



SLEEPY TIMES

VOLUME 16, ISSUE 8 AUGUST 2022

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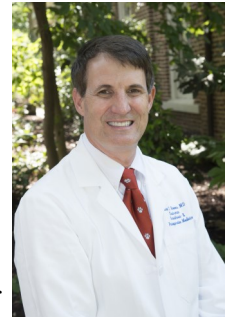
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MESSAGE FROM THE CHAIRMAN: DEPARTMENTAL SIMULATION TRAINING EXPANDS

-SCOTT T. REEVES, MD, MBA

Soon the new College of Medicine Simulation Center will open allowing the department to continue to expand our educational offerings. Once such initiative is the Central Venous Insertion course recently taught to our interns. I want to thank Dr. Guldan for his planning of this event as outlined below:

Central placement and vascular access are two of the most important skills our residents learn during training. This year's incoming interns during their orientation week were the first to go through our new central line and vascular access training course with myself and Dr. Patel. This course is designed to cover sterile technique, gowning and gloving, vascular anatomy, ultrasound for vascular access, central line placement, along with safety and complications. This new intensive course will better prepare our residents for vascular access learning opportunities as they progress through their intern year, allowing them to provide safe and effective care. It will also be utilized to act as refresher course for our CA-1 residents as they transition into CA-2 years going forward. This is another great example of high fidelity simulation playing a key role our in residents' education.



DEPARTMENT LEADERSHIP UPDATES

Renuka George, MD— Regional Fellowship Director

I am so very excited to take on the position of Regional Anesthesia and Acute Pain Medicine Fellowship Director. I first interviewed for a fellowship spot with Dr. Sylvia Wilson back in 2015 and distinctly remember her incredible energy, enthusiasm for both teaching and learning and her passion for all things ultrasound. Since then, the Regional fellowship has grown in size of fellows per year (from 2 to 4!) and popularity among both anesthesia residents and surgeons. Over the years, our division has expanded the number and types of blocks we perform and many of our fellows and faculty have gone on to assume leadership positions in both the department and hospital. Several of our fellows have been published and promoted under Sylvia's guidance. As the new fellowship director, I hope to grow our lecture series, increase our poster presentations at ASRA, promote inter-departments educational opportunities and create an online presence for our program. Dr. Wilson has done an incredible job creating, nurturing and growing this fellowship, and I plan to carry her legacy forward.



Tara Kelly, MD—Rutledge Tower Medical Director

Originally from Warwick, NY, Tara grew up in the northeast. She graduated from Siena College followed by Albany Medical College. She was a part of the Siena/Albany Medical College Science and Humanities Program and spent 8 weeks volunteering in Chuuk, Micronesia in addition to various local volunteer projects. After a lifetime of cold winters, she made her way to Charleston for anesthesia residency at MUSC. She completed residency and went on to graduate from the Regional Fellowship at MUSC. Tara has stayed on as faculty and is now excited to take over as the Rutledge Tower Medical Director. In her spare time, Tara can be found either on Folly beach listening to an audiobook or enjoying the Charleston cuisine. She enjoys a hot cup of coffee on her screened in porch with her two cats Raja and Sasha.



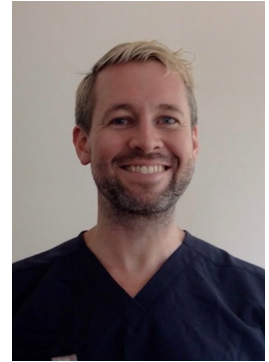
Savannah Hurt, MD—Associate Residency Director

I am very excited to join the expanding education department as an Associate Program Director. As a member of the General Division, I have thoroughly enjoyed getting to work with residents in a wide range of rooms and capacities over the past few years. I am greatly looking forward to further helping in the professional development and training of the next generation of anesthesiologists to be the physicians I want taking care of my friends and family. I'm also eager to lean into wellness initiatives to make sure we're taking care of our work family. I am a SC native, completed undergrad at Furman (go Paladins), medical school at USC SOM – Columbia, and residency at Vanderbilt. Outside of the hospital, I enjoy running, wrangling my little girl gang, and spending as much time as possible in the sunshine.



