

This week's Zoom recording can be viewed at: [www.scientechclub.org/zoom/476.mp4](http://www.scientechclub.org/zoom/476.mp4)

**Program:** One-Year History of the NeuroDiagnostic Institute

**Speaker:** Jerry E. Sheward, MD, Medical Director, Mental Health Division, Indiana Family and Social Services Administration

**Introduced by:** Dr. Marvin Miller and Dr. John Wernert

**Attendance:** 76

**Scribe:** Richard Garrett

**Editor:** Ed Nitka

Today's talk was an excellent introduction to some facets of the management and treatment of Indiana citizens with serious mental illnesses. As a listener, I was very impressed with the constant desire to speed up everything possible in the diagnosis and treatment of their patients. As a professor at the Kelley School of Business, I focused on supply chain management and "cycle time" improvements. This is exactly what they are doing in their delivery of services.

In Dr. Miller's introduction, he gave a brief history of the evolution of mental health management here in Indiana. In the mid 1940's, the Larue Carter Hospital was built on the campus of the IU Medical center. In 1996, in order to make room for an expansion of Wishard Hospital, it was moved to a former veteran's hospital located on Cold Springs Road. ( Dr. Miller worked at this location for 27 years.) Due to the inadequacies of this location, a new specially designed facility has been in operation over a year. The \$118 million building, which spans more than 215,700 square feet, will serve as the focal diagnostic center for the six State mental health facilities. All hospitals will now share the same electronic medical record system, and telemedicine capabilities will allow providers here to treat patients and consult with colleagues around the state. The Neurodiagnostic Institute is located on the campus of Community Hospital East and is labeled as the NDI building.

Dr Miller introduced Dr. John Wesnert who was the past State administrator of the position now held by Dr. Sheward. He lauded Dr. Sheward's leadership skills as he has had many challenges in the past months, some of which derived from the Covid-19 pandemic. Dr. Miller give credit to Dr. Wesnert as the force behind getting Governor Mike Pence and the legislature to commit to the new facility.

Our speaker, Dr. Jerry Sheward, is the Medical Director of Mental Health Division of Family and Social Services of the State of Indiana. This is a State position that puts him in charge of medical staff management and quality assurance activities with special interests in service delivery system development, electronic health records, and care of the seriously and persistently mentally ill.

The originating concept of this new center was the use of precision medicine, imaging and any other techniques that would improve accuracy of the diagnosis and speed up the process. This central hub would be the location of the expensive equipment used in

diagnosis and treatment that would be too expensive to replicate in the other hospitals. This would be the admission hub that would lead to the movement of patients to an appropriate location within Indiana's six hospital system. It would also be the educational site for behavioral health in collaboration with the IU Medical School and other professional schools.

There were some monkey wrenches thrown into the mix early on. They envisioned rapid diagnosis and then movement to the other State hospitals. They would keep a patient for 30 to 45 days, an interval that would allow them to process up to 1500 patients per year. The normal admission rate for the entire State system is 400 patients per year. This is a mismatch; if their patients do not get well in the 30 to 45 days spent at NDI, there is nowhere for them to go. The other issue is the processing of forensic patients. In earlier times these patients represented 18 to 20% of their mix but in recent times they have grown to 42%. There is an entire floor dedicated to such patients, but it is not enough.

Another monkey wrench was forced by the Covid-19 epidemic. On March 23, 2020 they restricted admissions while they cleared the second floor as a surge unit for Community. Since it was little utilized, they went back to normal operations in June of the same year with smaller quarantine units.

Yet another issue was the design of the building itself. The initial design would not provide enough space for their needs, so they proceeded to redo the entire plan keeping the same footprint on the Community East property. The new building plan gave them adequate space for treatment as well as beds.

Staffing was a problem as well, so they contracted out the staffing. One of the reasons for doing this was to avoid the funding of retirement plans.

The bottom line is this, they have a beautifully designed seven story hospital with 156 beds and 12 separate units that is properly staffed and in full operation.



Jerry E. Sheward, MD