Message From the Chair
- Scott Reeves, MD, MBA

As many of you know, I have recently returned from the Society of Cardiovascular Anesthesiologists annual meeting. I cannot express how proud I am of all the accomplishments the department has made over the past year. Many participants at the meeting approached me regarding the impact our faculty were having on this year’s program and on various committees. Our CT fellows have identified a future professional home and hopefully will experience the tremendous professional satisfaction I have had over the past decade. Fortunately, the department is well positioned for this trend to continue for the foreseeable future. A summary of the meeting follows.

As we continue to be concerned with the national, state and local economy, I want to update you regarding the substantial operating room growth that we are experiencing. As shown in the chart below, the ART and UH operating rooms are combining to create a 10% increase in volume this year. Since over 60% of the hospital’s profit is generated within the operating rooms, this substantial persistent growth is welcome news! The whole department should be proud for working alongside our surgeons, nurses and other personnel to make this happen. Finally, in an attempt to continue to improve our delivery of high quality care, the second surgeon satisfaction survey has been completed and is summarized later in Sleepy Times…
PICIS WILL GO LIVE IN UH SOON!

Picis is finally coming to the UH ORs! The initial Picis rollout into UH was delayed, and Picis implementation then started in ART (followed by RT) because they had fewer ORs and fewer interfaces/configurations to deal with as we worked out the kinks. Most of the difficulties have been worked through, and the system is working. We have a new, concisely organized anesthesia record printout that has been tested and will be in use prior to the UH rollout.

The UH OR rollout will begin May 12th with three ORs parallel documenting. Four additional ORs will be added each Tuesday in order to have all UH ORs (except OR 21) successfully using the system within approximately one month. On-site technical support will be provided in each new OR to solve problems and help teach the electronic documentation. Once all providers have demonstrated their ability to completely capture the record electronically, parallel documentation may stop. We strongly desire to reach this goal before the end of June.

A large number of anesthesia providers already have experience with the system at ART or RT, but many providers will still need Picis training. Repeat training for those who have not used the system in the past year is strongly encouraged. Anyone who still needs training should contact Ashley Bode or Wendy Ewing now to schedule a time. Proper linking of the preoperative information to the intraoperative record is an ongoing challenge and deserves special attention. Please contact the Picis support team (pager number will be provided on all Picis machines) to report issues.

NORA sites throughout the institution (and OR 21) will not be included in this phase of Picis implementation. These sites will need to be converted to electronic documentation in the following months. Although the program has some significant inherent limitations, we will consider all suggestions to optimize this documentation system for our purposes. I appreciate everyone’s patience and cooperation during this transition, and I want to thank everyone (especially Pat Ayse, Cindi Banks, and Roger Moore) for their hard work on this project.

SOCIETY OF CARDIOVASCULAR ANESTHESIA (SCA) MEETING AT A GLANCE

The SCA is an international organization of over 6,000 cardiac, thoracic, and vascular anesthesiologists that promotes excellence in clinical care, education, and research in the subspecialty. This year the department was well represented with significant faculty and fellows contributions at the SCA annual meeting in San Antonio from April 18-22. The SCA’s and department’s FOCUS participation was an important component of the meeting. The initial FOCUS data was presented from the initial 5 sites including MUSC. Communication and technology utilization appear to be recurring areas of potential improvement at all sites.

The data is continuing to be evaluated by the Johns Hopkins group with a more detailed report to follow by the end of the summer.

Jake Abernathy was selected to chair the FOCUS site selection committee. This important committee will choose the next 10 sites to participate.

The department was well represented with Tommy Burch and Scott Reeves representing team MUSC as one of the three participating ECHO Jeopardy contestants. In a high stake-hour game format, team MUSC held their own and was leading going into final jeopardy. Unfortunately, we missed the final question and came in second place.
SCA MEETING CONTINUED...

Faculty:

Jake Abernathy developed and moderated the new Fellow Program which consisted of case presentations and a didactic lecture series format. This new session was very popular with standing room only audience participation.

Tommy Burch: Lectured in the Advanced TEE workshop on the topic, “The patient is supposed to have an atrial septal defect: what should I look for?” He also moderated a poster discussion session and anchored our ECHO jeopardy team.

Rebecca Cain participated in the Publication Committee 2010 Monograph Selection process.