MEET OUR NEW FACULTY

Rob Bowen is originally from Omaha, Nebraska and completed his medical education at the University of Nebraska. He took a short hiatus during medical school to complete a Masters in Public Health at Columbia University's Mailman School of Public Health, and returned to New York for residency training at New York-Presbyterian/Weill Cornell Medical Center. He moved back to the Midwest and completed fellowships in critical care medicine and adult cardiothoracic anesthesiology at Washington University in St Louis where he stayed on as faculty and served as associate program director for the ACTA fellowship. He is excited to move to an area with year round outdoor activities and enjoys reading, cooking, baking, cycling, and long walks on the beach, which, in Charleston, are now possible.



Rob Bowen, MD



Chris Fatora, MD

I grew up in Houston, surprisingly leaving Texas for college in Tampa FL and returning for medical school near home at UTMB Galveston. Following, I matched and moved to Charleston for residency at MUSC in 2017, and then completed regional fellowship at MUSC. I have now joined the regional team full time just starting this July. Outside of work I can be found in the garden- especially growing hot peppers, waiting for college football season to resume (Texas is back?) and trying to take at least one camping trip annually.

I grew up here in Charleston. I attended the University of Georgia for undergrad before returning to Charleston for medical school, residency, and fellowship. My husband, Addison, and I love the beach and going in the boat with our dog, Zoe. I'm so excited to be joining faculty!



Ellen Hay, MD



Maxie Phillips, DO

I grew up outside of Nashville in a tiny town on a horse farm. I went to undergrad at Tennessee Tech University and medical school at Lincoln Memorial University. I did my anesthesia residency here at MUSC as well as both my subspecialty fellowships. I chose academic medicine because I have a passion for teaching and enjoy the collegiate environment. I'm married to a wonderful woman, Amanda, and we have six pets at home to keep us company. We enjoy traveling and trying new restaurants in our free time. I also enjoy running, playing guitar, and riding bikes. I'm looking forward to starting my career with the same faculty and staff who trained me!

MEET OUR NEW FELLOWS



David McMillan, MD,
Regional Fellow

David McMillan grew up in a naval family, moving across the country before settling in Mississippi. Here he met his wife Kellye, an art director, prior to completing medical school at the University of Mississippi. While completing an Anesthesiology residency at the University of Tennessee, their son Connor was born. As a family they enjoyed hiking and exploring the Smoky Mountains. David recently completed a Pediatric Anesthesia Fellowship at the Medical University of South Carolina. Since moving to Charleston, he and his family have loved making new friends, enjoying local food spots, and sightseeing. He is thrilled to join the Regional Anesthesia and Acute Pain Medicine Fellowship at MUSC.

Hi y'all. My name is Neil Patel. I was born and raised in Arizona, went to medical school at Tulane University, and, after a brief stint as a surgery intern in Colorado, completed my Anesthesiology residency at UT Health Sciences San Antonio where I developed an interest in Pediatric Anesthesiology leading me to MUSC. I am an avid reader and dabble in all things nerd such as videogames, puzzles, boardgames, etc. Being from Arizona, I also love to go hiking along mountain trails and have recently gotten into photography. I look forward to meeting all of you and having a wonderful year here at MUSC.



Neil Patel, MD,
Pediatric Fellow



Madison Aspiri, MD,
Pediatric Fellow

I was born in Houston, TX and grew up in Seattle, WA. I completed my undergraduate degree in Physiology at the University of Washington, earned my medical degree at the University of Virginia and moved to Charleston for my anesthesiology residency at MUSC. When I'm not in the hospital, I enjoy sailing, yoga, intramural sports and taking my dog to the beach.

Originally from Long Island, New York, I moved to South Carolina to attend college at Winthrop University and then on to Charleston for medical school. I stayed at MUSC for surgical residency and practiced general surgery and breast surgical oncology in the Charleston community for 13 years before spending two years as the medical director of a biotech startup. With regrets for the loss of well-rounded clinical skills due to my progressive specialization, I am seeking additional training at this mid-career pivot point and feel incredibly fortunate for the opportunity to return "home" to MUSC to broaden my knowledge and experience with a critical care fellowship.



