

SLEEPY TIMES

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MESSAGE FROM THE CHAIR
-SCOTT REEVES, MD, MBA

Opening Statement

My children are back in school and summer is winding down. This will be a very interesting year at home as my oldest is applying for college. Some of you will remember Catherine as an infant when Cathy and I arrived in Charleston 16 years ago. Where has the time gone? Over the past few weeks we have had many new faces join our department. In this edition of *Sleepy Times* you will be introduced to a few new faculty. It is my desire for all of our new folks (faculty, CRNAs, residents, and support staff) to want to stay here and develop their careers. Hopefully, many of us will have complete careers like Charlie Wallace and David Baker. The MUSC Excellence campaign and our leadership Office Zoo retreats are meant to assist us on our journey to be all we can be professionally. The fruit of these efforts are seen in our operating room patient satisfaction score.

Many accomplishments are recorded in this edition of *Sleepy Times*. It seems like every month, the department or university is being recognized for an achievement. This month is no different as we are again recognized in U. S. News & World Report. In addition, the VA is recognized as being one of the top ten VA's in the country. Keep up the good work!

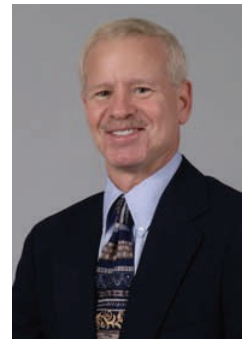


SPECIAL POINTS OF INTEREST:

- *Messages from the Departmental Leaders*
- *Departmental Information*
- *Updates and News*
- *MUSC / VA Recognition*
- *Patient Satisfaction*
- *Summer Research Projects*

UPDATE ON SPINFUSION

The spinfusion scheduling program is finally a reality and will ultimately provide the department with accurate scheduling capabilities for many years to come. There is no doubt that as our department has grown, the complexity of scheduling vacation, meeting, and admin time has grown exponentially. The program is going through the usual tweaks and adjustments to insure everyone's requests are accurately filled. The program will dramatically reduce the amount of human hours necessary to produce a fair and accurate schedule for our department. The next phase will be applying the program to resident and CRNA scheduling. The program also has the ability to generate multiple forms of daily schedules and reports. This should significantly increase the fairness of the work distribution. Live, ongoing scheduling will be available very soon and should improve accuracy since each person will be responsible for entering their own requests.



Calvert Alpert, MD

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FACULTY HIGHLIGHTS

Joining the faculty at MUSC is a return home, of sorts. I went to medical school and completed an internship in General Surgery at MUSC. I then traveled to Richmond, VA and completed my residency in clinical anesthesiology and stayed an additional year to complete a fellowship in Cardiovascular anesthesiology. I am a native son of South Carolina. I was born and raised in Columbia, where the majority of my family still lives. I have an awesome Boston Terrier, named Brooks. I enjoy spending time with family and friends, watching college football, movies, and going to the beach.

Dwayne



Dwayne McIerlin, MD



Tommy Burch, MD

I am very excited to be joining you here at MUSC. MUSC is a special place and I'm fortunate to be here. I'm originally from Mobile, AL but I have moved about a lot over the last 10 years. I went to medical school at Tulane in New Orleans, then residency at the University of Alabama at Birmingham, then CT fellowship at Wake Forest, then Back to UAB for 2 years on staff doing mostly adult cardiothoracic and pediatric cardiac anesthesia, then I ventured to Boston for a 1 year pediatric cardiac anesthesia fellowship and now I'm here. I'm interested in pediatric and adult cardiothoracic anesthesiology, as well as echocardiography and kayak fishing. Hope to see you in and around the hospital or near folly creek. Tommy

OFFICE ZOO RETREAT II

The department held its second office zoo retreat on August 18 led by Dr. Randy Douglas of Workplace Peace. Many leaders of the department participated including Rick Smith, Rebecca Cain, Larry Field, Shannon Rogers, Matt McEvoy, Wendy Ewing, Ashley Bode, Jim Braunsdorf, Paul Dancy, David Stoll and Ilka Theruvath. This leadership development retreat was designed to improve departmental communication and conflict resolution.



