Message from the Chairman:
-Scott T. Reeves, MD, MBA

A Fond Farewell!

After 41 years with us, Dr. Charlie Wallace will be retiring this month. A celebration of his time at MUSC was held in August with a going away event at Halo. Many current and former faculty members, surgeons, CRNAs, residents, and staff attended.

I learned even more about Charlie during the event. For example, I knew that Drs. Wallace and Reves were MUSC classmates, but I did not know they were boy scouts together. It was great seeing former faculty with Drs. John Thomas and David Baker in attendance. Charlie will surely be missed, but in his typical “whatever I can do to help fashion,” he will be back to help cover Rutledge Tower during the American Society of Anesthesiologists annual meeting in October.

Charlie we all wish you the best!
MEET THE NEW FACULTY

PEDIATRICS TEAM

Dr. Chris Heine is excited to become part of the Anesthesiology Department at MUSC. Born and raised in Louisville, KY, Dr. Heine attended undergrad at the University of Notre Dame where he majored in history and then attended medical school at the University of Louisville. He completed his anesthesiology residency at the University of Louisville in 2013 and spent the last year at Riley Children's Hospital in Indianapolis, IN doing a pediatric anesthesiology fellowship.

Dr. Heine is moving to Charleston with his wife, Alexandra, after their recent nuptials on August 16th. Alexandra will be working remotely for Eli Lilly and Company for whom she works as a project manager within their stats department. They are looking forward to enjoying all that Charleston has to offer and will gladly take any advice on food, activities, and culture from all comers!

CHRIS HEINE, MD

Tracy Wester is excited to be joining the pediatric group at MUSC. Tracy is originally from North Carolina, and attended Duke University for both her undergraduate and medical schooling. After spending just over a decade in Durham during her schooling as well as time before medical school working in a biochemistry lab, Tracy decided to see a bit more of the country and moved to St Louis, where she completed her anesthesia residency at Washington University in St Louis and Barnes Jewish Hospital.

Once she saw the Cardinals win a world series and became an expert in St Louis fine dining, she moved to Nashville and completed her pediatric anesthesia fellowship at Monroe Carrell Jr Children’s Hospital at Vanderbilt. She is now thrilled to move closer to home and no longer live in a land-locked state. Outside of anesthesia, Tracy enjoys delicious food, musical theater, and dancing.

TRACY WESTER, MD
MEET THE NEW CRITICAL CARE FELLOW PATRICK BRITELL, MD

Dr. Patrick Britell is very excited to be back in Charleston. He joins us this year as an Anesthesia Critical Care fellow. Pat grew up in Los Angeles and graduated Pitzer College in 2000 with a degree in English and World Literature. After spending several years as a firefighter and paramedic in LA, he attended Albany Medical College in 2006. During medical school he spent several months at MUSC, but finally ended up doing his internship and residency in anesthesia at the University of Miami/Jackson Memorial Hospital.

Pat is joined at MUSC by his wife Ashley who is an attending in the Department of Internal Medicine. Together they live in Mt Pleasant with their two year old son, Anderson and four month old daughter, Amelia. Pat spends his free time running, cycling and playing golf. He is very excited to be back in Charleston and at MUSC.

ADULT EMERGENCY PROTOCOL BOOKLETS

EMERGENCY NUMBERS:

ACLS (for perioperative setting)
- Asystole .............................................. 1
- Bradycardia – Unstable .......................... 2
- PEA .................................................... 3
- SVT Unstable – Tachycardia .................... 4
- SVT Stable – Tachycardia ...................... 5
- VF/VT ................................................. 6

BROAD DIFFERENTIAL DIAGNOSES
- Hypotension ........................................... 15
- Hypoxemia .......................................... 16

SPECIFIC CRITICAL EVENTS
- Amniotic Fluid Embolism ....................... 7
- Anaphylaxis ........................................ 8
- Bronchospasm ..................................... 9
- Delayed Emergence ............................... 10
- Difficult Airway – Unanticipated ............. 11

Fire – Airway ......................................... 12
- Fire – Patient ......................................... 13
- Hemorrhage – MTG ............................... 14
- Hypotension ......................................... 15
- Hypoxemia .......................................... 16
- Local Anesthetic Toxicity ......................... 17
- Malignant Hyperthermia ......................... 18
- Myocardial Ischemia ............................. 19
- Oxygen Failure ..................................... 20
- Pneumothorax ...................................... 21
- Power Failure ....................................... 22
- SVT Stable – Tachycardia ....................... 23
- Total Spinal Anesthesia ......................... 24
- Transfusion Reaction ............................. 25
- Venous Air Embolus ............................. 26

CRISIS RESOURCE MANAGEMENT ........... 26

All the ORs will now have an Emergency Manual available for educational use as well as for emergencies. Please look for them in the OR rooms and make sure you are familiar with the information.
CONGRATULATIONS DR. CARLEE CLARK FOR BEING PROMOTED TO ASSOCIATE PROFESSOR

Candace Jaruzel, CRNA, MSN will be joining the College of Health Profession's Division of Anesthesia for Nurses (AFN) as a new faculty member and Assistant Program Director.

