

Early Results in Study for Complete Spinal Cord Injury



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Domagoj Coric. MD Medical Director, Neuroaurgery and Spine Division Carolinas Meatificare Sprisen Neuroactences Inatitate Chief, Department of Neuroaurgery, Carolinas Medical C

Thanks to a new investigational technology currently being studied at Carolin. HealthCare System Neurosciences institute, patients with an acute, complete (AIS A), thoracic traumatic spinal cord injury have a surgical intervention that

Carolinas Medical Center, part of Zerolinas HealthCare System, is one of 15 disks in North America taking part in the first in-human INSPIRE study evaluation the benefits of the Neuro-Spinal Scatfold from In/Nor Therapeutics. The Bellittis of the trease-optime ocaritorie incline information in the providence. Following an operation to stabilize the spinal column, the bioreserbable poly scattelid is surgically implanted in the injury opicement of the spinal cord, providing structural support that can potentially promote healing. There are currently no FDA-approved surgical treatments available for AIS A spinal co

tile the st owing imp tudy is ongoing, researchers have been er provements in motor and sensory scores. "This is the beginning of a pathway to atterpt to improve functioning – not by stabilizing the spine but getting to then underlying cord injury itself," says Domagoj Coric, MD, chief of neurosurgery and spine at Carolinas Medical Center and a member of the INSPIRE study steering committee.

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Measuring Quality Is Defining the Future of Neurological Care



Anthony Asher. MD Nedical Director and Chief of Clinical Operations Carolinas HealthCare System Neurosciences Insti

Affh two-thirds of the costs of all neurological care driven by spine care, a select roup of researchers felt compelied to ask: Are these procedures delivering the allent outcomes and value our healthcare system demands? Australiant the guided the creation of the Quality Outcomes Database (QOD), a continuous national dinical registry for neurosurgical procedures and practice patterns. Co-founded by Arthony L. Ahter, ND, FACS, medical direct and chief of clinical operations at Carolinas HealthCare System Neurosciences institute, the QOD has helped the profession define, measure and improve the ality of care over the past five v

is mission is not expected to end anytime so surovascular and tumor registries.

"The future of medicine depends on the objective assessment of quality and safety," says Dr. Ather, who continues to lead the OOD and established some of its data collection methods sight here at the Neurosciences Institute. "The OOD is intended as a tookit to enable systematic and scalable approaches to patient-centered, evidence-based caue."

The QOD is also currently working with the Institute for Healthcare Improvement (HI) to look at other factors of spine care that could lead to new best practices,

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Growing to a 100-center program across 38 states, the OCD is always looking for new participants. Contributing practices receive not only data collection tools and access to outcomes reports, but also the opportunity to transform the conset of neuroscapical care nationally. To join the QCD or to learn more, visit or the second secon

An Entire Trauma System Works as One to Transform a Life



Less than nine months after a severe thoracic spinal cord injury (AISA Otto started prepping for a half-marathon. The credit goes to an integra trauma system working at its full potential.

rauma system working at is us poemaa. In September 2016, while cycling early on a Saturday morning. Otto was struct from behind by a truck. EMS immediately transferred Otto to Carcelinas Medica Center, where he was diagnosed with no motor function and minimal sensory function below the waist. Only five hours after his injury, his neurosurgical team

uccessfully performed a com_{yern}, duran. Every hour of detay would have translated into more permanent function loss usy Matthew McCliet, MC, ihe neurosurgeon value performed forths usary per "---have HeathCliet Specific and the second second second second second ------ using ungray for 12 new board second s arolinas HealthCare System Neurosciences Institute: "Over e hadn't been able to get into surgery for 12 more hours – w ncommon for many hospital systems – I am certain he would set of his life with far greater neurological impairment."

member of the nation's largest neurosurgical practice, Dr. McGirt adds, " a great example of the strong coordination between the Neurosciences strute and its trauma partners and how that relationship is benefiting the community.

Where a successful surgery, two weeks of inpatient rehabilitation and ongo updatient rehab, Otto has regained normal functioning. He doesn't even typefience residual back pain.

perionce resolute back pain. whining these outcomes is not typical, says Dr. McClirt, who, along with his fleagues, performe dozens of complex spinal surgeries for acute spinal cost uny overy year. He attributes Drift's success to the way an entire healthcare stem — from EMS to the ER doctors to the surgery learn to the post-acute citity — worked in unison to deliver work class care.

The day after surgery, Cito – who has battled his condition with a fierce optimism – challenged Dr. McGirt to running a half-marathon with him if he co simply wiggle his big toe for the first time. Cito managed to move his toe, and the two will run together this Beptember – just one year after the accident.

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