The beginning of a new year is always a time of self-reflection regarding accomplishments and failures of the past year. The accomplishments were many with the opening of Ashley River Tower, the MUSC Simulation Center, complete funding of the John E. Mahaffey and Jerry G. Reves endowed chairs, many presentations at the American Society of Anesthesiology annual meeting and the recruitment of many excellent faculty, residents and CRNAs to name just a few. Personal failures consisted of me continuing to gain weight and gray hair. In addition, I struggle with the brewing world financial storm and its effect on the state, MUSC, the College of Medicine, the department, and each of our families. Each year Cathy and I receive a Christmas card from Governor Mark Sanford and his wife Jenny. I look forward to seeing what is happening in our state’s first family’s lives since Cathy and I have similar family dynamics. This year was no exception but the inserted family update letter touched a cord with me. I would like to share a brief excerpt of it with you.

As unsettling as these times are we would be wise to remember the words of Ecclesiastes that tell us “there is nothing new under the sun.” So while “change” seems to be today’s new mantra, much of what we are seeing unfolding fits with what history has revealed through the ages. Consider that Cicero argued in 55 BC that, “The budget should be balanced, the Treasury should be refilled, public debt should be reduced, the arrogance of officialdom should be tempered and controlled, and the assistance to foreign lands should be curtailed lest our country become bankrupt. People must again learn to work instead of living on public assistance.”

There have been good and bad times before. There will be again. The thing that makes the difference in our lives, our family and in our country is individual effort—each one of us looking for a way to do our part to make our country a more perfect union, or in helping someone in need down the street. In this spirit we wish you a great Christmas and a New Year marked less by promises made and more by individual initiative and personal responsibility.

Even though I hope 2009 will be marked by me toning up, it will more likely be marked by further tightening of our state and personal budgets. The Sanfords’ are correct; there have been bad times before. I can remember the HCA struggle years ago and the hospital authority RIF of all administrators after that, just to name a few. But there will be good times again. As we enter the New Year, I encourage us all to be upbeat and to help our neighbor whether at home, our place of worship or at MUSC. The university, college of medicine and hospital are looking to our department for leadership in these difficult times. We more than any other department can influence the finances of our institution by our individual initiative and personal responsibility through being efficient, eliminating waste and selecting cost effective care. I am not concerned about 2009 because I know that collectively we are a strong force of highly qualified professionals and we are up to the task!

Through a peer-review process, we have been selected as a FAER Medical Student Anesthesia Research Fellowship Host Site for 2009. We are one of 30 anesthesia departments nationwide to receive this honor, which we also received in 2008. We will be assigned our student-researchers in March 2009.
MESSAGE FROM ASHLEY RIVER TOWER

As it approaches its first birthday, Ashley River Tower is starting to mature. ART was the original roll out of the Picis Anesthesia Manager. There were the typical glitches at first but everyone approached the project with an open mind and are now comfortable with the system. Room utilization continues to slowly increase. Overall OR utilization has grown from 54% in March to 79% in November. The outside locations also continue to grow and it is not unusual to do 20 cases a day in DDC. The Pre Op Clinic has been an enormous help in accommodating this increased volume of services. Room 9, which is the Vascular Surgery room is now up and running and allows state of the art imaging for the vascular surgeons.

One of the benefits that we have seen includes the proximity of the pharmacy, laboratory and blood bank to the ORs, particularly during difficult cases. It is also great to be steps away from both CCU and CTICU and as a result are more involved in the care of many of those patients. The cath and EP labs are directly below the ORs and it is a quick trip down the stairs. The only logistical downside is the distance from the ORs to DDC. There are many long walks back and forth between locations.

MESSAGE FROM THE CRNAs AT UNIVERSITY HOSPITAL

It is truly hard to believe that 2009 is here. We survived the vicissitudes of 2008 yet we know that more of the same lies ahead. Last year, I wrote the Sleepy Times article for the Main Hospital CRNA staff for the month of January. I referenced Dickens’s Christmas Carol…I had hoped that we would learn from our past mistakes and adapt willingly to the changes ahead in the New Year. I believe that we accomplished this and we exceeded our own expectations. The last month of this year was not without more change and improvements…

Theresa Morgan participated in the Neonatal conference at the downtown Charleston Double Tree Inn Suites in November. The audience consisted of NNP’s, pharmacists, RN’s and Neonatologists. The title of her presentation was: "Neonates and Anesthesia: What Happens in the OR Anyway?" The Director of Pediatrics, Dr. Michael Southgate requested that Theresa do a "voice over" with the power point for the Neonatal ICU residents and nurses as part of their training curriculum. This will be implemented in January 2009. On a separate note, Theresa has developed a Neonatal Anesthesia Intranet link for anesthesia residents and CRNA’s to view as a tool to assist with neonatal care in the OR or NICU. This should be available by February 2009.