Scott Reeves was appointed secretary-treasurer of the society. This two year appointment is the beginning of the promotion process first to president elect and then president of the society. It was a huge honor and humbling experience to be chosen to eventually lead such a distinguished group of physicians. He also lectured in the New Technology in Everyday TEE Practice session on, “Epicardial echo: from adjunct to mainstream.”

Fellows:

Daryl Reust (pictured above) presented his work from our Center for Cardiovascular Translational Research entitled, “Temporally and regionally disparate differences in plasmin activity by tranexemic acid.” Both fellows participated in active committees.

Evan Lukow (pictured to the left) was well received for his case presentation, “A patient with Glanzmann’s thrombasthenia for TVR and VSD repair.”

Residents:

Caroline McKillop and Jay Motley (pictured above) attended the educational sessions and hopefully will become active and productive society members in the future. The department got together with future faculty member, Alan Finley, over dinner. In all it was a very successful meeting with the department being able to place individual faculty members in key leadership positions which will increase the opportunities available to all.

From left to right: Scott Reeves secretary-treasurer, Sol Aaronson president elect, Steve Konstadt president, Chris Mora Mangano immediate past president, and Jamie Ramsey past president
SURGEON SATISFACTION SURVEY

In 2008, the department developed a surgeon satisfaction survey to evaluate how well the faculty and department were doing meeting the needs of our surgical colleagues. The 2008 survey was confined to Ashley River Tower and help the department leadership develop strategies for improvement. This year, as part of the MUSC Excellence campaign, the 2009 survey was extended to all our surgeons (Rutledge Tower, Ashley River Tower and University Hospital). The response rate was 56%. The department now has a wealth of information to use to improve our working environment. The areas of need are now more defined and focused, which will enable the creation of more precise solutions. Overall, this information should greatly encourage us all! The survey has engendered much good will among the surgeons. They appreciate our willingness, vulnerability, and sacrifice of time to want to know what they think. Specific fields from the 2009 survey follow:

<table>
<thead>
<tr>
<th>In which hospital do you primarily practice?</th>
<th>Response Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ashley Rivers Towers</td>
<td>22.0%</td>
</tr>
<tr>
<td>University Hospital</td>
<td>68.0%</td>
</tr>
<tr>
<td>Rutledge Towers</td>
<td>28.0%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How many years have you been at MUSC?</th>
<th>Response Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 - 2 years</td>
<td>22.5%</td>
</tr>
<tr>
<td>3 - 5 years</td>
<td>10.0%</td>
</tr>
<tr>
<td>6 - 10 years</td>
<td>20.0%</td>
</tr>
<tr>
<td>10 + years</td>
<td>47.5%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Does the medical director facilitate the placement of add on cases?</th>
<th>Response Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>48.8%</td>
</tr>
<tr>
<td>Most of the time</td>
<td>37.2%</td>
</tr>
<tr>
<td>Some of the time</td>
<td>9.3%</td>
</tr>
<tr>
<td>No</td>
<td>4.7%</td>
</tr>
</tbody>
</table>
## Survey Results Cont...

**Pre Op Clinic**

<table>
<thead>
<tr>
<th>Service</th>
<th>1 Low</th>
<th>2 Below Average</th>
<th>3 Average</th>
<th>4 Above Average</th>
<th>5 High</th>
<th>Rating Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ease of appointment</td>
<td>2.4% (1)</td>
<td>4.8% (2)</td>
<td>28.6% (12)</td>
<td>40.5% (17)</td>
<td>23.8% (10)</td>
<td>3.79</td>
</tr>
<tr>
<td>Registration process</td>
<td>5.4% (2)</td>
<td>2.7% (1)</td>
<td>32.4% (12)</td>
<td>40.5% (15)</td>
<td>18.9% (7)</td>
<td>3.65</td>
</tr>
<tr>
<td>Accommodation of walk-ins</td>
<td>2.4% (1)</td>
<td>7.1% (9)</td>
<td>33.3% (14)</td>
<td>28.6% (12)</td>
<td>28.6% (12)</td>
<td>3.74</td>
</tr>
<tr>
<td>Education of patients</td>
<td>5.4% (2)</td>
<td>19.5% (5)</td>
<td>43.2% (16)</td>
<td>18.9% (7)</td>
<td>18.9% (7)</td>
<td>3.32</td>
</tr>
<tr>
<td>Ease of lab draws</td>
<td>2.6% (1)</td>
<td>7.9% (3)</td>
<td>36.8% (14)</td>
<td>36.8% (14)</td>
<td>15.8% (6)</td>
<td>3.55</td>
</tr>
</tbody>
</table>