ADMINISTRATIVE HIGHLIGHTS



Kim Crisp

I'm the new receptionist in the Anesthesia Department. I came to South Carolina from New Jersey eight months ago. Before working at MUSC, I worked as a customer service representative, patient registrar and administrative assistant. I have a certificate in medical assisting and EKG/Phlebotomy. I started working at MUSC in the Human Resource Department for MUHA as a temp. I love to learn as much as possible so I can be an asset to anyone as well as myself. When I'm not working, I enjoy decorating, cleaning, cooking, and assisting my sweetheart when he is making deliveries to various companies in the regional southeastern areas.

I was born and raised right here in the Charleston area and have very close ties to MUSC. I was born here at the hospital (a very long time ago) and several years ago my daughter had a very serious head injury which required her to be a patient at the Childrens Hospital. My daughter is now 16 years old and has recently gotten her drivers license. When not working my husband, daughter and I enjoy going to the dragstrip as much as possible.



Kim Warren

MESSAGE FROM THE PAIN CLINIC

The Pain Management Clinic completed the second phase of a process improvement: Strategies for Improving Client Appointments. Patti Tisdale/Central Schedule and Ellen McClellan initiated a computer program FaxHub facilitating improvement with the referral process and scheduling appointments in a timely manner. Process improvement to provide a written letter to the referring physician was provided by Brenda Dorman.

Thank you to Patti Tisdale, Ellen McClellan and Brenda Dorman!!

Define the change; educate to provide effective outcomes...commit to excellence



Cynthia Fitzgerald, RN



Jim Braunsdorf

MESSAGE FROM THE TECHS

Marshall Kearney and Anthony Consonery have finally started with us. Anthony will be working in the evenings and Marshall will be working the day shift. This will give our techs a little more depth when it comes to coverage. We need the help of everyone to return equipment from transports. Anesthesia has a different model than some other Philips monitors in the hospital. Not all the SPO2 cables are compatible with the unit cables, nor are all the "bricks." We are working with the CRNAs to help keep costs down. We are trying to build a turnover bag with only one circuit type that will meet the needs of patients (except neonates).

MESSAGE FROM THE CRNAs AT RUTLEDGE TOWER

Rutledge Tower is spending the summer in transition. After many years of service to MUSC, Yvonne Karnicky retired as our anesthesia tech. We welcome Sheryl Champagne, Anesthesia Tech II, who has joined us from the Main OR. Sheryl has over 20 years of experience, and has already helped to reorganize and streamline our anesthesia support services. Anyone remember PC1 and PC2? They have been combined and updated to become the new OR 9, which is now up and running. We plan to use it for a variety of cases. We have also updated all of our monitoring equipment. PICIS is in the planning stage. Deb Feller and Tammy Lamont are helping to develop a system that will be suitable for our short cases and rapid turnover. Jean Day has submitted a MRSA protocol, specific to anesthesia needs. She has worked closely with infection control on this project. We are waiting for the Medical Executive Committee to review her work, and hope to make it a department policy. In response to our patient satisfaction surveys, the family waiting room has been updated, and the OR is getting a face lift. Thanks to Marilyn Schaffner, a garden, complete with picnic tables and lovely plants, has been installed on the Ashley Avenue side of RT. This is open to staff and can be viewed from the family waiting room. Chris Keto has been working closely with our "Block Docs" to combine rapid turnover and regional anesthesia in our orthopedic rooms. Their team enables the surgeons to post more cases and be completed in a shorter period of time.

Thank you to everyone for all of your patience and contributions to RT during our time of flux.



Nancy Kitten, CRNA

MESSAGE FROM THE CRNAs AT ART



Jodi Weber, CRNA

As summer comes to an end, we welcome two experienced CRNAs, Tim McAdams and Susan Heath, to ART. Anesthesia Tech Supervisor Paul Dancy has filled our ranks with seasoned veterans, Derrick Whitfield and Ben McClain. Candace Jaruzel will be mentoring four more SRNAs as they begin their rotation at ART. We have some exciting initiatives underway. For example, with the support of Drs. Cain and Guidry, Amanda Harper has put together an orientation process for the residents as they rotate to ART. ART has many unique features and we hope to make their transition a little easier. By the time you read this, we will have trialed the process for a few residents, including the two Chiefs, Ilka Theruvath and David Stoll. Other current ART CRNA projects are focused on improving patient safety and decreasing Anesthesia supply costs. Examples include a Pyxis supply overhaul, Emergent Airway presentations, Simulator Training, QA form re-vamping, and an Intubation Documentation initiative. Although ART has been busy, we still enjoy helping to staff the UH and visiting our friends whenever the schedule permits.

