MESSAGE FROM THE CHAIRMAN:  
FROM HUMBLE BEGINNINGS

~SCOTT T. REEVES, MD, MBA

Recently, I was talking with Glennda who had been going through some old departmental files when she stumbled upon a department history summary from Dr. Laurie L. Brown. Many of you will know Dr. Brown from the medical student departmental summer scholarship that was established in his honor to support medical students interested in anesthesia as a career. Dr. Brown was also Professor Emeritus and served as the department historian until his death. In December 1990, Dr. Laurie Brown received a letter from Dr. John Marion Brown describing the early days of our department.

Some of you are already asking, who is Dr. John Marion Brown? He was our first chairman. In fact, the department had two chairmen prior to Dr. John Mahaffey. The first was Dr. John Marion Brown (1956-1958), and the second was Dr. William Hamelberg (1958-1959). The letter is a fascinating read, and over the next several months all of us will learn some very interesting historic points such as:

- How much was our first chairman paid?
- Where did he come from?
- When was the department formed?
- What other departments were in existence at the Medical College of South Carolina at the time?
- What was our relationship to Roper Hospital?

Please enjoy the history. We truly came from humble beginnings!
The time was February, 1949; the place was New Orleans...

My Initial Contact

I had finished my Residency under Perry Volpitto, one of the most distinguished men to have trained under the legendary Ralph Waters; I had performed some original and significant research on Obstetrical Anesthesia (Analgesia) utilizing Demerol-Scopolamine I.V., and I was presenting this paper at a meeting of the Southern Medical Association in New Orleans, when a large, jovial and impressive man came up to me and said, “I am Fred Kredel from Charleston, S.C., and I want to talk with you.”

We went out for dinner and Fred said that he liked my paper, my presentation, and my demeanor. He told me that he was looking for someone to organize a Department of Anesthesiology at the Medical College of S.C., since anesthesia would help in the further development of the Surgery Department. He pointed to his gray hairs and said that he wanted someone else to pioneer this and take some responsibility off him as Chief of the Surgical Service.

Three months went by, and I was so busy with my research and my position as Assistant Chief of Anesthesiology at the M.C.G that I had not been able to, again, contact Fred.

Volpitto called me into his office and told that we wanted both of us to pool incomes and that I would get 30% first year and 5% more each year until I reached 50%. I was to do most of the work, since he had planned several teaching trips to South America, Europe, Asia and the Orient. The first was to begin (Colombia, S.A.) in August 1949. I immediately called Fred and arranged an interview in May 1949 with Fred, Bob Walton and Dean Lynch.

The Negotiations and Contract

My trip to Charleston was disappointing in several ways: I was shown the Respiratory Center with its “iron lungs”, Roper Hospital, the Medical College buildings and nearby hospitals. These were older and less organized (with exception of Roper) than I had been used to in Augusta. I was not able to figure out the interrelations.

The interviews did not go well. Dr. Lynch was not interested in adding a new department or adding any more money to the existing departments. In essence, he told Fred that he would have to add anesthesiology to his department (Surgery) if he wanted it. No new departments!

Fred had talked with Bob Walton, and they both had agreed to split my salary of $4,800.00. I could supplement this with limited private anesthesia for the attending surgeons to make a meager living.
Fees were so low that this idea did not thrill me (Tonsillectomy anesthesia - $10.00, hysterectomy - $30.00- $40.00). There was a limit on anesthesia of $50.00 “in order to give the surgeon something”. I was making almost $20,000 per year at M.C.G.

Fred, Bob and I went out to dinner at Henry’s Restaurant. Bob offered me the Assistant Professor (Pharmacology) and Fred offered me Assistant Professor (Surgery) appointments. This was an advancement, since I was Instructor at M.C.G. Both said that they would make some grant money available, the amounts being uncertain at this time.

Fred was the artist – he characterized this stupid move as the beginning of a great pioneering adventure which he both would support to the fullest and help me in any way feasible.