**4. Pre Op Area**

<table>
<thead>
<tr>
<th>Service</th>
<th>1 Low</th>
<th>2 Below Average</th>
<th>3 Average</th>
<th>4 Above Average</th>
<th>5 High</th>
<th>Rating Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do anesthesiologists see patients in a timely fashion?</td>
<td>7.0% (3)</td>
<td>14.0% (6)</td>
<td>37.2% (16)</td>
<td>27.9% (12)</td>
<td>14.0% (6)</td>
<td>3.28</td>
</tr>
<tr>
<td>Do anesthesiologists conduct themselves professionally and interact well with patients?</td>
<td>2.3% (1)</td>
<td>0.0% (0)</td>
<td>16.3% (7)</td>
<td>39.5% (17)</td>
<td>41.9% (18)</td>
<td>4.19</td>
</tr>
<tr>
<td>Are appropriate patients offered regional analgesia for post op pain?</td>
<td>2.6% (1)</td>
<td>5.1% (2)</td>
<td>33.3% (13)</td>
<td>33.3% (13)</td>
<td>25.6% (10)</td>
<td>3.74</td>
</tr>
</tbody>
</table>

**Intra Operative Care**

<table>
<thead>
<tr>
<th>Service</th>
<th>1 Low</th>
<th>2 Below Average</th>
<th>3 Average</th>
<th>4 Above Average</th>
<th>5 High</th>
<th>Rating Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are attendings prompt in arriving in the room?</td>
<td>6.4% (3)</td>
<td>8.5% (4)</td>
<td>44.7% (21)</td>
<td>23.4% (11)</td>
<td>17.0% (8)</td>
<td>3.36</td>
</tr>
<tr>
<td>Does the attending facilitate the anesthetic preparation and induction?</td>
<td>4.3% (2)</td>
<td>8.5% (4)</td>
<td>38.3% (18)</td>
<td>29.8% (14)</td>
<td>19.1% (9)</td>
<td>3.51</td>
</tr>
<tr>
<td>Does the attendings’ demeanor contribute to a productive workplace?</td>
<td>2.1% (1)</td>
<td>8.5% (4)</td>
<td>19.1% (9)</td>
<td>38.3% (18)</td>
<td>31.9% (15)</td>
<td>3.89</td>
</tr>
<tr>
<td>Is the change over of attendings during a case minimized?</td>
<td>8.5% (4)</td>
<td>10.6% (5)</td>
<td>34.0% (18)</td>
<td>27.7% (13)</td>
<td>19.1% (9)</td>
<td>3.38</td>
</tr>
<tr>
<td>Are you routinely notified of the attendings’ change over?</td>
<td>27.7% (13)</td>
<td>23.4% (11)</td>
<td>27.7% (13)</td>
<td>17.0% (8)</td>
<td>4.3% (2)</td>
<td>2.47</td>
</tr>
</tbody>
</table>
### Survey Results Cont...

#### PACU Post-up

<table>
<thead>
<tr>
<th></th>
<th>1 Low</th>
<th>2 Below Average</th>
<th>3 Average</th>
<th>4 Above Average</th>
<th>5 High</th>
<th>Rating Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are the wake ups reasonably quick and smooth?</td>
<td>2.3% (1)</td>
<td>4.7% (2)</td>
<td><strong>44.2% (19)</strong></td>
<td>32.6% (14)</td>
<td>16.3% (7)</td>
<td>3.56</td>
</tr>
<tr>
<td>Is pain adequately controlled in PACU?</td>
<td>0.0% (0)</td>
<td>0.0% (0)</td>
<td>30.2% (13)</td>
<td><strong>41.9% (18)</strong></td>
<td>27.9% (12)</td>
<td>3.98</td>
</tr>
<tr>
<td>Are attendings attentive to dealing with PACU or ICU problems?</td>
<td>0.0% (0)</td>
<td>7.0% (3)</td>
<td>27.9% (12)</td>
<td><strong>32.8% (14)</strong></td>
<td><strong>32.6% (14)</strong></td>
<td>3.91</td>
</tr>
</tbody>
</table>

