiatry, rehabilitation, and rheumatology are based strictly on reputational scores, and the magazine lists the top 25 programs for each.

Lister Hill Library at UAB Hospital

The Lister Hill Library of the Health Sciences at UAB Hospital — located on West Pavilion’s second floor corridor — is staffed 7:30 AM to 5:30 PM, Monday to Friday. For staff with direct patient care responsibilities at the hospital, 24-hour access is available. Contact 205.934.2275 during working hours to arrange for an access code.