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

Life in the Hundred Acre Woods

Happy New Year!!! 2014 is upon us and what kind of year it will be for the 200 plus members of the Department of Anesthesia and Perioperative Medicine really depends on each of us. One thing is for sure, there will be significant challenges as MUSC, the department and each of us deal with the changes and challenges of the Patient Protection and Affordable Care Act (Obamacare). Personally, I love challenges for within them are huge opportunities. Just the growth that the department has experienced over the past decade is testimony to that. Would anyone have thought that we would have doubled our faculty and resident classes as well as grown our SRNA program when capitated managed care started?

So what does my title, Life in the Hundred Acre Woods, have to do with 2014? The hundred acre woods is where Winnie-the Pooh lived along with his friends Piglet, Tigger, Eeyore, Roo and Christopher Robin.

Each had a unique personality and skill set.
Winnie-the-Pooh was friendly, thoughtful and always tried to do his best.
Piglet was a small animal who was frequently fearful but during crisis situations was always very brave.
Eeyore was the gloomy, sarcastic, pessimistic, cautious donkey.
Roo was the young playful joey.
Tigger was the exuberant, energetic fun loving tiger.
Christopher Robin was the only human character and even though he was a young child was considered wise and more mature than the others.
LIFE IN THE HUNDRED ACRE WOODS

Each book had an adventure or challenge that Winnie-the-Pooh had to master. My personal favorite is when Piglet is being stock by Heffalumps and Woozles. Pooh and Christopher Robin by capitalizing on the strengths of his friends eventually determine that these scary creatures were completely imaginary.

I am sure that the department has a similar cast of characters. However, by using our unique talents collectively, I am sure that 2014 will be a fantastic year, and we will easily overcome any scary Heffalumps and Woozles out there. Happy New Year, and it remains truly an honor to be your chairman.

http://www.hdwallpaperstop.com/winnie-the-pooh-cartoon-wallpapers/
Congratulations to Anesthesia Techs!

Congratulations!

I want to recognize the OR Anesthesia Techs for their outstanding performance in ensuring iSTAT quality. This is a reflection of their great technique resulting in a very low operator error rate!

Did You Know?

When the analyzer detects a potential or real problem before the test cycle is initiated or at any time during the test cycle, a Quality Check Code number will be given and no test results will be displayed. Lab tracks the code/error rate to determine if there are any trends. The quality codes include:

- **Cartridge Handling** – the operator has mishandled the cartridge by touching the cartridge electrodes or exerting too much pressure on the center of the cartridge causing the calibrant pack to burst.
- **Insufficient Sample** – the operator under-filled the cartridge or there are air bubbles in the sample.
- **Overfilled Cartridge** – the operator overfilled the cartridge.
- **Unable to Position Sample** – this error can be caused by an operator technique issue, cartridge issue or specimen issue. In this case the analyzer did not detect movement of sample across the sensors and can be due to the operator not closing the snap closure on the cartridge, an aberrant cartridge or a clot in the sample preventing movement of the sample.
- **Under-filled Cartridge** - the operator under-filled the cartridge.
- **Environment** – indicates a condition related to the environment or the state of the analyzer, such as dead batteries or temperature of the environment.

I appreciate your efforts to ensure quality and safety!

Sincerely,

[Marilyn Schoffner PhD, RN, NEA-BC, CCRN]
Chief Nursing Officer and Administrator for Clinical Services
The Medical University of South Carolina Board of Trustees took a significant step on Friday toward building the largest capital project ever proposed at MUSC. A new $350 million facility for the Children’s Hospital and Women’s Pavilion on the peninsula could be completed by mid-2020, said Dr. Pat Cawley, vice president for clinical operations and executive director of the nonprofit Medical University Hospital.

Barely a year has passed since Medical University Hospital had less than 10 days operating cash on hand, and former President Ray Greenberg said he spent restless nights worried about the bottom line.

“This is all contingent on huge fundraising,” said Board of Trustees Chairman Tom Stephenson. “We don’t have the money to build it, but if you don’t plan, it will never happen. If we had to do it now, we couldn’t.”

While the Board of Trustee’s action on Friday did not constitute final approval, plans to build the new Children’s Hospital will very likely move forward.