RALPH H JOHNSON VA MEDICAL CENTER AMONG BEST IN NATION



The latest national aggregate scores from the Veterans Administration rank the Ralph H. Johnson VA Medical Center among the best in the country, at #10 overall. Aggregate scores are based on excellence in three categories; Access, Veteran Satisfaction, and Quality of Care/Performance Measures.

"I am so proud to be affiliated with this hospital. Our Top Ten ranking is truly a byproduct of great work for our Veterans," said John Barilich, Director of the Ralph H. Johnson VA Medical Center.

The Charleston VAMC's #10 ranking score is within about two percentage points of #1.

"I have no doubt that we'll continue our rapid ascension toward #1 considering how far we've come - four spots in just the last quarter - and how dedicated we are to continue to find new and innovative ways to provide the best possible health care to our Veterans," said Barilich.

The aggregate scores rank every VA Medical Center in the nation – no matter what their complexity grouping. By complexity group the Charleston VAMC is #2 in the nation and is within one percentage point of taking the lead there.

The Charleston VAMC is #2 in the nation concerning the Quality of Care/Performance Measures category alone. Performance measures are based on practices the VA says must be followed in order to provide the best possible health care to Veterans.

"I know we provide extraordinary care to our patients, but it does feel good to see the proof on paper! Also note - we are within just a couple of percentage points of leading the charge on this, and I'm confident we soon will," said Barilich.

The Charleston VAMC is also proud to announce that they are #1 in their regional grouping – VAMC's in South Carolina, Georgia, Alabama, or VISN 7 to those who work there.

CARDIOVASCULAR SERVICES AGAIN RECOGNIZED IN US NEWS & WORLD REPORT

As presented in U.S. News & World Report, MUSC has received the American Heart Association Bronze Recognition for quality work in stroke, coronary artery disease and heart failure. This Triple Crown Performance Award was earned by only 25 hospitals in the country in 2008. Congratulations to us all for our excellent care of these very challenging and ill patients.



Michelle Rovner, MD

NEW TECHNOLOGY BREAKTHROUGH

In July, the MUSC ECT group successfully performed a new form of ECT called ultra brief pulse width right unilateral ECT. Dr. Jack Foust and Carol Burns, RN handled the ECT portion of the procedure while Dr. Michelle Rovner skillfully handled the anesthesia. The ultrabrief pulse is the most efficient at triggering a seizure, and thus much less electricity is needed. The development is a direct spinoff from asking fundamental questions about electrical stimulation, and work with TMS and other methods. Importantly, two papers now, one from Columbia and the other in press from Australia, both report that this form of ECT is as effective as older versions, but with almost no cognitive memory disturbances. For further reading see *Brain Simulation* 2008;1:71-83.

Mark George commented, "It is really fun to blend science with clinical care and ultimately do a better job at getting people better. I think that is why we choose to work at places like MUSC."

MEDICAL STUDENT SUMMER RESEARCH PROJECTS

This summer...

Matt Crumpler, Young Choi, and Jenny Matos worked on a large, randomized simulation project examining the best educational methodology to teach ACLS with high-fidelity simulation. Their work has resulted in four peer-reviewed abstract submissions to the 2009 International Meeting on Healthcare in Simulation in Orlando. Young will also present an abstract from this research at the FAER Research Session at the 2008 ASA Annual Meeting in Orlando. (The picture below shows these three students with one of the study participants during a video debrief session at the new MUSC Simulation Center.) As a group, Matt, Young, and Jenny will perform a follow-up study in November testing retention of skills according to educational intervention.



John Germeroth and Edward Lam (2nd yr medical student from University of Hawaii) worked on two projects in the bariatric surgical population. The first project was a pilot examining the effects of a single preoperative dose of gabapentin on PONV and pain after Lap Gastric Bypass. The results showed a decrease in early PONV and better pain scores at all time points to 48 hours in the gabapentin group. The second project is the ongoing placebo-controlled RCT investigating the effects of preoperative and postoperative gabapentin on PONV, opioid consumption, pain scores, and respiratory depression postoperatively. Two abstracts will be submitted for the 2009 IARS Annual Meeting from the pilot data. Edward will present another abstract at the FAER Research Session of the 2008 ASA Annual Meeting.