Ms. Jaruzel most recently served as a staff CRNA and AFN Clinical Coordinator at the MUSC Ashley River Tower operating room. Candace received her MSN and nurse anesthesia education from Duke University. She is currently working on her PhD at the MUSC College of Nursing. In addition to her teaching responsibilities, Ms. Jaruzel will be responsible for managing the AFN clinical sites and the student clinical experience. Ms. Jaruzel will join the faculty on August 14th, 2014 and will be located in the College of Health Professions, office B425. Please help me congratulate her on her new role.
DR. ERIC NELSON GOES TO AFRICA

This past July my family (wife Melissa and sons Evan (7) and Alex (5)) and I had the opportunity to do a medical mission trip to Zimba Mission Hospital in Zambia. We partnered with World Medical Missions and Samaritan’s Purse who helped us find a mission hospital and plan our trip.

We left on July 4th and after a 17-hour flight we spent the night in Johannesburg, South Africa. The following day we arrived in Livingstone, Zambia where we spent a couple days in a safari lodge. Being very far south of the equator, it was winter there. We realized that it would be in the 40s at night and we’d be sleeping in tents at the lodge, but for some reason we didn’t put these together! Luckily, we had a lot of extra blankets to keep us warm!

We were able to spend 2 days site seeing which included a safari in Botswana and a day at Victoria Falls. The highlight of which was when a baboon stole a bottle of Fanta right out of Evan’s hand!

We spent the next 11 days in Zimba, a small town 60km north of Livingstone, which has a mission hospital that was built and run by the Wesleyan Church. Drs. Dan and Joan Jones have been serving at the hospital for 6 years. He’s family medicine with OB and she does internal medicine and pulmonology. Additionally, there was also a surgeon from Texas volunteering. We had both planned our trips far enough in advance that Samaritan’s Purse was able to coordinate our visit to maximize the amount of patients to be seen.

We did a lot of mass excisions including a 10kg tumor excised from a 70kg woman’s leg and a large submandibular tumor that may have been TB. There were also quite a few hernia repairs and setting fractures. Because this is the only hospital in at least a 60km radius, the OB was always busy. Women walked in from the bush as their due date got near in order to have their babies in a hospital. Over the past few years, Dr. Dan has greatly improved maternal and infant care through monitoring and protocols, which has increased the number of women who come to the hospital to deliver.

Each morning started with chapel that was attended by patients and their family members and hospital staff. We sang songs in Tonga (the native language) and then there was a short message, which was translated so everyone could understand. We then went to the ORs to begin work. Most patients were admitted to the wards the evening before so they were brought over when it was time for their surgery. We did as many procedures as possible with spinals, or a lot of times we used ketamine as the sole anesthetic. It’s amazing what you can do with that drug! A few times I did do GETA or use an LMA if it was necessary for the case. There were 2 anesthesia machines with working ventilators, and a supply of propofol and succinylcholine. Unfortunately there were no narcotics, but ketamine could be used for analgesia. They had pancuronium, but no neostigmine so I avoided using it.

In the short time we were there, we did 30 general surgery cases and close to a dozen c-sections, including a c-section with hysterectomy for a uterine rupture. I was also able to help out on the wards a little bit with sedation, and used a surface ultrasound machine to perform a TTE to confirm the diagnosis of mitral endocarditis!

While I was at the hospital, Melissa and the boys were spending their days in the village. The boys played with the other kids from sun up to sun down and Melissa just loved on as many people as she could come in contact with.

This trip was such a blessing for our family, and we like to think we were able to bless both the missionaries and the people of Zimba that we cared for while we were there. It definitely puts into perspective how good we have it here; not just with medical equipment and care, but life in general. There’s also something to be said about the joy and level of contentment the people of Africa have that we could all learn from.
DR. ERIC NELSON GOES TO AFRICA CONTINUED...
THE DEPARTMENT OF ANESTHESIA AND PERIOPERATIVE MEDICINE
REVISED MENTORING PLAN
DR. LATHA HEBBAR

The goal is for all Department of Anesthesia and Perioperative Medicine faculty to achieve their individual full potential as members of the College of Medicine and Medical University of South Carolina and to be rewarded for that achievement. The specific objectives of the faculty development plan are:

1. To develop academic careers for junior and senior faculty
2. To promote lifelong learning and professional development
3. To motivate junior faculty to become leaders in academic medicine
4. To develop skill sets and professional tools for excellence in:
   a. research
   b. education
   c. administration
   d. clinical excellence
5. To provide a support system for new faculty
6. To support diversity in the department
7. Reduce stress and burnout of individual faculty

It is important for all faculty to be knowledgeable about the department’s mentoring plan. It can be reviewed HERE.