“There will be approvals along the way. This was the first one,” Cawley said. He verified it is the most expensive project ever proposed at the medical university.

The board voted Friday to update a two-year-old feasibility study that explored the option of constructing the new building, which would be located on the corner of Courtenay Drive and Calhoun Street.

The board entertained an option of building a remote hospital in North Charleston but determined that project would be more expensive than a new hospital on the peninsula.

The new 675,000-square-foot facility would be situated adjacent to the $275 million Ashley River Tower, which opened in 2008. The existing Children’s Hospital is attached to the main hospital on the MUSC Horseshoe on Ashley Avenue.

“We recognized the need back three years ago that our Children’s Hospital and our Women’s Pavilion are getting very space strapped,” Cawley said. “The only way to fix that is to put them in a new facility. We have to do that in order to continue to deliver cutting-edge children’s and women’s care.”

Cawley said the project would have the same sleek, modern design as the Ashley River Tower.

Both the Ashley River Tower and the proposed new Children’s Hospital and Women’s Pavilion are part of a long-term capital plan designed to ultimately replace the current teaching hospital.

The new project is to be paid for with a combination of donations, annual operating revenue and borrowed money, similar to a mortgage. It may take 20 to 30 years to repay, Cawley said.

He said the institution temporarily delayed moving forward with the project when the hospital’s financial balance was more precarious.

Board Chairman Stephenson estimated they will need to raise $50 million to $100 million to help pay for the project.

The Board of Trustees is scheduled to discuss assembling a team, including architects and contractors, at its April meeting.

Construction would not begin until 2017.
MUSC RANKED #3 FOR TRANSPLANT RATINGS OVERALL

<table>
<thead>
<tr>
<th>Rank</th>
<th>Hospital Name</th>
<th>City Location</th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Duke University Hospital</td>
<td>Durham</td>
<td>NC</td>
</tr>
<tr>
<td>2</td>
<td>Mayo Clinic</td>
<td>Jacksonville</td>
<td>FL</td>
</tr>
<tr>
<td>3</td>
<td>MUSC Medical Center</td>
<td>Charleston</td>
<td>SC</td>
</tr>
<tr>
<td>4</td>
<td>Northwestern Memorial Hospital</td>
<td>Chicago</td>
<td>IL</td>
</tr>
<tr>
<td>5</td>
<td>University of Maryland Medical Center</td>
<td>Baltimore</td>
<td>MD</td>
</tr>
<tr>
<td>6</td>
<td>The Nebraska Medical Center</td>
<td>Omaha</td>
<td>NE</td>
</tr>
<tr>
<td>7</td>
<td>Stanford Hospital</td>
<td>Stanford</td>
<td>CA</td>
</tr>
<tr>
<td>8</td>
<td>University of WI Hospitals &amp; Clinics</td>
<td>Madison</td>
<td>WI</td>
</tr>
<tr>
<td>9</td>
<td>Baylor University Medical Center</td>
<td>Dallas</td>
<td>TX</td>
</tr>
</tbody>
</table>

MUSC RANKED #4 FOR LIVER TRANSPLANT

<table>
<thead>
<tr>
<th>Rank</th>
<th>Hospital Name</th>
<th>City Location</th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Ochsner Foundation Hospital</td>
<td>New Orleans</td>
<td>LA</td>
</tr>
<tr>
<td>2</td>
<td>Mayo Clinic</td>
<td>Jacksonville</td>
<td>FL</td>
</tr>
<tr>
<td>3</td>
<td>UCSF Medical Center</td>
<td>San Francisco</td>
<td>CA</td>
</tr>
<tr>
<td>4</td>
<td>MUSC Medical Center</td>
<td>Charleston</td>
<td>SC</td>
</tr>
<tr>
<td>5</td>
<td>University of WI Hospitals &amp; Clinics</td>
<td>Madison</td>
<td>WI</td>
</tr>
<tr>
<td>6</td>
<td>Northwestern Memorial Hospital</td>
<td>Chicago</td>
<td>IL</td>
</tr>
<tr>
<td>7</td>
<td>University of Alabama Hospital</td>
<td>Birmingham</td>
<td>AL</td>
</tr>
<tr>
<td>8</td>
<td>Methodist Healthcare Memphis Hospitals</td>
<td>Memphis</td>
<td>TN</td>
</tr>
<tr>
<td>9</td>
<td>Banner Good Samaritan Medical Center</td>
<td>Phoenix</td>
<td>AZ</td>
</tr>
<tr>
<td>10</td>
<td>St. Luke's Episcopal Hospital</td>
<td>Houston</td>
<td>TX</td>
</tr>
</tbody>
</table>