#### 7. Post Op Care

<table>
<thead>
<tr>
<th></th>
<th>1 Low</th>
<th>2 Below Average</th>
<th>3 Average</th>
<th>4 Above Average</th>
<th>5 High</th>
<th>N/A</th>
<th>Rating Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the anesthesia service round regularly on patients with regional blocks for post op pain?</td>
<td>4.9% (2)</td>
<td>2.4% (1)</td>
<td>12.2% (5)</td>
<td>26.8% (11)</td>
<td>19.5% (8)</td>
<td><strong>34.1% (14)</strong></td>
<td>3.81</td>
</tr>
<tr>
<td>Is the anesthesia service prompt in responding to post op pain problems?</td>
<td>0.0% (0)</td>
<td>11.6% (5)</td>
<td><strong>27.8% (12)</strong></td>
<td>23.3% (10)</td>
<td>16.3% (7)</td>
<td>20.9% (9)</td>
<td>3.56</td>
</tr>
<tr>
<td>Are anesthesiologists responsive to dealing with other post op problems?</td>
<td>7.0% (3)</td>
<td>7.0% (3)</td>
<td>18.6% (8)</td>
<td><strong>30.2% (13)</strong></td>
<td>27.9% (12)</td>
<td>9.3% (4)</td>
<td>3.72</td>
</tr>
</tbody>
</table>

#### 8. Operating Room Management

<table>
<thead>
<tr>
<th></th>
<th>1 Low</th>
<th>2 Below Average</th>
<th>3 Average</th>
<th>4 Above Average</th>
<th>5 High</th>
<th>Rating Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do anesthesiologists facilitate room turn over?</td>
<td>17.4% (8)</td>
<td>23.9% (11)</td>
<td><strong>37.0% (17)</strong></td>
<td>17.4% (8)</td>
<td>4.3% (2)</td>
<td>2.67</td>
</tr>
<tr>
<td>Are schedule changes readily accommodated?</td>
<td>15.2% (7)</td>
<td>15.2% (7)</td>
<td><strong>26.1% (12)</strong></td>
<td>26.1% (12)</td>
<td>17.4% (8)</td>
<td>3.15</td>
</tr>
<tr>
<td>Are anesthesiologists involved in operating room efficiency?</td>
<td>15.2% (7)</td>
<td><strong>28.3% (13)</strong></td>
<td>19.6% (9)</td>
<td>26.1% (12)</td>
<td>10.9% (5)</td>
<td>2.89</td>
</tr>
<tr>
<td>Are there significant differences among attendings regarding room turn over?</td>
<td>11.4% (5)</td>
<td>15.9% (7)</td>
<td><strong>27.3% (12)</strong></td>
<td>9.1% (4)</td>
<td><strong>36.4% (18)</strong></td>
<td>3.43</td>
</tr>
</tbody>
</table>
**MEDICATION ALERT!**

Dopamine currently comes in two separate strengths for pediatrics and adults. Unfortunately, the bags are very similar. A few simple steps can insure that we deliver the appropriate amount and concentration to our patients.

1. Never program the infusion pump based upon memorization of values. ALWAYS confirm pump entries with numbers on the bag being programmed. Responsible Party: Alaris Pump Programmer/CRNA or Resident

2. Confirm with pharmacist that concentration of drug is in compliance with the receiving ICU’s protocols. Responsible Party: Alaris Pump Programmer/CRNA or Resident

3. The Attending Anesthesiologist should provide a second check of pump programmed values prior to starting each anesthetic and infusion. -Scott Walton, MD

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**DEPARTMENT IN THE NEWS**

Recently work by Drs. Tamas Szabo and David Warters was discussed in the ASA Newsletter under the catchy title, “Traditions, Dogma and Myths in Anesthesia Practice.”