Will Beam and Scott Reeves' project, Non-Invasive Cortical Stimulation Appears to be Effective in the Management of Post-operative Pain, has been accepted as an ASA abstract. Jim Ryan also worked on a project this summer as a 4th year medical student. His project was in relation to Liver Transplant and examining the effects of Left Ventricular Mass on perioperative outcomes. Jim will also present his abstract at the 2008 ASA Annual Meeting in Orlando.

Congrats to Edward and Young on their FAER Research Grant awards! Please keep your eyes out for Jim Ryan, John Germeroth, Jenny Matos, Young Choi, and Matt Crumpler as they rotate through the department this year and as they go through the residency application process to match in Anesthesiology!

The medical student and summer research assistances should all be congratulated for a job well done. The department will be well represented at the ASA. It is expected that we will build upon our success with additional FAER students in 2009. The complete presentations can be viewed on our web page. (www.musc.edu/anesthesia/intranet/education).

RESIDENT SIMULATION TRAINING RESUMES

During the month of August, all the residents underwent Difficult Airway Management simulation training. Faculty facilitators included Cal Alpert, Larry Field, Latha Hebbbar, Livia Marica and John Schaefer. The new state of the art MUSC Health Simulation Center has been a huge success. It is expected that our simulation courses will speed the teaching and retention of advance skills and ultimately improve patient safety. A special thank you for all those that helped cover the operating rooms while the residents and faculty participated in this important training.



SUBSTANCE ABUSE INTERVENTION GET TOGETHER



The PGY 1 residents, SRNAs and their spouses all attended a joint session co sponsored by the department and the Nurse Anesthesia Program in the College of Allied Health on August 21, 2008. During this informal dinner, faculty from both schools discussed their experiences with co-workers experiencing substance abuse problems and personal experiences involving friends who have died from a drug overdose. The movie, "Wearing Mask," was watched with a discussion afterwards.

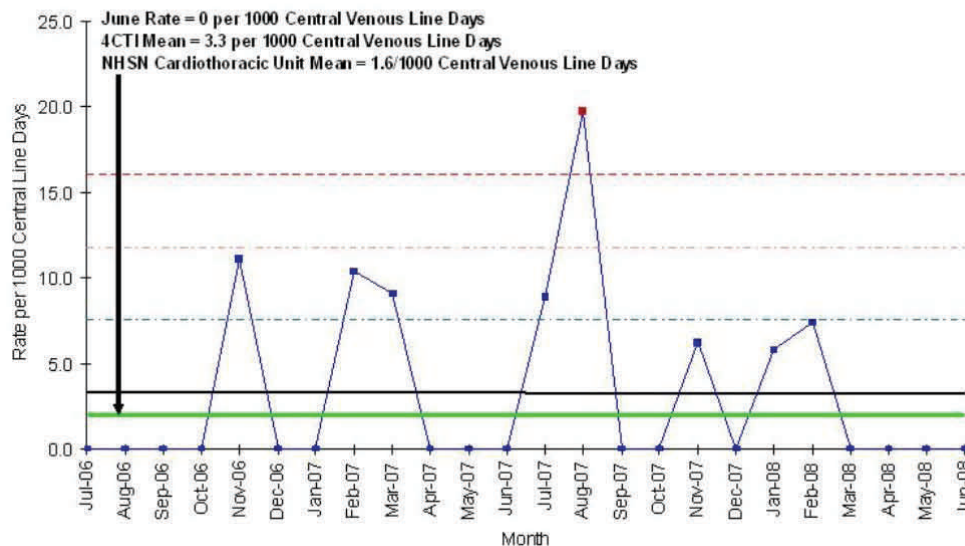


The desire of the session was to educate the residents, SRNAs and their families regarding early warning signs of substance abuse. Unfortunately, this is the number one occupational hazard in our specialty. We all must be vigilant to the early warning signs of substance abuse. It may save a life!

QUALITY INITIATIVES

The department last year standardized our central venous catheter insertion technique to include complete gown and gloving and a ¾ patient drape. In addition, we changed to chlorohexidine and the use of a Biopatch. All central venous catheters are now antibiotic coated including those used in our pediatric patients. This practice has resulted in a 4 month incidence of zero central line infections over at Ashley River Towers (see graph below). This is a major quality and patient care accomplishment. Let's keep up the good work throughout the institution.