Ken Grismore has taken on the role of the NORA tech and has cleaned, polished and organized the 3-eye workroom. We are very glad to have him helping us out...if you see him whizzing down the halls with a NORA cart…tell him “Thanks!”

The CRNA staff also sponsored 2 families in the Families-Helping-Families (FHF) program. A special thank you goes to Kim Adams for organizing this effort and also to Fran Zinko for spending her days off volunteering her time at the FHF headquarters.

This has been a joyous holiday season. We are grateful for each other and the spirit of the season that we share all year round.

- Laurie Uebelhoer, CRNA

MESSAGE FROM THE PAIN CLINIC

One of the most rewarding and heartbreaking nursing duties in Pain Management is to provide care to end of life patients. The American Society of Pain Management Nursing recommends that before caring for the patient receiving analgesia via catheter techniques, nurses should be educated on institutional policy and procedures as well as State Board of Nursing regulations.

The Pain Management nursing staff and Dr. Smith are currently involved in providing clinical input for indwelling epidural catheter dressing changes to Winnie Hennessy RN, PhD/Palliative Care for implementation of possible policies. As a member of the ANA and ASPMN, I believe education at multiple levels is the single most important intervention clinicians can provide to improve pain control.

Cynthia Fitzgerald, RN
**MESSAGE FROM THE RESEARCH TEAM**

Happy New Year! We hope everyone had a wonderful holiday. We want to welcome the newest member of our research team, John Germeroth. John is finishing up his fourth year of medical school and is applying to anesthesia residency programs to start in July. He did a wonderful job coordinating Dr. McEvoy’s Gabapentin study over the summer; he will continue that study and help out on our other projects as well. We feel very lucky to add John to our team!

2009 brings several new studies:

**The FOCUS Initiative** (Jake Abernathy, Principal Investigators) is a research initiative that will focus on reducing human error in the cardiac operating room. The study has been approved by the IRB and is detailed in the December 2008 edition of Sleepy Times. The study team assembled by Johns Hopkins University will make their visit to MUSC to gather preliminary data early this year.

**A Comparison of an Automated Intermittent Bolus Technique with Basal Infusion for Continuous Femoral Nerve Block in Total Knee Arthroplasty** (Larry Field, Principal Investigator, Gabe Hillegass & Scott Stewart Co-Investigators). The study will be submitted to the IRB this month and we hope to start enrolling patients in February.

**High Resolution Pulse Oximetry as a Monitoring Tool to Detect Airway Obstruction During Video Nasal Endoscopy** (Frank Overdyk and Marion Gillespie, Principal Investigators). 10 pilot patients have been enrolled in this study. A revised protocol will be submitted to the IRB early this year.

**Safety and Efficacy of Carbon Dioxide Insufflation During ERCP Under Moderate to Deep Sedation** (Peter Cotton, Principal Investigator Frank Overdyk Co-Investigator). Patient recruitment and enrollment will begin this month.

We are continuing to enroll patients in:

**The Effect of Gabapentin on Acute Pain and PONV in Bariatric Surgical Patients** (Principal Investigator, Matt McEvoy).

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**MESSAGE FROM RUTLEDGE TOWER**

2008 has been a challenging year as we have worked diligently to (1) assist the hospital with cost-reduction and (2) bring Picis online. We are blessed with a great team---CRNAs, faculty, RNs, residents, nurse anesthetist students, registration, pre-op, holding, OR, PACU, and housekeeping. The entire team jumped at the opportunity to turn the challenges into improved care for our patients. We thank everyone for their support and are so proud to be members of this department.

- Charles Wallace, MD

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**JANUARY 2009 TIP:**

**FROM THE DESK OF YOUR COMPLIANCE MANAGER**

Happy New Year to all! As we begin a new year we will continue to strive for excellence and 100% accuracy in medical record documentation. Remember when you perform a pre-anesthetic examination and evaluation, an evaluator’s signature is required. This counts as one point against your audit for both anesthesiologists and CRNA’s. For the year 2008 this error ranked the highest with 57 total occurrences at an error percentage of 3.26%.

