Are you working long hours, but always feeling like you need more time?
Or giving your job everything you’ve got and not getting enough back?
Are you losing interest, and finding it hard to muster your usual energy?
Or feeling cynical, and losing your personal connection with patients?

All of these are symptoms of burnout, a state of emotional exhaustion that can lead to career dissatisfaction and negatively impact the quality of care. Typically defined as a loss of enthusiasm for work, feelings of cynicism, and a low sense of personal accomplishment, burnout persists through time off, enjoyable activities, and other usual recovery methods.

The causes of burnout are myriad, and many involve environmental factors. Some studies and experts point to significant changes in the practice of medicine, including electronic medical records, quality indicators, and increasing reliance on patient satisfaction data.

Others cite the decline of physician autonomy, in the service of standardization, data collection, and conforming to payer requirements. Still others implicate an overabundance of bureaucratic duties and details.

The health care environment as a whole provides little foreseeable relief to these issues. As we work through the requirements of MACRA, the demand for data and measurement will only increase.

So we need to do what we can as an institution. How can UI Physicians run interference and help support our membership? How can we best use technology to benefit providers? What burdens can we relieve in one area to rejuvenate engagement in another?

In future issues of the UIP Newsletter, we will take a closer look at a variety of causes of burnout, along with services and solutions that may ease your load, spark your enthusiasm, and reinvigorate your commitment to outstanding patient care.
Interventional Neuroradiology: Changes in UI’s Service Parallel Field’s Swift Evolution

Once the domain of radiologists, interventional neuroradiology has expanded rapidly since its inception in the 1980s, due to advances in technology and inclusion of additional disciplines.

Neurosurgeons and neurologists now participate in the same programs and fellowships that train neuroradiologists to use fluoroscopy to navigate tubes and wires through the blood vessels of the brain to treat aneurysms and strokes with balloons, coils, and stents.

The wave of change has been so dramatic that even the field’s name is in flux.

“It isn’t a subspecialty of neuroradiology alone anymore. It really is a surgical subspecialty,” said Dr. Colin Derdeyn, Chair and Departmental Executive Officer of Radiology in the University of Iowa Carver College of Medicine and Past President of the Society for NeuroInterventional Surgery. “Neuroendovascular surgery is the name that many in the field are settling on.”

A similar transition has taken place in UI Health Care’s Neuroendovascular Service. Radiologists who made significant early advances in the field moved on, and the mantle was passed to neurosurgeons: Dr. David Hasan, Associate Professor of Neurosurgery, with assistance from Dr. James Rossen, Professor of Internal Medicine—Cardiovascular Medicine, Professor of Neurosurgery, and head of the UI’s Cardiac Cath Lab.

As the field took its latest leap forward—the establishment of thrombectomy in early 2015 as recommended treatment for many cases of acute ischemic stroke—two neurologists joined the UI service: Dr. Santiago Ortega, Clinical Assistant Professor of Neurology, and Dr. Edgar Samaniego, Clinical Assistant Professor of Neurology.

In late 2015, Dr. Derdeyn arrived at the UI and assumed leadership of the Neuroendovascular Service. His addition, along with that of Dr. Minako Hayakawa, Clinical Assistant Professor of Radiology, marked the return of radiologists.

“The six of us now rotate call coverage for acute strokes and ruptured aneurysms and whatever other cases arise from inpatient services,” Derdeyn said. “We have a truly multidisciplinary service. And all these different perspectives and backgrounds translate to better care.”

Neuroendovascular Service offerings include:

**Emergent Conditions**
- Ruptured aneurysm
- Acute ischemic stroke
- Uncontrolled bleeding of the head and neck—trauma, epistaxis, tumors

**Elective Conditions**
- Unruptured brain aneurysm
- Vascular malformations of the brain, head and neck, and spine
- Stenoses of cervical (carotid and vertebral) and cerebral arteries
- Diagnostic cervical and cerebral angiograms
- Preoperative embolization of tumors of the head, neck, brain, and spine.

For more information, contact the Interventional Neuroradiology Clinic at 319-353-8141.

Holden Comprehensive Cancer Center Hosts Cancer Moonshot

On June 29, the Holden Comprehensive Cancer Center at the University of Iowa hosted a satellite Cancer Moonshot summit, held simultaneously with Vice President Joe Biden’s National Cancer Moonshot summit in Washington, DC. The Iowa event drew more than 100 attendees from throughout the region, and aired live on Facebook. Live stream video connected the Iowa participants to the main event in Washington, which was attended by George Weiner, MD, Director of the Holden Comprehensive Cancer Center.

The National Cancer Moonshot initiative was announced by President Obama in his 2016 State of the Union Address, and is charged with “doubling the rate of progress toward ending cancer as we know it.”

“The effort is bringing together leaders in health care, academia, private industry, and philanthropic sectors, as well as patients, survivors, and advocates, encouraging all groups to work together, break down silos, and effectively share information toward a cure.”

The Iowa event was hosted by Holden Comprehensive Cancer Center at the UI, the American Cancer Society and American Cancer Society Cancer Action Network, the Iowa Cancer Consortium, and the U.S. Department of Health & Human Services—Region VII. Learn more about the event, and watch the video introduction, at uihealthcare.org/iacancermoonshot.
Hyperbaric Medicine Offers Options for Wound Care

Inside a sealed chamber on the 5th floor of Pappajohn Pavilion a patient is taken to 2.4 atmospheric pressure, the equivalent of being 45 feet under water. The patient is undergoing hyperbaric oxygen therapy to dramatically increase blood and tissue oxygen levels, encouraging the growth of small blood vessels and promoting healing and growth in problem wounds. This is especially beneficial for diabetic patients and others with complex wounds.