Isabelle was the final straw! We visited her relatives and had sherry with a group of friends “below Broad”. We were invited to a cocktail party “after church on Sunday” and we were told that these relatives would find us a house in the “right” neighborhood.

As we travelled back to Augusta, Isabelle was ecstatic, and I was skeptical. Even Mr. Westbury, Isabelle’s father, had told her that he would build us a house in Charleston if we decided to come to the Medical College of South Carolina.

When I reached Augusta, I received a message that Dr. Volpitto was going out of town and would be gone for a week. This was without pre-arrangement with me, and it meant that I couldn’t complete some blood-gas research which I had planned to finish.

I immediately called Fred Kredel and told him that I would accept the job, even without a clear job description or a firm salary commitment. He asked me to come on July 1st; however, I delayed the change until September 1, 1949, so that I could complete the work on my Grant at M.C.G. and Volpittto could go to Colombia, South America as he had planned.

Dr. Lynch, in the meantime, had told Bob Walton that he did not like the idea of two faculty appointments, so I ended up with the faculty appointment in the Department of Surgery (Assistant Professor of Surgery, Anesthesiology).

When I told Dr. Volpittto of my leaving, he kept adding financial and academic inducements for my remaining at M.C.G. He even refused to come to my departure party or to write a letter of recommendation to Dr. Lynch. I left Augusta on the night of August 31, 1949, for Charleston, S.C. So much for Augusta and M.C.G.

... More to come in September’s Sleepy Times.
ASE ANNUAL MEETING

The 23rd annual meeting of the American Society of Echocardiography (ASE) occurred June 30-July 3 in Washington, DC. Drs. Alan Finley and Scott Reeves participated in the Council of Perioperative Echocardiography session entitled, *The Mitral Valve Apparatus: Influence of Echocardiography on Perioperative Clinical Decision Making*. Dr. Finley is seen lecturing on *Mitral Valve Repair Planned in a Patient with Moderate Tricuspid Regurgitation*.

AAMC EARLY CAREER WOMEN FACULTY PROFESSIONAL DEVELOPMENT SEMINAR

BY: CARLEE CLARK, MD

This past July, I was given the opportunity to attend the Early Career Women Faculty Professional Development Seminar sponsored by the Association of American Medical Colleges. I spent four days at the US Postal Service training center in Potomac, Maryland with 156 women faculty from all over the United States, including two others from MUSC. An amazing staff of successful physicians instructed us on etiquette for business dinners, navigating the academic enterprise, effective speaking and negotiation skills, which are all skills left out of medical school and residency training. The most valuable part of the seminar, however, was the contacts and friendships that I made. Being surrounded by motivated and successful female faculty was inspirational, and hopefully I can put together a program for our female residents in the future.
U.S. News & World Report: MUSC is state’s No. 1 hospital

MUSC has been named by U.S. News & World Report as one of the country’s best hospitals (top 50) in the treatment of ear/nose/throat disorders, nephrology, cardiology and heart surgery, and gastroenterology.

This is the 16th consecutive year for gastroenterology to be ranked. MUSC is also “high-performing” in treating cancer, gynecologic disorders, orthopaedics and rheumatology. Programs for diabetes and endocrinology, neurology and neurosurgery, pulmonology, geriatrics and urology also were considered high-performing. Fewer than 150 of the nation’s 5,000 hospitals are nationally ranked in at least one of 16 medical specialties. To see MUSC scores and rankings, go to http://health.usnews.com/best-hospitals/medical-university-of-south-carolina-6370085.

MUSC ranked first in South Carolina and for the Charleston-North Charleston-Summerville metro area. These state and local rankings recognize 730 hospitals with a record of high performance in key medical specialties, including hospitals already identified as the best in the nation. The complete rankings and methodology are available at http://health.usnews.com/best-hospitals.

“We are pleased to again be ranked as the leader in specialty care in South Carolina, and as one of the premier treatment centers in the country,” said Ray Greenberg, M.D., Ph.D., MUSC president. “This is a great tribute to the outstanding physicians and other caregivers who serve the health needs of so many patients.”