The full article follows:

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**Demonstrating the ability to ventilate before administration of muscle relaxants:** Many training programs teach that neuromuscular-blocking drugs should not be administered before it has been demonstrated that it is possible to ventilate with a face mask. If ventilation is impossible, the recommendation is to awaken the patient. However, this is usually unrealistic before profound hypoxemia has ensued, and in most cases, face mask ventilation becomes easier following muscle relaxation. In a preliminary double-blind, randomized, prospective study, Szabo et al. assessed the difficulty of mask ventilation with or without neuromuscular blockade and found ventilation to be significantly more effective after paralysis. Their findings suggest that muscle relaxation may be advantageous when managing the unexpected difficult airway and should lead to a re-evaluation of airway management protocols. In Kheterpal’s prospective study of 22,660 patients, mask ventilation was impossible in 37 cases, 36 of whom were intubated following the administration of muscle relaxants. In contrast, the ability to ventilate with a face mask before relaxation does not always translate into easy ventilation following paralysis, particularly in obese patients with redundant soft tissue that prolapses into the airway when its supporting musculature has been paralyzed. Curiously, in cases requiring rapid sequence induction of anesthesia, it is taboo to attempt face mask ventilation before relaxants are administered, in case gastric insufflation and ensuing regurgitation should occur. The focus of the anesthesiology community in the recent past has been to issue algorithms for predicting and managing difficult or failed intubation, while remaining silent on failed face mask ventilation. The more logical and safer approach in all patients would be to administer neuromuscular blockers at the earliest opportunity without having to demonstrate face mask ventilation beforehand. However, in those cases where obvious difficulty with mask ventilation or intubation is suspected, awake intubation or the use of regional anesthesia might be a safer option.
**MESSAGE FROM THE CRNAs AT UNIVERSITY HOSPITAL**

The Main Anesthesia Department charting is finally going electronic on May 12th. In preparation, the CRNAs and attendings had to attend three hour classes in April to learn the system. The classes will continue into May until we start officially on the 12th. It’s comforting to know two other groups went before us, and lived through it!

Mike Wolfman continues to work with the pyxis staff to audit reports and improve our supply charges. Thanks to everyone for helping with this endeavor. Please continue to push the buttons for everything you use.

Sunday, April 26 was the first Walk for Lupus in the Charleston area. Micki Ballister, Helen Furtado, Regan Saxton, Fran Zinko and I walked on Team Kammer’s Posse with Kim Adams and her family. See the group photo to the left. Kim was diagnosed with lupus nephritis four years ago, so we all went out to raise money to help find a cure. Thanks to everyone’s generosity, Kammer’s Posse came in third for team contributions to the Lupus Foundation. Mark your calendars for next year, and let’s all plan to attend and come in first for contributions. It’s a worthy cause, and one that is close to our hearts.

Larry Banks has accepted the anesthesia tech supervisor position for the University Hospital. Congratulations Larry and thank you to Larry and all the anesthesia techs for excellent support!

**MESSAGE FROM THE PAIN CLINIC**

On May 6th, nurses will join in celebrating National RN Recognition Day as part of National Nurses Week. The purpose of National RN Recognition Day is to raise awareness of the value of nursing and educate the public about the roles nurses play to promote and maintain healthcare.

Advocacy for patients is the core of fundamental nursing practice and promotes human dignity, respects diversity, and protects legal rights of patients. Nurse educators utilize excellent communication skills and interpersonal relationships to educate formally and informally by assisting patients in making informed decisions regarding healthcare. Nurse providers combine the art of caring and the science of nursing to meet the holistic needs of patients, families and the community through collaboration with other healthcare professionals.

2.9 million RN’s promote healthcare 7 days a week/24 hours a day. Nursing Excellence means the vision of a new perspective of day-to-day issues. Nursing Excellence means the focus of finding value in these new ideas and acting on them. Nursing Excellence means the passion to make a difference everyday. The nurses of Pain Management have a combined 102 years of nursing excellence and remain committed to the vision, focus and passion.
**Administrative Professionals Day**

Since 1952, the International Association of Administrative Professionals has honored office workers by sponsoring Administrative Professionals Week. In the year 2000, IAAP announced a name change from Professional Secretaries Week to Administrative Professionals Week and Administrative Professionals Day to keep pace with changing job titles and expanding responsibilities of today’s administrative workforce.

Wednesday, April 22nd, the Administrative staff from the department enjoyed a wonderful lunch at High Cotton. Thank you, ladies, for all your hard work!