MUSC RANKED #4 FOR KIDNEY TRANSPLANT

<table>
<thead>
<tr>
<th>Rank</th>
<th>Hospital Name</th>
<th>City Location</th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>University of Maryland Medical Center</td>
<td>Baltimore</td>
<td>MD</td>
</tr>
<tr>
<td>2</td>
<td>Ochsner Foundation Hospital</td>
<td>New Orleans</td>
<td>LA</td>
</tr>
<tr>
<td>3</td>
<td>Mayo Clinic</td>
<td>Phoenix</td>
<td>AZ</td>
</tr>
<tr>
<td>4</td>
<td>MUSC Medical Center</td>
<td>Charleston</td>
<td>SC</td>
</tr>
<tr>
<td>5</td>
<td>Indiana University Health</td>
<td>Indianapolis</td>
<td>IN</td>
</tr>
<tr>
<td>6</td>
<td>Ronald Reagan UCLA Medical Center</td>
<td>Los Angeles</td>
<td>CA</td>
</tr>
<tr>
<td>7</td>
<td>Rock Hospital of USC</td>
<td>Los Angeles</td>
<td>CA</td>
</tr>
<tr>
<td>8</td>
<td>University of Michigan Health System</td>
<td>Ann Arbor</td>
<td>MI</td>
</tr>
<tr>
<td>9</td>
<td>North Carolina Baptist Hospital</td>
<td>Winston-Salem</td>
<td>NC</td>
</tr>
<tr>
<td>10</td>
<td>Stanford Hospital</td>
<td>Stanford</td>
<td>CA</td>
</tr>
</tbody>
</table>
TECHNOLOGY UPDATE: NEW SONOSITE S-NERVE ULTRASOUND MACHINE
BY: SYLVIA WILSON, MD

We have recently acquired a new ultrasound machine that lives in the adult holding area. This machine was obtained to help manage the growth we are seeing in our regional anesthesia program and improve the quality of care that we are able to offer for central line placement in our pediatric heart patients.

This new ultrasound is a Sonosite S-Nerve and is very similar to the Sonosite machine that has lived in the adult holding area for the last 3 years. One big difference is that the new ultrasound machine has a special tray that allows all three probes to be constantly connected to the machine. This means that users can now change between probes by a click of a button; a huge plus for the regional crew! The new machine also has a large, high frequency linear array transducer (HFL50x) with a 15-6 MHz Bandwidth (HFL 38x = 13-6 MHz).

Both Sonosite machines will live in the adult holding area. One Sonosite machine will be moved to OR2 to assist the pediatric heart team with central access placement for first start cases. It may be called for again if the pediatric heart team has additional cases later in the day; however, when this is the case, please notify the regional resident so that we know where the machine has gone. The machine will return to holding after intravenous lines are placed to be used by regional throughout the day with block placement. This arrangement will allow for the best utilization of these machines. Notably, both machines are stocked with a small high frequency linear, a large high frequency linear and a low frequency curvilinear probe. Additionally, all probes are all interchangeable between machines.

There are some things everyone should remember. The machines have pretty good batteries, but they should be plugged in at their “homes” when they are not in use. These machines and transducers are expensive, so please take care of them. The probes/transducers must be cleaned after every use with the RED or GREY wipes; NEVER the PURPLE wipes as these will ruin the probes. We try to keep the correct wipes stocked on the ultrasound for convenience, but please keep this in mind and remove any purple wipes if they are placed on the machines. Also, remember to enter the patient’s information and save an image when using the machine. This is important for both billing and documentation. The images on both machines are downloaded to PACs on a regular basis. Finally, if you do use the machine for vascular access, make sure that you select “vascular” on the page with patient information, this will improve the picture; conversely, select “nerve” when using the machine for regional.

