MESSAGE FROM THE CHAIRMAN:
- SCOTT T. REEVES, MD, MBA

April 25, 2012 marked the 60th anniversary of Administrative Professionals’ Day. The department took the opportunity to demonstrate our appreciation to all of our administrative staff by celebrating lunch together on Monday, April 23. How did this recognition of such diverse talents come into being?

During World War II, there was an increased need for skilled administrative personnel, particularly in the United States. The National Secretaries Association was formed to recognize the contributions of secretaries and other administrative personnel to the economy, to support their personal development and to help attract people to administrative careers in the field.

The first National Secretaries Week was organized in 1952 in conjunction with the United States Department of Commerce and various office supply and equipment manufacturers. The Wednesday of that week became known as National Secretaries Day. As the organization gained international recognition, the events became known as Professional Secretaries Week® and Professional Secretaries Day®. In 2000, the day was changed to Administrative Professionals Week and Administrative Professionals Day to keep pace with changing job titles and expanding responsibilities of the modern administrative workforce.

(Reference: http://www.timeanddate.com/holidays/us/administrative-professionals-day)

Please take a moment to thank all our administrative staff for the work they do which allows us to concentrate on performing high quality, compassionate care.
The ABA defines clinical anesthesiology as the practice of medicine dealing with, but not limited to:

- Assessment of, consultation for and preparation of, patients for anesthesia.
- Relief and prevention of pain during and following surgical, obstetric, therapeutic and diagnostic procedures.
- Monitoring and maintenance of normal physiology during the perioperative period.
- Management of critically ill patients.
- Diagnosis and treatment of acute, chronic, and cancer-related pain.

What is important for us to define as a department is our concept of the “perioperative period”. The “limited” practice of anesthesia confines itself to preoperative assessment on the day of surgery, operating room anesthesia, and care in the PACU. The “expanded” practice defines the “perioperative period” as the interval of altered physiology that begins with the onset of surgical illness and ends with the return to the baseline that was present prior to the surgical illness. Leaders in our field have been discussing our specialty’s need “to diversify its practice paradigms in order to ensure its future leadership position in medicine” by having “an increasingly dominant role in perioperative management” (Miller RD, Report from the Task Force on Future Paradigms of Anesthesia Practice 2005). With the continued political and economic challenges in healthcare reform, we as a department need to embrace the “expanded” practice model and make ourselves indispensable to our patients and the health care team from the onset of surgical illness until hospital discharge.

While there are a tremendous number of opportunities for clinical growth in our department, the Clinical Strategic Plan Team focused on 3 opportunities to improve patient care and to improve recognition and perception of our specialty within the medical community. These include improved preoperative evaluation and optimization services, improved and expanded postoperative pain management, and advanced postoperative management services. These are outlined further in our Clinical Care Strategic Plan.
CLINICAL CARE STRATEGIC PLAN
BY: Kelley Grogan, MD

Mission: To provide outstanding comprehensive, patient centered perioperative clinical services that dramatically improve the quality of care and patient outcomes across the surgical continuum.

Vision: To be recognized as a nationally and internationally acclaimed academic department recognized for excellence and value in perioperative healthcare. In addition, we recognize that we must be able to adapt, grow, and respond to rapid and at times disruptive changes in health care if we are going to be able to carry out our mission and practice according to our expressed values. Maintaining the status quo will not be sufficient. Instead, we need to affect continuous improvement in the quality, safety, and scope of care that we provide in order to increase the importance and value of our abilities and services to our patients, their families, and the medical center.