Central Venous Line Associated Bloodstream Infection Rate (A4WY) 4CTI



PATIENT OPERATING ROOM SATISFACTION

We often hear the questions, “Is the MUSC Excellence campaign working? How does building each other up really improve patient satisfaction?” The department is making significant strides in the experience our patients report in the operating room. As you will recall, we started the OR restructuring effort in 2006 resulting in substantial improvement in utilization and efficiency. Shortly thereafter, the MUSC Excellence campaign started. The recent combined LDI retreat, between the MUHA and COM, highlighted many achievements none more important in my opinion than the substantial improvement we have realized in our customer satisfaction ratings in the operating rooms. In the table below, RT (Amb Surg RT) and main (Amb Surg 4E) are highlighted. Overall patient satisfaction in both operating rooms are > the 90th percentile.

3rd QTD Patient Satisfaction Scores - Ambulatory Surgery

Goal: 75th Percentile

July 1 - Aug 15, 2008

Question	Percentile Scores			Amb Surg RT		Amb Surg 4E		Total	
	< 50%	≥ 50% - < 75%	≥ 75% - < 90%	≥ 90%	50%	75%	90%	mean	n
Overall	91.8	92.8	93.9	92.8	146	93.8	24	93.0	170
Registration	91.8	92.9	93.8	92.6	144	93.8	23	92.8	167
Helpfulness of phone personnel	92.1	93.4	94.4	92.9	120	93.2	22	93.0	142
Ease of scheduling appt.	91.0	92.2	93.4	90.2	140	94.6	23	90.8	163
Info you received prior to surgery	92.1	93.3	94.2	93.4	143	92.4	23	93.2	166
Helpfulness of registration person	92.4	93.7	94.9	94.6	139	94.6	23	94.6	162
Nursing	93.4	94.5	95.3	95.0	139	94.9	24	95.0	163
Friendliness of nurses	96.0	96.8	97.5	97.7	138	96.9	24	97.5	162
Skill of nurse starting IV	92.3	93.6	94.6	93.4	122	90.9	22	93.1	144
Information day of surgery	93.6	94.7	95.6	95.0	134	95.8	24	95.1	158
Nurses concern for comfort	93.5	94.7	95.8	95.0	135	93.8	24	94.8	159
Nurses courtesy toward family	94.1	95.2	96.0	96.5	129	96.6	22	96.5	151
Information given your family	92.3	93.6	94.7	93.5	131	94.6	23	93.7	154
Instructions re home care ⁶	92.1	93.4	94.4	93.7	130	94.6	23	93.8	153
Confidence in skill of nurses ⁸	94.1	95.2	96.0	95.4	136	95.8	24	95.5	160
Physician	93.6	94.5	95.3	95.8	139	96.6	24	95.9	163
Friendliness of physician	94.7	95.6	96.4	96.2	137	96.7	23	96.3	160
Explanations prior to surgery	93.1	94.2	95.0	95.8	138	96.9	24	96.0	162
Information re what was done	90.7	92.1	93.2	93.9	131	95.8	24	94.2	155
Confidence in skill of physician	96.1	96.8	97.5	97.6	136	96.7	23	97.5	159
Facility	89.5	91.2	92.7	88.9	145	92.0	24	89.3	169
Comfort of waiting area ⁷	88.7	90.5	92.2	86.3	144	90.6	24	86.9	168
Comfort of your room/resting area ²	90.2	91.8	93.1	90.6	138	93.5	23	91.0	161
Comfort of family waiting area ¹⁰	88.7	90.6	92.3	89.9	138	92.4	23	90.2	161
Attractiveness of center ³	87.9	90.3	92.1	87.2	135	90.6	24	87.7	159
Cleanliness of center	92.5	94.0	95.1	92.5	140	93.8	24	92.7	164
Overall Assessment	94.6	95.6	96.4	96.3	143	97.6	24	96.5	167
Overall rating of care ⁹	94.5	95.5	96.3	96.0	142	97.9	24	96.2	166
Degree staff worked together	95.0	96.0	96.7	96.1	141	96.9	24	96.2	165
Likelihood of recommending center	94.6	95.6	96.6	96.7	142	97.9	24	96.8	166
Personal Issues	88.3	89.8	91.1	89.0	140	87.8	24	88.8	164
Waiting time before procedure	82.5	85.2	86.8	81.9	137	83.3	24	82.1	161
Information about delays ¹	83.3	86.0	88.3	82.8	80	85.5	19	83.3	99
Our concern for privacy ⁵	91.2	92.4	93.6	93.7	131	91.3	23	93.3	154
Degree pain was controlled	92.2	93.4	94.5	93.1	126	93.5	23	93.1	149
Response to concerns/complaints ³	91.5	92.9	94.2	93.5	112	91.3	20	93.2	132