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**A Message From the Anesthesia Residents**

The residents are on the home stretch! As the academic year nears its end each resident class can’t help but see the finish line ahead. The CA-3s have satisfied their academic and case requirements and most can count on one hand their number of remaining resident calls. In addition to their in house responsibilities, the CA-3s have been busy this year with securing fellowships and career opportunities, applying for medical licenses, planning their next move as well as studying in preparation for their ABA board exams. For them the remaining weeks of residency must evoke mixed emotions that include great excitement for their accomplishments along with some trepidation for the future. Our chief residents, Ilka and David, deserve more praise and recognition than they receive as they have dedicated tremendous amounts of time and energy into making this past year a success. The residents have great appreciation for their handling of key resident issues in a judicious and transparent manner.

The CA-2s are nearing the end of arguably the most challenging clinical year of their residency. They have successfully completed most of their subspecialty rotations and are looking forward to their upcoming elective rotations and roles as senior residents. Our chief-elects, Caroline and Scott, are putting the finishing touches on next year’s academic schedule and have recently completed a crash course in Call Scheduling 101 taught by the outgoing chiefs. We look forward to their leadership in the coming year.

The CA-1s are getting comfortable with most of the ‘bread and butter’ cases currently afforded to them, but are anxious about the subspecialty months that lie ahead. Accordingly, Monica has organized a self-directed study group in which the class plans to meet 1-2 times a month to go over pertinent Morgan and Mikhail chapters and corresponding questions. We (the CA-1s) appreciate her initiative and efforts thus far to get this educational opportunity going.

The interns are close to completing their non-anesthesia clinical obligations and will be coming soon to an OR near you! As you know, in June they will assume the lofty title of CA-0s and will be undertaking a busy month of lectures and other educational activities. Look for them next month and try to lend a helping hand and some savvy advice when you get the chance. I remember how daunting those first few weeks in the OR were for me (as I’m sure was the case for all of us). It really is amazing how fast the year has gone by, which brings to mind the old adage: time flies when you are having fun! I only hope it stays that way…

Gabe Hillegass, MD

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_The key elements in the art of working together are how to deal with change, how to deal with conflict, and how to reach our potential... the needs of the team are best met when we meet the needs of individual persons._

- Max DePree
INSULIN PROTOCOL:

Version 9 of the intravenous insulin infusion calculator is currently ready for use at MUSC and is located on the clinician order forms. The upgraded insulin order form and the screen shot of the IVIIC is shown below. Many of the blood glucose targets have been changed in keeping with the current literature. -Drs. Kathie Hermayer and Susan Harvey

APPLAUSES

Horst Rieke, MD—Dr. Rieke participated in Surgical Grand Rounds on April 7, 2009. He was on an ethics panel entitled, “Law, Ethics and Society: Withdrawal delay is withdrawal denied? Family objection to a patient’s request for treatment withdrawal.”

Matt McEvoy, MD was awarded funding for a FAER Research Education Grant entitled “The Effects of Cognitive Aids on Improving Performance in Simulated High-Stakes Perioperative Events.” This is a peer-reviewed, competitive grant with $100,000 of funding over 2 years. The hypothesis of the research is that using cognitive aids during high-stakes perioperative events will increase adherence to published medical management guidelines (e.g. ACLS protocols) with the goal of improving patient safety.
MUSC Excellence Standard of the Quarter

“Maintain a safe Environment for Our Patients, their Families, and Our Employees”

When Excellence is Your Goal, Safety Should Be Your Standard!

Workplace Safety Tips:

- Maintain a clean work area. Not only will you remove many hazards from a work area by keeping it clean, but you will also provide a more productive work environment for your employees.
- Assume your employees want to work safely and give them that chance.
- Give clear work instructions. Make sure your employees know the right way to do what you expect of them. Don’t just give them a list of things not to do. Include safety instructions in every procedure you write.
- Don’t dwell on worst case scenarios but focus on what is most likely to occur. Start by focusing your energy in preventing your most common incidents. That means you will have to keep an accurate OSHA incident log even if it looks bad to some manager you report to.
- Care about your employees. Care about your employees and let them know you do. If a machine is becoming unsafe, shut it down before someone gets hurt.
- Spend time getting to know the work your employees do. Even if you once did that job, it is likely it is done differently by different people. Look at what people are actually doing and compare this to what is written in procedures. If the procedures are different from the actual practice, find out why.
- Maintain the machinery in good working order. Many times employees get into dangerous situations by having to compensate for a machine defect or wear. A strong preventive maintenance program makes for a strong safety program.
- Maintain a clean work area. Potential exposures to hazardous material and conditions can be dramatically reduced simply by keeping the work area clean. And the benefit in employee productivity and morale is worth the effort even without the safety incentive.
- Patient safety is the responsibility of every staff member even those not working directly with patients in a clinical area. Staff working in a non-clinical area, should identify opportunities to support clinical staff by reducing the time clinical staff must spend with non-clinical support functions.
- Round with staff and highlight opportunities to highlight good examples related to the safety focus for the month.
Future Events