Objectives: Expand our current perioperative clinical services to better manage our patients from the interval of altered physiology that begins with the onset of surgical illness and ends with the return to the baseline that was present prior to the surgical illness. Our areas of focus are fourfold:

1) Improved Preoperative Evaluation and Optimization Services:
   - Preoperative Clinic Restructuring
     * Staffing restructure, scheduled appointments
   - Better Identification of Patients Requiring Preoperative Evaluation
     * Preop Roadmap
   - Standardized Recommendations and Practice Patterns
     * Preoperative labs and medication administration
     * Better adherence to practice guidelines
     * Improved communication
   - Improved inpatient preoperative evaluation

2) Improved Pain Management Services in Both Adult and Pediatric Patients:
   - Increased number of regional anesthesia (blocks, catheters)
   - Improved responsiveness and management of current catheters
   - Create acute pain service at ART with new resident rotation
   - Consult service for chronic pain patients with acute pain issues (i.e., chronic pancreatitis)
   - Expanded management – caring for patients from catheter based management to oral pain management

3) Advanced Postoperative Management Patient Subsets:
   - Orthopedic Joint Patients
     * Manage patient from preoperative optimization to rehab
     * Management plan to allow patient start PT the day of surgery
   - Destination Breast Reconstruction
     * Help develop standardized preoperative and intraoperative care plans
   - ENT Reconstructive Surgical Patients
     * Test group – management of patients in the postoperative period

4) Improved recognition and perception of our specialty within the medical community and by our patients

5) Performance Metrics:
   - Improved patient satisfaction
   - Improved surgeon satisfaction
   - Improved anesthesia satisfaction
   - Decreased costs by eliminating unnecessary testing
   - Decreased costs by decreasing procedure cancellations
UPDATE ON PREOPERATIVE EVALUATION SERVICES TO DATE
BY: KELLEY GROGAN, MD

In January of this year, Dr. Susan Harvey championed 3 IMPROVE projects involving the Anesthesia preoperative evaluation services. These three teams are comprised of individuals from the nursing, surgery, and anesthesia departments committed to improving the preoperative process. Each team is challenged with managing one of the following areas for IMPROVEment: clinic organization and structure; standardized preoperative testing and clinical management; and an improved screening and scheduling process to ensure that the correct patients are being evaluated prior to the day of surgery. The projects are in varying phases of the IMPROVE process, but each team has been meeting regularly and making slow but steady progress. Meeting with representatives from the surgery clinics and collecting data evaluating our current practice has been an important step in the process. We will also be collecting patient and surgeon satisfaction data. While each group is faced with certain challenges, an underlying theme is a lack of consistency in our practice, inefficiency, poor communication, and ill defined expectations.

We look forward to sharing the outcomes of our IMPROVE projects as they evolve. We hope to share our findings, proposed solutions, and get your input by early summer. If you have any concerns or suggestions regarding the preoperative process, please contact Susan Harvey or Kelly Grogan.

DR. LATHA HEBBAR GETS PAINTING PUBLISHED IN LATEST EDITION OF Humanitas!

Please congratulate Dr. Latha Hebbar on the publication of her Ravenel Bridge painting in the 2012 MUSC literary journal Humanitas! Latha spent 20-25 hours painting the bridge based on a picture taken from her friend’s home. She chose this particular landmark because she felt that the bridge was an important symbol of Charleston. Sketching has always been a hobby for Latha, and in the past three years she has focused on oil paintings. She chose this particular method of painting because it is the most forgiving of mistakes and offers artistic flexibility. Although Latha does enjoy painting landscapes, her work is very versatile, including a portrait of her daughter and her most recent painting of a horse. As a source of meditation and relaxation, Latha has completed about 14 paintings and hopes to one day have an exhibition of her original work.
TEDDY BEAR CLINIC
BY: MICHELLE ROVNER, MD

On Friday, March 30 MUSC Children’s Hospital held their Teddy Bear and Doll Clinic celebrating Child Life Month. Approximately 15 pediatric patients were given a teddy bear or doll. There were multiple stations set up to help heal their teddy bear/doll. Those stations included a suture station, x-ray station, cast placement, etc. The anesthesia department, represented by Beth Jennings, Kim Saletan and Michelle Rovner, were happy to participate in this event. The children put in IVs, helped the bear go to sleep with the mask and then enjoyed waking them up. Everyone involved had a good time and enjoyed it. The Child Life department has many similar events throughout the year for the pediatric patients in our hospital. They are a critical part of our pediatric team.

