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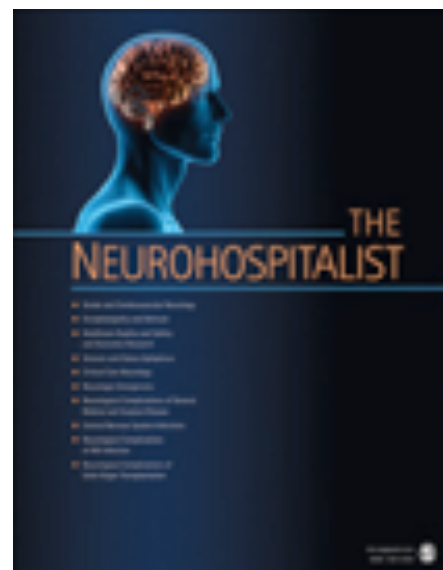
The Preoperative Neurological Evaluation
John Probasco, Bogachan Sahin, Tung Tran, Tae Hwan Chung, Liana Shapiro Rosenthal, Zoltan Mari, and Michael Levy
<http://nho.sagepub.com/cgi/content/abstract/1941874413476042v1>

Be on the lookout for several theme issues over the next few months, including:

- Infectious Disease**
- Palliative Care**
- Quality Metrics in Neurology**

Please direct your comments, letters, suggestions and feedback to:

Vanja Douglas, MD
Editor-in-Chief



Admission Day Week Affects the Outcome of Stroke Patients

Arch. Neurol. Jul 2012

Introduction: The “weekend effect” has been studied in several medical conditions and indicates a higher mortality rate than weekday admission. This study evaluated the “weekend effect” on stroke patients.

Methods: A database search identified stroke admission to the National Health Service in England over one year. These admissions were evaluated for an imaging study of the brain on day of admission, use of thrombolysis, incidence of aspiration pneumonia as a hospital complication, seven day in hospital mortality, discharge to usual place of residence within 56 days and 30-day readmission rate. The weekend was defined as Friday at midnight to Sunday at midnight. Regression analysis was used to determine likelihood of death and return to previous residence, and compared to actual rates to determine excessive mortality and discharge dispositions.

Results: The search identified 93,621 stroke admissions. Patients admitted on the weekdays were more likely to have imaging scans performed ($p < 0.001$), have thrombolysis administered ($p = 0.001$), and less likely to have aspiration pneumonia ($p < 0.001$) or to die within 7 days of admission ($p < 0.001$). Patients were discharged to their previous residences more often in the weekday group ($p > 0.001$). Readmission rate at 30 days was similar between groups.

This study was performed on patients in England only. Interestingly, only 46.5% of the patients admitted received a brain imaging study on the day of admission. Extrapolation of the data to the United States is difficult given the differences in our medical systems.

Neurohospitalist Take Home: Neurohospitalists and hospital systems should be vigilant to provide the same level of care on the weekends and weekdays.

Palmer WL, Bottle A, Davie C, Vincent CA, Aylin P. Dying for the Weekend: A Retrospective Cohort Study on the Association Between Day of Hospital Presentation and the Quality and Safety of Stroke Care. Arch Neurol. Jul 2012;1-7.

Reviewer: Jennifer Simpson, MD

Frequent outpatient visits decrease hospitalizations and cost of care for Parkinson's disease.**Neurology. Oct 2012**

Introduction: Patients with Parkinson's disease (PD) are admitted for a myriad of causes. Many of those diagnosed with PD do not regularly see a neurologist. It is possible that more frequent neurological care early in the course of PD, and this care may help reduce the risk of a hospital admission.

Methods: Medicare data from 2002 was used and the ICD-9 code "332.0" was searched. Demographic data was taken from the Medicare Beneficiary Annual Summary Files (BASF). County of residence was used to determine socioeconomic data. Provider identification codes were used to determine frequency of outpatient visits. Hospital data was extracted from 2002 to 2005, and five common PD-related and five general medical causes were identified as reasons for admission.