Jennifer Fiorini, MD,
Critical Care Fellow



Matt Graves, MD,
Cardiothoracic Fellow

Matt Graves hails from the tiny town of Old Lyme, CT. He transplanted to Charleston in 2007 to attend The College of Charleston where he graduated with a degree in Psychology. While in college, Matt met the love of his life, Renee. They married in 2011. Matt worked in EMS for 3 years following college. He knew he wanted to become a physician, and he knew he wanted to study in Europe. These two dreams led Matt to Jagiellonian University Medical College in Krakow, Poland, where he graduated with honors in 2018. Matt is a 3rd generation physician in his family and is the first anesthesiologist. He and Renee have a passion for traveling and were able to travel to more than 30 countries during his time studying medicine abroad. Matt completed his residency here at MUSC and was a Chief resident during the 2021-2022 academic year. Matt's wife Renee was born and raised in Charleston (like actually born in Charleston—at MUSC!) and works as the finance director for Dr. Annie Andrews for Congress. In their free time, Matt and his wife enjoy traveling; spending time with friends; rescuing old dogs; community outreach; political activism; and playing with their dogs Edmund, Tuna TarTare, Bacot, and Buckwheat.

WELCOME TO THE DEPARTMENT



Victoria Koke,
MSNA, CRNA

Victoria Koke, MSNA, CRNA comes to MUSC after working at Washington University in St. Louis and New York-Presbyterian/Weill Cornell Medical Center. Following her BSN, she worked as an RN at St. Francis Hospital and Heart Center and in the medical/surgical ICU at Memorial Sloan Kettering Cancer Center. She completed her Masters of Nurse Anesthesia at the University of South Carolina and is happy to return to this great state. She has a special interest in spine, total intravenous anesthetics, and patient tailored anesthetics and hopes to contribute to the positive environment and teamwork at MUSC. Outside of work, she enjoys biking, running, hiking, and taking her two dogs for walks.

As a Greenville native, Jeffrey attended St. Joseph's Catholic High School and graduated in 2018. While in high school, he earned the rank of Eagle Scout in 2017. Jeffrey graduated from Wofford College with a BS in Biology this past May. As an undergraduate student, he completed Tiers 3 and 4 of the MedEx Academy in Greenville, SC, where he was exposed to the fascinating field of anesthesia. Jeffrey moved to the Low Country to join us as a program research assistant for human factors in the Department of Anesthesia and Perioperative Medicine. In the future, he plans on pursuing medical school.



Jeffrey Woodward,
Research Assistant



Harlie Hazel
Anesthesia Tech

I'm Harlie, a PCT from 5E ART and Telemetry. I've been teching since 2020 and fell in love of the buzz of the hospital. I've never felt more at home in such a busy place! I've always had an interest in all things medical and decided to change my career from sous chef in 2018, so I'm a great asset for potlucks.

I am most excited to see what goes on when patients go under. I am nervous for this new adventure in my health career, but I am super excited to meet the team that will help me through

WELCOME TO THE DEPARTMENT

Dylan Crawford
Research Assistant

Dylan grew up in Botetourt County, a small town in Southwest Virginia with six younger siblings. He attended the University of Virginia where he played Fullback and Tight End for the Cavaliers football team and majored in Biology with a minor in Environmental Science. He graduated in May of 2022 and moved to Charleston shortly after. Dylan plans on attending medical school and hopes to do so in South Carolina. He enjoys weightlifting, fishing, hunting, and spending time with family.

My name is Kim Bartlett and I am excited to be working at MUSC as the Medical Student and Regional Fellowship Coordinator for Anesthesia & Perioperative Medicine. I have a Master in Education and 17 years experience in education. I am excited to bring my experience to MUSC. Outside of work, I enjoy spending time with my two grown kids in Michigan and Colorado, working in my garden, and exploring Charleston with my rescue dog, Ladybug.



Kim Bartlett, M.Ed
Education Program
Coordinator



Mollie Hartley
Education Program
Coordinator

Mollie has joined the team as the Residency and GME Fellowship coordinator. Born and raised in Mobile, Alabama, Mollie obtained her Bachelor of Social Work degree from The University of Alabama. Following graduation, she moved to Louisville, KY where she worked in the staffing industry before relocating to Charleston in June 2022. Outside of work, you can find Mollie, her husband Chad, and their goldendoodle Banjo exploring their new home.