LAURIE UEDELHOER, CRNA IS RECOGNIZED BY RADIATION ONCOLOGY

Radiation Oncology received the banner for highest Patient Satisfaction score for the last quarter. They were asked to name a support person or department to be recognized as well. The radiation department chose Laurie Uebelhoer, CRNA as their support person, as she has been instrumental in helping set up the anesthesia protocol for the department. She was presented the banner at a luncheon the radiation oncology department had to celebrate their win.

Laurie's banner is on the wall upstairs on the 5th floor. Congratulations Laurie, and thank you to the people in the department who help her make it all work.
Open Anesthesia Research Meeting:
Thursday, May 3rd
Location: CSB 429, 4pm-5pm

This month’s presentation: *Mechanism of Western diet and midazolam exposure in middle aged rats leading to accelerated cognitive impairment.*

_Dorothea Rosenberger, MD, PhD_

---

**THANK YOU FROM THE McEVOY’S**

Dear Anesthesia Family,

This letter is long overdue. I’m writing to say thank you for how you loved and supported our family throughout Ansley’s battle with cancer. I know that many of you took call for Matt, stayed later than usual, prayed, and were helpful in so many ways while our family learned the “new normal” of having a sick child. The ways you have blessed us are countless.

We rejoice in Ansley being cancer free and are thankful to have life seem much calmer this year than last. It is a blessing to be a part of the MUSC Anesthesia family. I am forever grateful for how you have loved our family.

Grateful for all of you,

Amy McEvoy
MUSC continues to improve in the area of central line infection rate as evident from the slide below. It is extremely important for all of us in the department to continue our high vigilance with following the keystone central line insertion process (hand scrubbing, complete gown and gloving, total patient sterile draping, etc) since we are responsible for inserting a large percentage of the overall central lines that patients receive. The institution is also greatly improving our hand washing consistency. **Protect yourself and our patients; wash your hands prior to and after every patient encounter.**
GRAND ROUNDS FOR MONTH OF MAY
NORA/PATIENT SAFETY

“Improving patient Care: The Foundation of Quality Improvement”
May 8, 2012
Kelly Grogan, MD
Medical University of South Carolina
Quality and Compliance Officer

“M&M”
May 15, 2012
Susan Harvey, MD
Medical University of South Carolina
Vice Chair for Clinical Operations
Medical Director, University Main Operating Rooms

“Challenges of Off Site Anesthesia Care”
May 22, 2012
Eric Bolin, MD
Medical University of South Carolina
Assistant Professor

“OR Fire Safety”
May 29, 2012
Fred Guidry, MD
Medical University of South Carolina
Professor
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 Rhonda or Kim. Thanks so much!!

Tim Grannell, CRNA: Helping out to set up a room on his downtime.

Sheryl Champagne: Outstanding teamwork, i.e. quick response to Main OR request for TB filters (1st case), thereby allowing the case to start without delay. She also avoided delays to subsequent cases and protected OR 11’s ventilator from contamination.

Future Events/Lectures
2/May — Anesthesia for Cardiovascular Surgery, CA1, Dr. Kelly Grogan
7/May — Ambulatory Anesthesia “Barash Ch. 32,” CA2/3, Dr. Eric Bolin
8/May — Improving Patient Care: The Foundation of Quality Improvement, Grand Rounds, Dr. Kelly Grogan
9/May — Anesthesia for Cardiovascular Surgery, CA1, Dr. Kelly Grogan
14/May — Employment Contract Negotiation, CA2/3, M. Allen
15/May — M&M, Dr. Susan Harvey
21/May — MUSC Patient Safety Programs, all residents, Dr. Danielle Scheurer
22/May — Challenges of Off Site Anesthesia Care, Grand Rounds, Dr. Eric Bolin
23/May — Pediatric Anesthesia PBL, CA1, Dr. Ilka Theruvath
28/May — Anesthesia Provided at Alternate Sites "Barash Ch. 34," CA2/3, Dr. Jerell Brown
29/May — OR Fire Safety, Grand Rounds, Dr. Fred Guidry

Resident Graduation: June 22, 2012
Location: Charles Towne Landing.

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

Be proactive in identifying opportunities for individual growth and departmental improvement.

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 21, 2012.