There are also now more GE ultrasound machines available for the rest of the OR. These machines are still adequate for most central line placements. They will also continue to be utilized by the regional group when needed and the pediatric heart team when they have more than one pediatric heart starting simultaneously (usually Thursdays).
**Technology Update: New Sonosite S-Nerve Ultrasound Machine Continued...**

**By: Sylvia Wilson, MD**

Enter patient information by pressing button below “New/End” (red arrow).

Use the key board (not shown) and/or mouse pad (green box) to enter patient information.

Select the exam type, Nerve or Vascular, to optimize the image (pink arrow) by using the mouse pad (green box).

---

**Technology Update: New Phillips 3D-TEE Machine**

**By: Alan Finley, MD**

With the opening of the new hybrid room at ART, a new Philips EPIQ 7 echocardiography machine was purchased. The Philips EPIQ 7 is a new platform released in late summer of this year to replace the iE33 machine and offers cutting edge technology. The EPIQ 7 allows for improved image quality by increasing frame rates, penetration, and axial resolution. Additionally, software upgrades have made 3D echocardiography faster and easier to obtain. The figure shown here was obtained in seconds and was able to identify the location of the mitral valve pathology to be the P2 segment. The ability to accurately and quickly obtain this type of information allows for improved diagnostic capabilities and communication with our surgical colleagues.

Surgeon’s view of the Mitral Valve with a prolapsing P2 segment as indicated by the red arrow.
CONGRATULATIONS TO DR. BRYAN COVERT FOR TEACHER OF THE MONTH

The Students of MUSC College of Medicine Clinical Years

certify to all that:

Bryan Covert
has been nominated as a

Teacher of the Month
 Granted: November 29, 2013

Lauren Meeks, Faculty Excellence Co-Chair

CONGRATULATIONS TO ZEH WELLINGTON, RN, AND JUDY ROTH, RN, AS WINNER OF THE SHARON BRINGEWATT AWARD

Sharon Bringewatt was a former MUSC Main Operating Room Nurse Manager. After her death a Health Science Foundation fund was established in her memory. The Sharon Bringewatt Award for an outstanding Operating Room Nurse was established in 1989. This award was intended to be given annually to a deserving Operating Room RN for the purpose of funding personal educational growth. The OR RN recipient was to exemplify the best qualities of OR nursing leadership, teaching and mentoring, clinical expertise in surgical nursing and who serves as a role model for others.

Zeh Wellington, RN—Main OR

Judy Roth, RN—Rutledge Tower OR
CONGRATULATIONS TO KAREN WEAVER, RN FOR
VERIFICATION OF CERTIFICATION

CONGRATULATIONS TO MICKI BALLISTER, CRNA FOR ACHIEVING
DOCTORATE OF NURSING PRACTICE FROM VILLANOVA UNIVERSITY
CRNA Education Awards: Deb Feller, CRNA

Congratulations to Deb Feller, CRNA for being selected by the AFN class of 2013 for the overall excellence in clinical instruction award for the year at Rutledge Tower.

New Call Room for Residents

It has been confirmed we have obtained a new call room at UH for our overnight team! We will be moving into room 738H as soon as a bed is placed into the room, as it had been an open storage room. A bed will be placed soon but feel free to go scope it out!
TAKING CARE OF ONESELF: SUBSTANCE ABUSE

Unfortunately, one of the biggest problems in our profession is the constant threat of falling victim to substance abuse. We are all used to being in control. We control a patient’s vital functions every day. However, we must all guard ourselves from thinking that we can try the multitude of drugs that we use. As the recent study below highlights, substance use within anesthesiology remains a huge problem. Please be on guard and ask for assistance from family, friends and the department if the stresses of life become problematic. Help is available!

ABA and Mayo Clinic Study Discovers Substance Use Disorder and High Rates of Relapse in Anesthesiology Residents

A study by the American Board of Anesthesiology (ABA) and the Mayo Clinic found that nearly one in every 100 anesthesiology residents entering primary training from 1975 to 2009 developed substance use disorder (SUD) during training. The incidence of this disorder is continuing to increase and the risk of relapse or death is high. The Journal of the American Medical Association has published the manuscript “Substance Use Disorder Among Anesthesiology Residents, 1975-2009” in its December 4 issue on medical education.