5/4-Methadone Pharmacokinetics & Pharmacodynamics: Lost (and found) in Translation “All Residents”
   -Evan D. Kharasch
5/5- Issues in Anesthetic Degradation and Toxicity (Grand Rounds) - Evan D. Kharasch
5/6- ART Teaching Conference: Aortic Disease - Dr. Ikonomidis
5/11-No Lecture
5/12-Strategy for Prevention & Diagnosis/Management of PE (Grand Rounds) - Tommy Burch
5/13- ART Teaching Conference: TEE Review - Jake Abernathy
5/19- Gastric Bypass (Grand Rounds) - Megan Baker
5/20- ART Teaching Conference: Electrophysiology Lab - Dr. Sturdivant
5/25- Memorial Day
5/26- M&M, Susan Harvey
5/27- ART Teaching Conference: TEE Review - Jake Abernathy
5/27- Cardiac Board Review Lecture “All Residents” - Susan Harvey

SAVE THE DATE: Department holiday party will be 12/12/09 at the Old Exchange Building

We Would Love to Hear From You!

If you have ideas or would like to contribute to Sleepy Times, the deadline for the June edition will be May 22, 2009.

This Month’s Contributors: Scott Reeves, Larry Field, Wendy Ewing, Cynthia Fitzgerald, and Gabe Hillegass

I Hung the Moon!

The departmental members below have been recognized by our patients and their peers. This month’s drawing winner is Susan Harvey!

Anthony Consonery - Outstanding support of the main OR and Periop sections of the anesthesia department the week of March 2-6—Covering unmanned parts of others’ shifts, working shorthanded without a break in service, and equipment recovery.

Alison Miller - Outstanding performance as an anesthesia tech supporting the main OR anesthesia providers—Covering short shifts, resupply duties, and weekends.

Helen Furtado - Stayed late to help me finish a case in neuron-angio. Thank you so much!

Ken Grismore - Superb performance in the execution of his duties as an anesthesia tech—his ability to prep and support multiple procedure areas has improved the ability of our providers to provide outstanding care for our patients.

Marshall Kearney - Appreciation for outstanding performance supporting the anesthesia department during the month of Feb. 2009—while the tech section was shorthanded.

Joseph Broughton - Hard work and dedication to supporting the anesthesia department during the month of Feb. 2009—Covering short shifts and greatly assisting continuity of care in the main OR and periphery.

Cathy Luedeman - Being a team player—relieving a co-worker early and volunteering to start a case for another co-worker.

Wendy Ewing - For the little things that make all things easier. Thanks for the room numbers in the ORs.

Karen James - For assisting with group paging early in the morning. I was asked by a CRNA to group page and Karen stepped up and did it for me without asking. I didn’t have groups set-up.

Kim Warren - Her willingness to help a co-worker complete a large project at the 11th hour in time for a meeting. Thank you Kim.

Cara Spaulding - Outstanding performance in supporting the main OR and periphery areas during Feb. 2009—her superb work helped alleviate the tech shortage and provided continuity of support to our patients.

Susan Harvey - Diligently doing DOD duties—not an easy task.

Joseph Broughton - Excellent help finding lost equipment. Joseph has such a great attitude and a willingness to do whatever needs to be done. Fantastic co-worker.

Glennda Ross - Volunteering to help a co-worker by attending a meeting and taking minutes. Thank you for your help.

Tammie Matusik - Her willingness to help a co-worker in the 11th hour in time for a meeting.

Jim Richardson - Nice work in room 18.


Ellen McClellan - Your skill and commitment to excellence demonstrated while handling a complex issue.

SAVE THE DATE

After such a great turnout last summer, the Department of Anesthesia has decided to sponsor another Night at the Riverdogs. This year’s event will be held on Saturday, July 18, 2009.

RSVP information to come!

We hope to see you there!