RESEARCH CORNER

CORRESPONDENCE

Reconsidering the application of systems thinking in healthcare: the RaDonda Vaught case

Connor Lusk^{1,*}, Elise DeForest¹, Gabriel Segarra¹, David M. Neyens², James H. Abernathy III³ and Ken Catchpole¹

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Keywords: human factors; medication errors; patient safety; systems engineering; systems safety



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REVIEW ARTICLE

Clinical TRANSPLANTATION
The Journal of Clinical and Translational Research | WILEY

Perioperative management of living donor liver transplantation: Part 2 – Donors

Tetsuro Sakai^{1,2,3} | Justin Sangwook Ko⁴ | Cara E. Crouch⁵ | Sathish Kumar⁶ | Gyu-Seong Choi⁷ | Florian Hackl⁸ | Dai Hoon Han⁹ | Michael Kaufman⁸ | Seong Hoon Kim¹⁰ | Carla Luzzi¹¹ | Stuart McCluskey¹¹ | Won Jung Shin¹² | Joel Sirianni¹³ | Ki Won Song¹⁴ | Cinnamon Sullivan¹⁵ | Adrian Hendrickse⁵



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ORIGINAL ARTICLE

Clinical TRANSPLANTATION
The Journal of Clinical and Translational Research | WILEY

A comparison of pediatric liver transplant anesthesia practices with new organ procurement and transplant network pediatric policy requirements: A report from the society for the advancement of transplant anesthesia and the society for pediatric anesthesia

Marina Moguilevitch¹ | David M. Polaner² | Glenn Mann¹ | Aaron Maurer⁴ | Britni Beagley⁴ | Adrian Hendrickse⁴ | William D Stoll⁵ | Lorenzo DeMarchi⁶ | Daniela Damian⁷ | Srikanth Sridhar⁸ | Andrew Costandi³ | Lieu Tran⁷ | Lydia M Jorge⁹ | M. Susan Mandell⁴



David Stoll, MD

RUTLEDGE TOWER UPDATE—RENUKA GEORGE, MD

This July will mark 2 years that I have served as Medical Director of Rutledge Tower’s Operating Room and we have seen quite a few changes. Rutledge has expanded its capacity to care for sicker patients with a wider array of surgical services. I have a profound appreciation for the CRNAs, nurses, staff, residents and attendings who have worked hard and in coordination to bring our patients the best care despite an ongoing global pandemic.

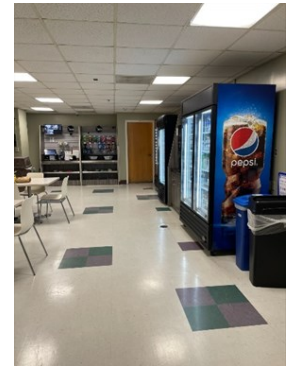


Rutledge Tower recently welcomed some wonderful new leaders including Sonja McCaslin as RT CRNA Lead, Dennis McKenna as CRNA Chief and Benita Curnell as Clinical Director for RT, East and West campuses. They have been instrumental in day-to-day operations as well as driving the vision for RT.

Since 2020, we have transitioned Endocrine Surgery from Ashley River Tower to Rutledge Tower and are in the process of transitioning Surgical Oncology and VA Hand cases. We have also extended our block times to 12 hours on Wednesdays and Thursdays in coordination with multiple support services. In bringing more services to Rutledge Tower, our teams have worked in coordination with the Anesthesia Pre-Operative Clinic led by Dr. Katie Bridges to liberalize Rutledge’s Exclusion Criteria while still providing safe care. I would be remiss if I did not mention the rest of Dr. Bridge’s stellar team who have worked tirelessly to ensure appropriate work ups for the patients coming to Rutledge: Heather Miles, Paige Thompson and Katie Mims.



During the pandemic, our Café had been closed, but as of October 2021, The Hub opened and has been providing our staff and patients with multiple food options. And if that’s not to your taste, there are rotating food trucks in our parking lot.



From the anesthesia side, our faculty office got a makeover last year – big thanks to Glennda Ross and Jaret Navarro!



We’ve also standardized our regional anesthesia consent process across all sites and have improved efficiency by placing all monitors in the holding area. Despite being short staffed, our holding room and PACU nurses have repeatedly risen to the occasion and often come in early and stay late to ensure patient care.

It has been a privilege to serve in this role and I’ve thoroughly enjoyed working alongside all my RT colleagues as well as the Anesthesia leadership.