U.S. News Health Rankings editor Avery Comarow said the rankings are a GPS-like aid to help steer patients to hospitals with strong skills in procedures and medical conditions. “All of these hospitals are the kinds of medical centers that should be on your list when you need the best care,” he said. “They are where other hospitals send the toughest cases.”

Etta Pisano, M.D., vice president for medical affairs and dean of the College of Medicine echoed Greenberg and Comarow. “These rankings highlight some of the reasons MUSC has become a destination medical center. As an academic medical center with world-class physicians and ground-breaking research, our patients benefit from the latest advances in medicine.”

Since 1990, the magazine has identified medical centers with unique capabilities in one or more areas. Rankings and eligibility are driven by hard data, including reputation, death rate, patient safety, and care-related factors such as nursing and patient services.
I am delighted to announce that the MUSC Pediatric Heart Program was ranked #15 this year, up from #17 in 2011, #20 in 2010 and #28 in 2009. The rankings are attached below but a few specific comments are needed.

1) Our overall surgical survival and Norwood survival remained the best reported in the survey, 18 out of 18 for both, with only 2 centers in the top 50 having that rank for overall mortality and 5 for Norwood survival.

2) Infection prevention was very close to the top at 25 of 27.

3) Our reputation score has increased from 0.0% in 2008, to 2.2% in 2010, to 5.1% in 2011, to 8.1% this year! Since it's a 3 year average, 2012 alone must be even higher.

4) We were above Hopkins (16), Vanderbilt (20), Mayo (23) and Duke (24), as well as many others.

These results are a testimony to the dedication of our faculty, CRNAs, fellows and residents who take care of these very compromised children. Congratulations to all!

### Pediatric Cardiotoracic Program Rankings

<table>
<thead>
<tr>
<th>Rank</th>
<th>Hospital Name</th>
<th>Overall Survival</th>
<th>Norwood Survival</th>
<th>Infection Prevention</th>
<th>Reputation Score</th>
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</tbody>
</table>

Top 20 hospitals in overall survival and Norwood survival.
Dear Department,

It gives me great pleasure to write that the Cardiology and Heart Surgery programs at MUSC have appeared for the first time in recent history in the US News and World Report National Rankings. We are ranked 47th in the nation (out of 708 hospitals) and ranked highest in the State.

The dedication that each of you have to our patients is evidenced by these results. You have worked hard to improve patient safety strategies, implement processes that improve outcomes, and to ensure that each patient receives the best care possible.

Our pediatric colleagues continue to set the bar with an outstanding ranking of 15, up from 17 last year. Congratulations to their excellent team.

While inclusion in a distinguished list is a terrific accomplishment, our work is not yet finished. We are adding many new advanced therapies for patients with significant heart disease – Transcatheter Aortic Valve Replacement, destination therapy Ventricular Assist Devices and Electrophysiological procedures. While these technologies continue to advance the level of care we provide to our patients, we continue to concentrate on how we can deliver our expert care to the patients of our state and beyond without causing them harm. I am proud to work with a dedicated group of physicians, nurses and technicians who show up every day asking how they can do it better. As a result of their dedication, I am confident our ranking will continue to improve.

Well done everyone.

Jake
When I moved to South Carolina, someone told me to never get between a Southerner and his dog, pickup truck or shotgun... Now that my wife and I are putting down roots I’ve come to understand what that means. In the sweltering mid-July heat a group of approximately 20 residents, attendings, and spouses met for an afternoon of BBQ, sweet tea, and gunpowder. Former resident Peter Goodnight graciously hosted the group on his beautiful land on the Edisto River with a basic invitation: come on down and bring a shotgun. Brandon Sutton provided the fearful leadership amongst the residents, and what a day we had. It’s tough to beat skeet shooting and pulled pork overlooking the lowcountry! Hannah Bell, the only female resident to brave the woods, arrived in style with a camo-patterned Benelli Super Black Eagle II 12Ga. and skills to match. The Top Shooter award goes to David Hall who, after 30 minutes without a miss in the game of Knock-out, finally rescinded his position indicating we were boring him with lack of competition. Several first-time shooters participated and anyone could see the look in their eye as they started to understand the draw of the NRA. Everyone had a great time, no one got hurt, and several clay pigeons were successfully released into the wild unharmed. See the photo below to see a bunch of wanna-be-rednecks (and Brandon, authentic).
ABSENTEE VOTER REGISTRATION—CHARLESTON COUNTY

Are you ready for the 2012 Election Year? Here are some guidelines to follow for Absentee voting in Charleston, SC.