The physicians, respiratory therapists, and biomedical personnel at the Dr. Peter J.R. Jebson Hyperbaric Medicine facility use their training in anesthesia, critical care treatment, advanced life support, and hyperbaric medicine to care for patients facing ailments from chronic wounds to traumatic injuries.

The hyperbaric chamber, installed in 1995, is the largest and only multi-place chamber in the state. The unique size allows a member of the hyperbaric medicine team to accompany patients inside the chamber to assist the patient and provide care if a medical emergency occurs. The chamber has the capacity to treat up to six patients at a time, with an attendant present.

The UI Hyperbaric Medicine facility is available 24/7 and capable of treating critically ill patients. Within a few hours of a trauma, the facility can treat patients using hyperbaric oxygen to help mitigate ischemia, reperfusion injury, and edema—decreasing damage to both soft tissue and bone.

Extremely anemic patients can also benefit from hyperbaric oxygen therapy to bridge the gap until the patient’s hemoglobin has increased. The facility also coordinates with surgical teams to receive patients directly from the OR for hyperbaric therapy.

“It has been my privilege to oversee the care of patients ranging from diabetic foot wounds to traumatic injuries, including saving limbs of potential amputees,” said Merete Ibsen, MD, Clinical Assistant Professor of Anesthesia and Hyperbaric Medicine Specialist.

The facility also performs transcutaneous oxygen measurements to evaluate oxygen levels in patients’ extremities and determine if hyperbaric oxygen treatment would be beneficial. In addition, the team assists in defining possible amputation lines to preserve as much of a limb as possible for better patient outcomes. “We can help a vast array of patients,” Ibsen said. “We are uniquely situated to offer the best in hyperbaric medicine.”

For more information, call 319-356-7706 or 319-356-1616 ask for the hyperbaric physician on call.

Our hyperbaric chamber, the largest and only multi-place chamber in Iowa, is open 24 hours a day, 365 days a year.

The chamber offers emergency treatment for people with life-threatening injuries and can accommodate ICU patients with ventilators, EKG, and invasive arterial lines.

Big Changes to Flu Campaign

The end of summer brings UI Health Care’s annual flu campaign. The 2016 campaign is scheduled to officially begin Sept. 12, though dates may change due to vaccine availability. This year’s flu campaign has several distinct changes from years past:

- **Campaign is only four weeks**
  - The campaign runs for only four weeks. Data has shown that staff comply almost exclusively early and at the last minute – eliminating the unused middle releases valuable resources.

- **ReadySet™ is required**
  - Whether you choose to receive or decline the vaccine, you must have a ReadySet™ account. Account set-up takes just a few minutes, and establishes an electronic employee health record that, in compliance with federal law, is entirely separate from Epic. All staff who have been hired or visited the Employee Health Clinic since mid-February will already have a ReadySet™ account. You can sign up now at https://uiowa.readysetsecure.com.

- **FluMist® will not be offered**
  - FluMist® will not be offered. The CDC’s Advisory Committee on Immunization Practices found that no protective benefit could be measured from the product. FluMist® is being withdrawn from most academic medical centers across the country.

UI Health Care rates of compliance – actually receiving the vaccine or officially declining it – are exceptional. Please participate in the campaign as soon as possible, and encourage your colleagues to do the same.
UI Hospitals and Clinics among “Most Wired” in the Nation for the Seventh Consecutive Year

The American Hospitals Association Health Forum and the College Healthcare Information Management Executives surveys more than 741 participants, representing more than 2,213 hospitals, examining how organizations are leveraging IT to improve performance for value-based health care. “We are very proud to be recognized again as a national leader in IT,” said Lee Carmen, Associate Vice President for Information Systems. “We work very hard to utilize the most advanced information technology to support our goals of providing the safest, highest quality care possible.”

UI Hospitals and Clinics earns 4-star rating from Centers for Medicare and Medicaid Services

The Centers for Medicare & Medicaid Services (CMS) recently updated their Inpatient Star Rating Report, intended to help consumers compare providers and make informed choices about their care.

“We are extremely proud of all of our faculty and staff who do such a great job of providing excellent service, outstanding care, and exceptional outcomes for our patients,” said Kenneth Kates, Associate Vice President of UI Health Care and CEO of UI Hospitals and Clinics. “We are so pleased to see their efforts being recognized on the national level.”

UI Hospitals and Clinics among Nation’s Best

In the annual listing, released Aug. 2, seven specialties were recognized as among the top 50 in the nation:

- #5 Ear, Nose, and Throat
- #7 Ophthalmology
- #16 Orthopedics
- #34 Cancer
- #34 Urology
- #47 Neurology and Neurosurgery
- #49 Gynecology

In addition, UI Hospitals and Clinics was recognized as “high-performing” in these specialties:

- Diabetes and Endocrinology
- Gastroenterology and GI Surgery
- Geriatrics
- Nephrology

“We are extremely proud of all of our faculty and staff who do such a great job of providing excellent service, outstanding care, and exceptional outcomes for our patients,” said Kenneth Kates, Associate Vice President of UI Health Care and CEO of UI Hospitals and Clinics. “We are so pleased to see their efforts being recognized on the national level.”