CULTURAL AWARENESS AND EDUCATION

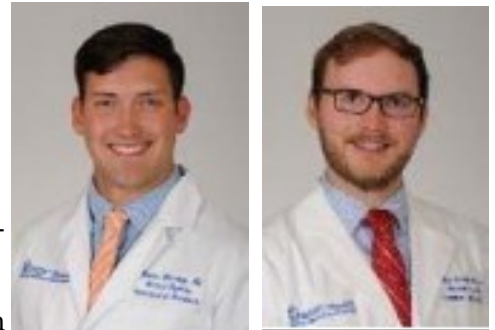
Sleepy Times will begin featuring a new section entitled Cultural Awareness and Education. Our first segment will describe the unique challenges of detecting occult hypoxemia in darkly pigmented individuals.

Racial Disparities in Pulse Oximetry Readings

By Will Irick, MD and Richard Uhlenhopp, MD

Introduction

Pulse oximetry is a non-invasive form of monitoring that estimates SaO₂; this is the percentage of hemoglobin available in peripheral blood that is bound to oxygen. We refer to an estimate of SaO₂ as SpO₂ when it is calculated from pulse oximetry. The calculation is accomplished by taking the amount of red light absorbed at 660nm (deoxyhemoglobin) divided by the amount of infrared light absorbed at 940nm (oxyhemoglobin) in an equation beyond the scope of this article. This ratio is then measured against a proprietary calibration curve unique to each company making oximeters. In 2013 the FDA issued new guidance regarding the premarket notification (needed for device approval). This contained a new recommendation that trials for device calibration include “at least 2 darkly pigmented subjects or 15% of your subject pool, whichever is larger.” Although the company data is not available, it is unlikely most devices were calibrated using a diverse pool of subjects that reflected the changing demographics of the US prior to the guideline update.



Occult Hypoxemia

While literature is sparse, occult hypoxemia (OH) has been traditionally defined as an SaO₂ (calculated from ABG sampling) <88% with a pulse oximetry reading >92%. The incidence is approximately 2-6% overall during hospitalization. The incidence appears to be higher when comparing darkly pigmented patients to lightly pigmented patients as detailed below.

Evidence

In 1990 Jubral and Tobin noted hypoxemia in black patients, and recommended a goal saturation >95% vs. 92% in white patients. Publication was limited until the last three years. In conjunction, the use of pulse oximeters increased during this time due to the CoVID-19 pandemic. In 2020, Sjoding et al published a paper that gained mainstream publicity regarding an incidence of OH four times higher in black patients (11.7%) compared to white patients (3.6%) at the University of Michigan. It also included a large multicenter cohort that found an incidence of 17.0% in black patients vs. 6.2% in white patients. These findings have resulted in a flurry of activity, with multiple papers confirming a higher rate of OH in darkly pigmented patients vs. lightly pigmented. Other papers have not shown the difference in incidence to be as large, for example Wong et al., 2021 found a rate of 6.9% in self-identified blacks vs. 4.9% in whites. Only one paper has currently compared outcomes associated with occult hypoxemia. Henry et al., 2022 found OH increased odds of hospital mortality in surgical and ICU patients and OH was associated with fewer hospital free days in surgical but not ICU patients. The association between OH and poor outcomes persisted across race with no difference.

Take Aways

- Incidence of occult hypoxemia in dark pigmented patients is between 6-17% compared to 3.6-6.2% in white patients
- One study has linked occult hypoxia to worse outcomes, although no difference regarding race in outcomes was detected - more work is needed regarding clinical outcomes
- FDA is currently reviewing its guidelines for evaluation of pulse oximeters at the request of Congress in 2021
- One suggestion has been to change the 2013 guidelines suggesting 15% dark pigmented subjects during calibration studies to more closely reflect 2020 census data
- The authors of this article agree they have a lower threshold to intervene on low SpO₂ in darker pigmented patients (ie start or increase O₂ therapy) [in light of](#) this evidence

CULTURAL AWARENESS AND EDUCATION CONTINUED

Resources

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Sjoding, M. W., Dickson, R. P., Iwashyna, T. J., Gay, S. E., & Valley, T. S. (2020). Racial bias in pulse oximetry measurement. *New England Journal of Medicine*, 383(25), 2477–2478. <https://doi.org/10.1056/nejmc2029240>