Results: A total of 24,929 patients were identified, of which 5,318 (21.3%) were hospitalized. Those with frequent neurological visits had a lower adjusted odds of hospitalization for psychosis (HR 0.71, 95% CI 0.59-0.86), traumatic injury (HR 0.56, 95% CI 0.40-0.75), and UTI (HR 0.74, 95% CI 0.63-0.87). All of these were deemed to be related to PD, and there was no correlation between general medical admissions and frequency of outpatient neurological visits. Repeat admission for psychosis (HR 0.41, 95% CI 0.33-0.51) and UTI (HR 0.50, 95% CI 0.35-0.71) were also in favor of frequent outpatient neurological admissions. Those with frequent visits had fewer hospitalizations ($p < 0.01$) and skilled nursing facility days ($p < 0.01$) than those with infrequent visits. Although tests for significance were not done, those with frequent visits had a lower cost associated with their medical care, \$54,863 vs. \$60,348.

Neurohospitalist Take Home: Frequent outpatient neurology visits for PD can be beneficial at reducing the rates of admission for PD-related causes, and can reduce the cost of care.

Willis AW, Schootman M, Tran R, et al. Neurologist-Associated Reduction in PD-related Hospitalizations and Health Care Expenditures. *Neurology*. Oct 2012;79:1774-1780.

Reviewer: Jennifer Simpson, MD

Neuro Localizer**Cost:** Free**Seller:** University of Michigan**Compatibility:** iPhone 3GS
iPhone 4
iPhone 4S
iPhone 5
iPod touch (3rd and 4th generations)
iPad

General Info: Application allows user to localize specific examination findings to the brain, brainstem, spinal cord, plexus, and nerve. The app opens to a deceptively simple gingerbread man, and you note the side and part of body affected. Specific muscles, sensory abnormality by dermatome, and reflexes can be added. Facial abnormalities, like ptosis and eye deviation, can be added. The program then draws the tract of the abnormality beginning at the brain and extending through the plexus, when applicable. When multiple items are listed, each tract is superimposed on the last and color coded. A brief plexus is provided when drawing the tract, but can be reviewed in more detail by clicking on the specific localization (such as left L5 nerve root). The "Suggestions" tab provides additional physical examination findings with the number of possible localizations if the exam is found to be abnormal.

Pros: Easy to use and great for teaching
Free
Superimposed tracts are easy to see and the ability to review the plexus is great

Cons: Each examination finding must be entered separately
No more than 5 examination findings can be added

Reviewer: Jennifer Simpson, MD

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Contributors

Jim Greene
james.greene@emory.edu

Jennifer Simpson
jennifer.simpson@ucdenver.edu

David Likosky
dalikosky@echc.org

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Neurohospitalist Position

The Department of Neurology and Neurological Sciences at Stanford University School of Medicine is searching for a neurologist, to be appointed in the Clinician Educator line at the Clinical Instructor, Clinical Assistant, Clinical Associate or Clinical Professor level depending on qualifications and experience. Responsibilities will include care of general and subspecialty neurology inpatients and teaching of medical students, residents and clinical fellows at Stanford University Hospital. Necessary qualifications include ABPN certification or eligibility, eligibility for a California medical license, and suitable clinical and teaching experience. Fellowship training as a neurohospitalist is desirable.

Successful applicants should demonstrate excellence in clinical care, clinical teaching, and institutional service, and will be encouraged to interact with the wide range of clinical, translational and basic science programs offered at Stanford. Applicant materials should include a CV and Cover Letter addressed to: Yuen T. So, MD, Neurology Search Committee Chair, and sent to: ytso@stanford.edu Review of applications will begin immediately and continue until the position is filled.

Stanford University is an equal opportunity employer and is committed to increasing the diversity of its faculty. It welcomes nominations of and applications from women and members of minority groups, as well as others who would bring additional dimensions to the university's research, teaching and clinical missions.