Our Medical Directors (Susan Harvey, Charlie Wallace, Fred Guidry) and chief CRNAs (Wendy Ewing, Nancy Kitten, Jodi Weber), anesthesia faculty, CRNAs, residents, anesthesia techs, students and support staff continue to “manage up” our surgeons and each other. Karen Weaver and her leadership team (Lucy, Kim, Peggy, Tim) have done a fabulous job on the nursing side of the equation. The daily scheduling conference and weekly OR Management Meetings with Dr. David Osguthorpe allow us to anticipate and fix problems. We are seeing the results. I expect we will see similar results at ART when that data becomes available. Despite our success, there remain areas that need improvement. The building is a limitation, but the holding and the patient waiting areas were recently updated which hopefully will improve these numbers. The answer to the above questions is a resounding yes. MUSC Excellence works!



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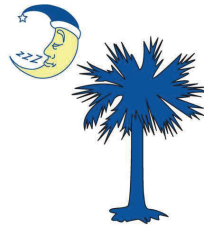
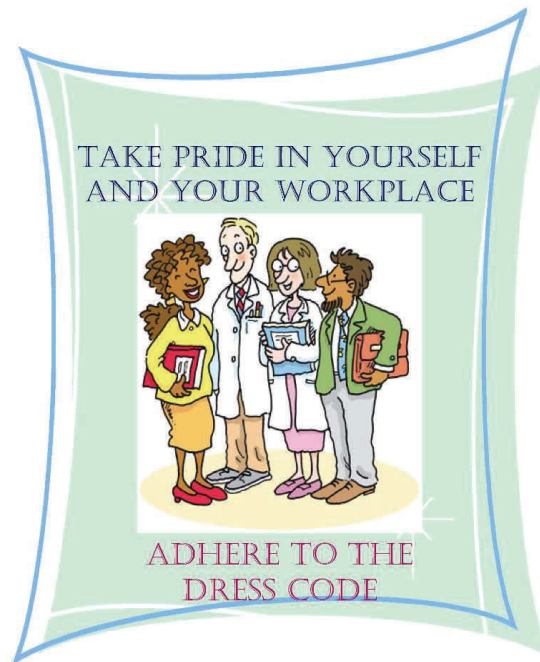
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CHECK OUT OUR WEBSITE AT:
[HTTP://WWW.MUSC.EDU/ANESTHESIA](http://www.musc.edu/anesthesia)

Future Events

- 9/1 - Labor Day
9/2 - CPB **Grand Rounds**
(GJ Guldan, MD / MUSC)
9/8 -LVAD **Grand Rounds**
(Ty Hsia, MD / MUSC)
9/24 - **Journal Club** /Cardiothoracic
"All Residents" (Dave Warters, MD / MUSC)
9/16 -**M&M**
9/23 -EP & Update on Antiarrhythmics
Grand Rounds (Marcus Wharton, MD/
MUSC)
9/30 -TEE for Mitral Valve Repair **Grand**
Rounds (Kathy Glas, MD /Emory)

STANDARD OF THE QUARTER



I HUNG THE MOON

Start looking for the "I Hung The Moon" cards in your area and be sure to recognize someone you think has gone above and beyond the call of duty. This may include faculty members, residents, CRNAs, techs, and administrative support. Each month, those who have been recognized will have their card displayed on the department tree in suite 301 of the Storm Eye Institute.



We Would Love to Hear From You!

- What achievements and activities have you or one of your colleagues accomplished this month?
- Have you read an article that may be of interest to the Department of Anesthesia?
- Have we missed any important upcoming events?

If you have ideas or would like to contribute to *Sleepy Times*, the deadline for the October edition will be September 22, 2008.

This Month's Contributors: Scott Reeves, Brenda Dorman, Calvert Alpert, Dwayne McClerklin, Tommy Burch, Kim Crisp, Kim Warren, Cynthia Fitzgerald, Jim Braunsdorf, Nancy Kitten, Jodi Weber, and Matt McEvoy