David O. Warner, M.D., a Director of the ABA and anesthesiologist at the Mayo Clinic in Rochester, Minnesota, found that anesthesiologists are not invulnerable to SUD, though only indirect evidence supports SUD being more common in anesthesiologists than in other physicians. “Although relatively few anesthesiology residents develop SUD, the incidence is continuing to increase,” said Dr. Warner. “The problem is as serious now as it has been at any time over the period of study, and the consequences can be severe. Residents who develop substance use problems are at high risk for relapse after treatment or, in some cases, die as a result of the disorder.”

During the study period, 384 (0.86 percent) of the 44,612 residents had SUD confirmed during training. The rates of incidence were initially high, followed by a period of lower rates in 1996-2002. However, the highest rates have occurred since 2003. The most common substances used were intravenous opioids, followed by alcohol, marijuana or cocaine, anesthetics/hypnotics, and oral opioids. Of the total study group, 28 individuals (7.3 percent) died of SUD-related problems during the training period.

Dr. Warner and the other research team members estimated that nearly 43 percent of the survivors experienced at least one relapse within 30 years after the initial incident. At least 11 percent of the physicians with evidence of SUD during the residency program eventually died of a SUD-related cause, but rates of relapse and death did not depend on the type of substance used.

“While we have no direct data to show harm to patients, impaired physicians may put patients at risk – and certainly put themselves at risk. It’s incumbent upon us as a profession to do what we can to identify and address substance use disorders as quickly as possible to protect both the involved physicians and their patients,” says Dr. Warner.

“This is the first of many studies that should be done to better understand substance use disorders,” said Dr. Andrews, Secretary of the ABA Board of Directors. “The ABA has high hopes that this important research will serve to stimulate a wider conversation across the practice of anesthesiology and shape the future of how we respond to this serious issue.”

The complete JAMA article can be found at:
Recently, Laura Roberts, MD has been working on making the Stanford University Department of Anesthesiology Patient Safety Checklists available in all adult anesthesia locations. The complete adult checklist is included in this edition of *Sleepy Times* and is attached as a PDF file. Please review it as it is a power aid and would be excellent for faculty, CRNA, resident and SRNA education. It is attached [HERE](#) as a PDF.
FAMILIES HELPING FAMILIES– THANK YOU FOR ALL YOUR DONATIONS!!
2013 Holiday Christmas Party
2013 Holiday Christmas Party
2013 Holiday Door Decorating Contest

Dr. Nelson and Dr. Heinke’s Door
GRAND ROUNDS FOR THE MONTH OF DECEMBER

Subspecialty Team Meetings
January 7, 2014
Division Chiefs

“Obstetric Airway. What Did We Learn to Influence Our Practice? ”
January 14, 2014
Bhavani Shankar Kodali, MD
Brigham and Women’s Hospital
Vice Chairman and Associate Professor

“Anesthesia Medically Challenging Case Conference”
January 21, 2014
Ryan Gunselman, MD and George Guldan, MD
Medical University of South Carolina
Assistant Professors

“Wait, What? The Next Accreditation System and Changes in Evaluation”
January 28, 2014
Benjamin Clyburn MD
Medical University of South Carolina
Associate 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 Kim Crisp. Thanks so much!!

Joe Whiteley, MD: Joe and I had an 8: year old patient requiring placement on a back board for a long procedure. Joe located an egg crate pad and placed it on the board for her comfort. What a guy!

Adrianne West, CRNA: Helping me with my MRI patient staying late. Couldn’t have done it without you. Thanks for being a team player!

Kim Crisp: Being so helpful with anything that needs to be done and with a great attitude!

Tammie Matusik: Helping with Medical Student orientation and giving the visiting students such a good introduction to MUSC.

Resident and Fellow Graduation: June 20, 2014
Location: Mills House Hotel at 6:00pm

January 2014
Standard of the Month

Embrace change and offer suggestions for resolutions to problems; and respect and listen to my co-workers’ ideas.

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 20, 2014.