NEW CHILDREN’S AND WOMAN’S HOSPITAL

Recently the MUSC Board of Trustee’s approved the institution to move forward with developing an architectural plan and begin the fund raising to build a new Children’s and Women’s Hospital. The anticipated timeline to occupy the building is as soon as 2019. It will be a beautiful facility. A conceptual video of the project is shown below. Please view video here: http://youtu.be/3yySXRdCA7c
SCA 35 YEAR HISTORY
BY: JERRY REVES, MD

An Essay on 35 Years of the Society of Cardiovascular Anesthesiologists
J. G. Reves, MD

This is an historical account of the accomplishments of the Society of Cardiovascular Anesthesiologists from its founding in 1989 to the present. It is written on the occasion of the 35th anniversary of the founding of this organization. The society accomplishments include providing a means to educate anesthesiologists and others about the perioperative care of patients undergoing cardiac, thoracic, and vascular surgery. The society has led accreditation of transesophageal echocardiography and education in cardiothoracic anesthesia. The society publishes a section within Anesthesia & Analgesia and supports investigation by providing a forum for the discussion of research and funding peer-reviewed projects. The first 35 years of the Society of Cardiovascular Anesthesiologists has been remarkable in all that has been accomplished. (Anesth Analg 2014;119:255-65)

Please click HERE to access full article.

SAY GOODBYE TO GARY HOEFLER, CRNA

Gary Hoefler, CRNA, left MUSC after 6 ½ years to move closer to his family in Tennessee. He graduated from the Nurse Anesthesia program at MUSC in December 2007 and started his career here in January 2008. He was a well-respected member of the Pediatric Cardiac anesthesia team. He will be greatly missed by everyone!
Introduction of Updated Departmental Corneal Abrasion Protocol

Corneal abrasions are the most frequent ocular complications following general anesthesia. Although the symptoms can often be mild and self-limiting, corneal abrasions represented 35% of eye injuries with a 16% percent incidence of permanent eye injury in the last ASA closed claims analysis. Recognition of risk factors, implementation of preventative measures, and prompt and accurate diagnosis and treatment will all help to reduce the burden of this complication. The goal of this project was to supply guidelines on the management of perioperative corneal abrasions to improve prevention as well as patient outcomes and utilization of hospital resources. The protocol was developed in conjunction with the MUSC Department of Ophthalmology.

Preventative measures are aimed primarily towards the corneal drying effects of anesthesia and reducing corneal edema. Eyes should be taped fully closed as soon as possible to counteract lagophthalmos and reduce the chance of direct trauma. The use of ocular ointments has not been shown to reduce the incidence of abrasion, but can be beneficial for longer cases (> 2 hours). Important risk factors are length of surgery, head and neck procedures, lateral, prone, and Trendelenberg positioning, prolonged hypotension and/or hypoxia, and anemia.

Diagnosis and treatment should now be carried out by anesthesia providers. This will save time and resources as the patient will no longer need to wait on an ophthalmology consult before PACU discharge in most cases. Initial assessment is for the presence or absence of symptoms. Pertinent signs and symptoms are pain, photophobia, foreign body sensation, blepharospasm, excessive tearing, and blurred vision. Less than 3 of these symptoms indicates simple corneal drying and reassurance and artificial tears are provided. Greater than 3 of these symptoms necessitates a fluorescein stain which can be performed by the provider. Visualization of the cornea under blue light after the stain will reveal a corneal abrasion if present. Fluorescein strips and blue lights are stocked in all of the PACU Accudoses.

If a corneal abrasion is present, treatment is straightforward as the rapidly regenerating corneal epithelium allows for quick recovery in 24-48 hours. Erythromycin eye ointment and education is provided. If symptoms do not resolve in 48 hours, an ophthalmologist should be contacted. If a corneal abrasion is absent, but symptoms are mild the same treatment should be used. If there is no abrasion and the symptoms are severe and/or there is intense pain, then an ophthalmology consult should be placed as this can indicate a more serious condition.

Documentation of all corneal abrasion should be done via the QA bubble sheets. The protocol will be updated soon with information on where to find the bubble sheets and where to turn them in. A copy of the corneal abrasion protocol can always be found on the MUSC Anesthesia Intranet at the following link: https://clinicaldepartments.musc.edu/anesthesia/intranet/clinsections_p/index.htm
MUSC Medical Center has been awarded the American Hospital Association–McKesson Quest for Quality Prize Citation of Merit. This award recognizes hospitals in the pursuit of excellence and specifically MUSC’s leadership and innovation in quality and patient safety improvement.