- Jennifer Simmons, CPC, MA
FAMILIES HELPING FAMILIES

The department sponsored two families in need with “Families Helping Families” this year. With gift and monetary donations, we were able to fulfill everything on the family wish lists plus provide an additional $150 gift card from Walmart to each family. Thank you to everyone who participated in this program. Whether you were buying gifts, donating money, or wrapping gifts, your generosity was greatly appreciated. - Donna Hoffman

DEPARTMENT HOLIDAY PARTY

The department held its yearly Holiday Party on December 6th at the Citadel Beach House. It was an opportunity for us all to come together for an evening of lively conversation, dancing and camaraderie. This year’s attendance was a new record of approximately 160 individuals. Shelly and David Warters continued the departmental tradition of opening with Shelly’s wonderful singing with David’s accompaniment. The departmental raffle supported by many local businesses was a success. This year’s grand prize was won by Lester Kitten and included a complementary night stay at Charleston Place, dinner at Cypress and a bottle of Champaign. A collection of the events photos can be seen on our web site at www.musc.edu/anesthesia.
MESSAGE FROM THE CARDIOTHORACIC DIVISION
The New Year always brings time for reflection. I, however, much prefer to look ahead. Timbuk3 might have said it best: “the future is so bright, [we] gotta wear shades.” Corny lines from a frankly horrible song aside, we have a lot to be proud of and a lot to look forward to.

Dr Bruce Spiess’ visit to MUSC and his grand rounds talk engendered much discussion about the appropriate use of banked blood and banked component therapy. I love this very kind of discourse because it makes us look critically at our practice. While we may not reach the same conclusions as each other, the exercise is great for patient care. For the past year, a group of cardiac anesthesiologists, cardiac surgeons, perfusionists and blood bank physicians have been evaluating MUSC’s transfusion practice in cardiac surgery and creating best practice guidelines. Through a team effort we have received endorsement of a multi-prong strategy to reduce transfusion in cardiac surgical patients from the perfusionists, the surgeons and the anesthesiologists. Combining preoperative, intraoperative and postoperative opportunities with carefully designed, evidence-based transfusion guidelines, we hope to reduce blood product utilization, reduce patient morbidity and help preserve a scarce resource. Rest assured, you will hear more much about this in the coming months.

The TandemHeart. “The what?” you ask. MUSC implanted its first and then second TandemHeart, an FDA approved circulatory assist device, in November of 2008. Inserted percutaneously, the TandemHeart can deliver extracorporeal circulation in minutes. The inflow canola to the VAD is inserted across the intra-atrial septum from the right atrium to the left atrium. Oxygenated blood is then delivered to the VAD, which rests on the patient’s thigh, and then returns to the patient via the femoral artery. The first patient, under the care of Dr Scott Stewart, received a TandemHeart for circulatory support while undergoing balloon dilation of his stenotic aortic valve. The second TandemHeart was placed in a patient with decompensated heart failure. The VAD restored perfusion allowing the patient’s hemodynamics and multi-system organ failure to improve. Once stabilized, the patient underwent an aortic valve replacement under the direction of Drs Cain and Toole. The VAD was discontinued several days later and the patient is currently on the floor doing well. These two cases illustrate the success that a multi-disciplinary team of well-trained providers can have on patient care. I am continually impressed with the quality of care we provide for very complicated patients. Everyone should be proud of our success.

Every Wednesday at 3:30 PM in the ART Auditorium we have the ART teaching conference. Dr Guldan has done a very nice job of organizing a lecture series that everyone can benefit from. Anyone who would like to learn more about echocardiography, cardiac physiology or GJ’s new car is welcome to attend.

COST CONTAINMENT CORNER
The normothermia project is a critical Medicare and JAHO hospital initiative. Fortunately, to maintain normothermia in most of our patients, the Y large volume infusion set is not necessary unless transfusions are expected. Instead, a regular large bore IV set is appropriate for most patients and does not need to be wasted in PACU prior to the patient going to the floor.