- The absentee precinct is located at 4367 Headquarters Rd, North Charleston, SC.
- Who is qualified?
  - Students, their spouses and dependents residing with them.
  - Members of the Armed Forces, Merchant Marines, Red Cross, USO, government employees, their spouses and dependents residing with them.
  - Overseas citizens
  - For reasons of employment will not be able to vote on election day.
  - Physically disabled persons.
  - Person on vacation.
  - Persons age 65 or older.
  - Person admitted to the hospital as emergency patients within 3 days before the election.
  - Persons confined to a jail or pre-trial facility pending disposition of arrest or trial.
  - Person attending sick or physically disabled persons.
  - Persons serving as jurors in a state or federal court on election day.
  - Certified poll watchers and poll managers.
- A voter or immediate family member may call 843-744-8683 or submit written request for absentee ballot application to absentee@charlestoncounty.org.
- Request form for absentee application may be faxed (843-974-6419) or mailed to POB71419, North Charleston, SC 29415
- Authorized Representative may request absentee application on behalf of physically disabled voter by visiting the Board of Elections and Voter Registration Office or may submit a request in writing.
- Absentee ballots are mailed approximately 45 days prior to each election.
  - The Friday before each election is the last day ballots can be mailed in.
- In person absentee voting is available up to 5 pm on the Monday prior to each election.
- All voted ballots must be received by the Board of Elections and Voter Registration Office no later than 7pm on election day to be counted.
- You can check the status of your absentee ballot by clicking here.
- For more information regarding absentee voting, please visit Charleston County’s Absentee Voting website here.
The MUSC Health Strategic Plan Kick-Off was Friday, February 3, 2012 by Etta D. Pisano, M. D., Dean, College of Medicine and Vice President for Medical Affairs, Stuart Smith, Vice President for Clinical Operations and Executive Director and Jack Feussner, M. D., Executive Senior Associate Dean, College of Medicine and this initial meeting was attended by 125 physicians, clinical leaders and administrative professionals. The message delivered demonstrated the commitment made by MUHA, the College of Medicine, and MUSC Physicians, collectively known as MUSC Health, to function as an integrated organization with a shared mission to become a top 25 academic medical center for reputation, quality, service, efficiency and financial performance by 2015.

The MUSC Health Strategic Plan encompasses seven driving strategies. Each of the driving strategies has a number of defined tactics and many of the tactics have defined sub-tactics. As progress is made and external factors necessitate, the strategic plan will evolve; therefore, what it looks like today will differ over the next few years.

To ensure successful achievement of each driving strategy, physician and MUHA co-leaders were assigned “ownership.”

1) Unify and align the clinical enterprise to facilitate decision making, enhance coordination of care, build accountability and drive down costs.
   Strategy Co-leaders: Stuart Smith and Jack Feussner, M.D.

2) Expand awareness, preference and market leadership for the MUSC brand
   Strategy Co-leaders: Stuart Smith and Phil Costello, M.D.

3) Strategically expand access and capacity
   Strategy Co-leaders: Patrick Cawley, M.D. and Peter Zwerner, M.D.

4) Aggressively grow primary care and outpatient services
   Strategy Co-leaders: Jack Feussner, M.D. and Peter Zwerner, M.D.

5) Establish statewide partnerships to provide the right care in the right place at the right time
   Strategy Co-leaders: Phil Saul, M.D., and Mark Lyles, M.D.