Patrick Cawley, M.D., CEO of the MUSC Medical Center, describes the hospital’s award–winning program. “MUSC Medical Center has made great strides in effectiveness and safety. By designing and updating clinical decision support tools and harnessing academic resources and talent, our organization demonstrates a strong commitment to quality improvement. We are also effectively engaging families and patients in a broad range of committees and projects.”

MUSC strives to continually provide safe, patient-centered and equitable care. Developing a culture that encourages best practices, safe reporting and enhanced clinical support tools is the key to the success of MUSC’s work around safety. And the results have been particularly impressive.

Since 2007, the medical center has seen an 84 percent reduction in central-line infections and a 52 percent reduction in ventilator-associated pneumonia.

MUSC was one of three hospitals in the U.S. that received the Citation of Merit and the only hospital on the East Coast. Other hospitals awarded Citations of Merit include the Richard L. Roudebush VA Medical Center in Indianapolis and the University of Wisconsin and Clinics in Madison, Wisc.

The award honors hospitals that are making progress in quality improvement and offer models that can be replicated by others in the hospital field. Top Quality Prize winners were VCPU Medical Center in Richmond, Va. and Carolinas Medical Center-Northeast in Concord, N.C.

Criteria for the award included the demonstration of an organizational commitment to and progress in achieving four quality aims: raising awareness of the need for a hospital–wide commitment to highly reliable, exceptional quality, safe, patient-centered care; rewarding successful efforts to develop and promote a systems–based approach toward improvements in quality of care; inspiring hospitals to be leaders in improving the health of their communities while enhancing outcomes and the experience of care for patients and reducing per capita cost of care; and communicating successful programs and strategies to the hospital field.

August 1, 2014, click HERE to find article online.
ANESTHESIA MISSING DOCUMENTATION REPORT

Anesthesia Missing Documentation Report

New Missing Documentation Report:

- Identifies Problems in Both Closed and Open Encounters Within the Date Range (default is 7 days)
- Where possible, it names the person responsible for the documentation deficiency within the table
- Does not (and cannot) necessarily filter out cases if you were not responsible for the documentation deficiency (if you were on the problem case at all, it will be in your report)
- Allows you to conveniently jump directly back into the specific section of the record most convenient to correct the issue(s)
ANESTHESIA MISSING DOCUMENTATION REPORT

Running the Report from the Anesthesia Provider Dashboard

The report is located on the Anesthesia Provider Dashboard.

Once you are on the anesthesia provider dashboard, the missing documentation report is on the top center row.

The report displays all the anesthesia cases you were part of that are missing required billing documentation. It is set up to run for the past week by default; however, you can change the date range on the report.

Optional to follow to look at a specific date range:

1. You can access the report from My Reports on your toolbar

2. You have to go to the Library once you click the My Reports and type in the report name and you can select the edit button to edit the date range.

3. Put in the “from date and to date” you want to run the report for and hit the run button.
GRAND ROUNDS FOR THE MONTH OF SEPTEMBER

“Anesthesia Medically Challenging Case Conference”
September 2, 2014
Josh Terry, MD and Walead Hessami, MD
CA3 Residents
Medical University of South Carolina

“Fatigue”
September 9, 2014
Scott Shappell, PhD
Department Chair, Human Factors and Systems
Embry-Riddle Aeronautical University

“Anesthesia Simulation Update”
September 16, 2014
John Schaefer, MD
Professor
Medical University of South Carolina

“Pediatric Obesity and Anesthetic Implications”
September 30, 2014
Gregory Schnepper, MD
Assistant Professor
Medical University of South Carolina
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!!

Chris Devine, CRNA and Shelley Martin, Anesthesia Tech: Being a great team player and helping out during a busy case!

Rob Ingram, Anesthesia Tech: Being a fantastic team player on the weekends!

Kanika Parrish, Anesthesia Tech: Helping out organizing the workroom! It is soo much better!

Latha Hebbar, MD: Guiding our anesthesia team during a busy trauma with kindness and calmness throughout!

Leslie Carenzia, CRNA: For taking the initiative to check on me when you knew I was struggling with a case. Thank you!

Kevin Massey, Anesthesia Tech: Doing a great job with being short staffed.

DJ Beckman, Anesthesia Tech: Providing efficient assistance while working with a team of 4 CRNAs and 1 MD during a level 1 trauma. Great Job!

Joey Seymour, CRNA: Helped run a trauma case smoothly. Great asset to whole team!

Christmas Party: Friday, December 12, 2014
Carolina Yacht Club at 7:00pm

September 2014

Standard of the Month

Acknowledge and respond to email, voice mail and other forms of communications in a professional and timely manner.

We Would Love to Hear From You!

If you have ideas or would like to contribute to Sleepy Times, the deadline for the October edition will be September 24, 2014.