APPLAUSE IN THE DEPARTMENT

Departmental publications:


SRNA Teachers of the Year
Rutledge Tower Alice Micheux, CRNA
Ashley River Towers Candace Jaruzel, CRNA
University Hospital Pat Tobin, CRNA

Congratulations to Dr. Livia Marica on obtaining her green card!
MUSC Healthcare Simulation Center Update

The MUSC Healthcare Simulation Center has experienced extraordinary growth since the grand opening of its new 11,000 sq. ft. facility in June, 2008. The new center occupies the entire first floor of the College of Nursing. The center serves the entire MUSC campus, including all colleges and the hospital authority. The activities of the center are supported by a full-time staff, which includes two Simulation Specialists and two administrative staff. Dr. John Schaefer serves as the Director of the center and Dr. Matt McEvoy is one of three Assistant Directors. Dr. McEvoy serves as the liaison with the College of Medicine. The other Assistant Directors are Dr. Donna Kern, who represents both the College of Medicine and the University’s interprofessional interest, and Mrs. Nancy Duffy, RN, who represents the College of Nursing.

In the eighteen months prior to its grand opening, Dr. Schaefer and his staff built and implemented a solid infrastructure to insure that the MUSC center would open its doors with active courses, and would be ready to work with faculty to develop high quality simulation activities. This infrastructure includes not only the facility and equipment, but also trained center personnel, standardized simulation development processes, and a web-based data collection and learning management system. The facility has 14 simulation rooms of various sizes and configurations, along with two classrooms and two debriefing rooms. The available simulation equipment includes over 70 different simulators, ranging from high fidelity computerized manikins to simple partial task trainers. In the high fidelity category, the center has six SimMan® adult simulators, two SimBaby® infant simulators, two SimNewB® neonatal simulators, two Noelle birthing simulators, one Baby Hal® neonatal simulator, and two Harvey cardiovascular simulators. Each simulation area is equipped with the latest audiovisual and computer technology to allow for capturing video and evaluation data of all simulation sessions. The center has worked closely with vendors to develop a state of the art learning management system to support the simulation center activities.

The success of the center in its first six months of operation has been truly remarkable. There have been 2103 participant encounters in 164 class sessions (Table 1). Altogether, these sessions include an average of three high fidelity scenarios per participant. The Anesthesia Department faculty has utilized the center to offer the following simulation-based courses to residents, CRNA’s and medical students:

- Introduction to Anesthesia
- Difficult Airway Management
- Fiberoptic Bronchoscopy
- Care of the Unstable Patient
- Basic Airway Management

Anesthesia courses account for 18% of the total number of class sessions and 5% of the total participant encounters (Figures 1 & 2). (These numbers do not include the general College of Medicine sessions and participants taught by Anesthesia faculty.) Other courses currently under development with Anesthesia faculty include Moderate Sedation and OR Crisis Management.

The new MUSC Healthcare Simulation Center offers a tremendous opportunity for faculty, staff and students. In keeping with its mission, the center promotes patient safety, enhances learning and provides the data needed to conduct important educational research. Survey data collected to-date demonstrates that individuals who have participated in the center’s simulation activities are very satisfied with the educational outcomes, and believe that simulation enhances their learning.

<table>
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<th>College/Department</th>
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<tr>
<td>Totals</td>
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Table 1. Number of Participant Encounters and Class Sessions by Unit June 1, 2008 – October 31, 2008
SIMULATION UPDATE CONTINUED

Figure 1. Percentage of Participant Encounters by Unit June 1, 2008 - October 31, 2008

Figure 2. Percentage of Class Session by Unit June 1, 2008 – October 31, 2008

Figure 3. SimMan® in Simulated OR

Figure 4. Fiberoptic Bronchoscopy Session
Future Events

1/12 - No Lecture
1/13 - Chronic Regional Pain Syndrome Lecture, Grand Rounds (Smith)
1/14 - ART Teaching Conference, TEE Review (Abernathy)
1/14 - Journal Club, Chronic Pain "All Residents" (Furse)
1/19 - Chronic Pain Syndromes Lecture "All Residents" (Smith)
1/20 - M&M (Harvey)
1/21 - ART Teaching Conference: Evaluation of Circulatory Assist Devices with TEE (Burch)
1/21 - Local Anesthesiology Lecture, CA-1s (Taylor)
1/26 - Cardiac Valvular Disease Lecture "All Residents" (Reeves)
1/27 - Practice Management, Grand Rounds
1/28 - ART Teaching Conference: Pain Management of the Cardiac and Thoracic Patient

We Would Love to Hear From You!

If you have ideas or would like to contribute to Sleepy Times, the deadline for the February edition will be January 23, 2009.

This Month’s Contributors: Scott Reeves, Matt McEvoy, Fred Guidry, Laura Uebelhoer, Cindy Fitzgerald, Heather Beeson, Charles Wallace, Jennifer Simmons, Donna Hoffman, Jake Abernathy, and Fran Lee.

Happy New Year 2009!