6) Build human and financial capital to grow expertise, learning, discovery and reputation
   Strategy Co-leaders: Steve Valerio and Lisa Montgomery

7) Intensify investment in information and communications systems to leverage MUSC’s expertise and access
   Strategy Co-leaders: Bob Warren, M.D., Ph.D., MPH and Mike Balassone

The strategic planning process is ongoing and welcomes any faculty members who would like to know more about the process to email the Clinical Coordinating Committee at clinstrategic@musc.edu.
GRAND ROUNDS FOR MONTH OF AUGUST

“Anesthetic Induced Inflammation and It’s Perioperative Implications”  
August 7, 2012  
Dolores B. Njoku, MD  
Johns Hopkins University School of Medicine  
Associate Professor

“Anesthesia Medically Challenging Case Conference”  
August 14, 2012  
George Guldan, MD  
Assistant Professor, Residency Program Associate Director  
Matt McEvoy, MD  
Associate Professor, Residency Program Director

“Anesthesia and Hemodynamics”  
August 21, 2012  
Horst Rieke, MD, PhD  
Medical University of South Carolina  
Visiting Professor

“Management of Patients with Ventricular Assist Devices for non Cardiac Procedures”  
August 28, 2012  
Eric Nelson, DO  
Medical University of South Carolina  
Assistant Professor
**Future Events/Lectures**

**INTERNS**
- 9/Aug—Abnormalities of Cardiac Conduction and Cardiac Rhythm, Dr. Matt McEvoy
- 23/Aug—Heart Failure and Cardiomyopathies & Pericardial Disease and Cardiac Trauma

**CA-1s**
- 1/Aug—Fluid Management & Transfusion, Dr. Larry Field
- 8/Aug—Inhalation Anesthetics, Dr. Eric Nelson
- 22/Aug—Nonvolatile Anesthetic Agents, Dr. Julie McSwain
- 29/Aug—Neuromuscular Blocking Agents—Dr. Latha Hebbar

**CA-2/3s**
- 6/Aug—Guest Lecture, Dr. Dolores Njoko, Johns Hopkins
- 13/Aug—Abnormalities of Cardiac Conduction and Cardiac Rhythm - PBLD - Stoelting Ch. 4, Dr. George Guldan
- 20/Aug—Nutritional Diseases and Inborn Errors of Metabolism—Stoelting Ch. 13, Dr. Marc Has-sid
- 27/Aug—Skin and Musculoskeletal Diseases—Stoelting Ch. 18, Dr. Jerell Brown

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**Holiday Party:** December 1, 2012  
**Location:** Carolina Yacht Club.

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**I HUNG THE MOON**

Don’t forget to nominate your co-workers for going ‘Beyond the Call of Duty’. I Hung The Moon slips are available at the 3rd floor front desk, and may be turned in to receptionist or Kim. Thanks so much!!

**Laura Roberts, MD:** Going above and beyond to take the best care of our patients! You are a joy to work with. Thanks for the hard work!

**Beth Jennings, CRNA:** Beth has helped so many times in moving, charting, and transporting ICU patients. Thanks for being a team player!

**Deb Feller, CRNA:** Going the extra mile and coming in on your day off to take care of a co-worker. Thanks for such great care!

**Sara Enoch, CRNA:** For helping a co-worker during a STAT transfer from the OR to Neuro-angio. Thanks for making a difficult situation run smoothly.

**Shelly Richardson, CRNA:** Helping a co-worker out in an “add-on” OR case just because she could, thanks for making a tough case easy!

**Myra Coe, CRNA:** For helping a co-worker with an add-on-patient, helping with charting patients. She is a great team player.

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**Holiday Party:** December 1, 2012  
**Location:** Carolina Yacht Club.

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**Save the Date!**

**August 2012 Standard of the Month**

We Wear appropriate clothing that is in compliance with departmental standard and image policies.

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**We Would Love to Hear From You!**

If you have ideas or would like to contribute to *Sleepy Times*, the deadline for the September edition will be August 20, 2012.