Wong, A.-K. I., Charpignon, M., Kim, H., Josef, C., de Hond, A. A., Fojas, J. J., Tabaie, A., Liu, X., Mireles-Cabodevila, E., Carvalho, L., Kamaleswaran, R., Madushani, R. W., Adhikari, L., Holder, A. L., Steyerberg, E. W., Buchman, T. G., Lough, M. E., & Celi, L. A. (2021). Analysis of discrepancies between pulse oximetry and arterial oxygen saturation measurements by race and ethnicity and association with organ dysfunction and mortality. *JAMA Network Open*, 4(11). <https://doi.org/10.1001/jamanetworkopen.2021.31674>

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Burnett, G. W., Stannard, B., Wax, D. B., Lin, H.-M., Pyram-Vincent, C., DeMaria, S., & Levin, M. A. (2022). Self-reported race/ethnicity and intraoperative occult hypoxemia: A retrospective cohort study. *Anesthesiology*, 136(5), 688–696. <https://doi.org/10.1097/aln.0000000000004153>

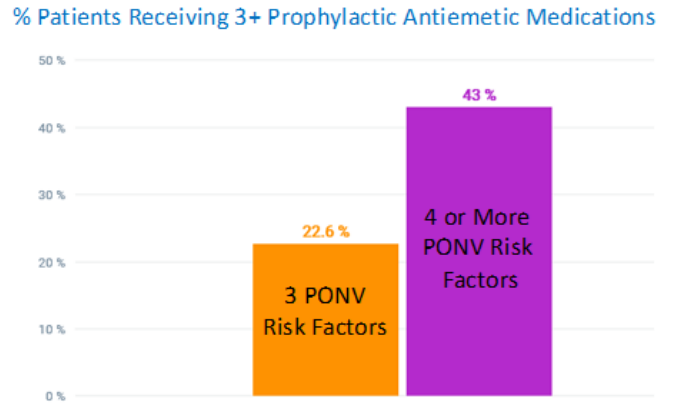
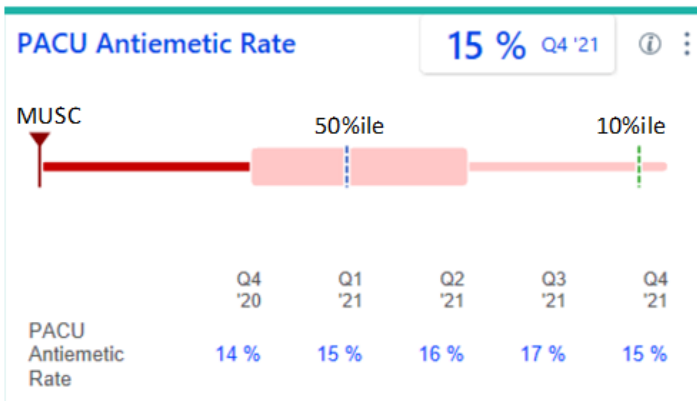
EAST CAMPUS HAS IT'S “EYE” ON WELLNESS

Alex Garcia, CRNA from the Chuck Dawley Storm Eye ambulatory center has secured a bike rack from the Hospital's Wellness fund. She now employs it to secure her bike and others who are close enough for this commute. *Health and Green promotion!*



DEPARTMENTAL POST OPERATIVE NAUSEA AND VOMITING (PONV) QUALITY UPDATE BY TIM HEINKE, MD

The adult PACU antiemetic administration rate at MUSC is approximately twice that of our academic peers for patients receiving general anesthesia. As a group, we do not provide adequate PONV prophylaxis to patients with 3 or more PONV risk factors. The department will be initiating an educational effort to improve our post operative care of patients with PONV.



- + Functional Murmur
- + Valvular problems
- + MI
- + CABG
- + Cardiac Stent(s)
- + Angina
- + CHF
- + Hyperlipidemia
- + Orthopnea
- + PND
- + DOE
- + Tests Reviewed
- General** neg
- + Hx Of Motion Sickness**
- + Pregnant
- + Obesity
- + Anemia
- + Cancer

Accurately documenting PONV risk factors such as history of motion sickness and smoking status is helpful to risk stratify patients for PONV prophylaxis needs.

Adult PONV_{Rx} Management

- RISK FACTORS**
 - Female sex
 - Younger age
 - Non-smoker
 - Surgery type
 - History of PONV/motion sickness
 - Opioid analgesia
- RISK MITIGATION**
 - Minimize use of nitrous oxide, volatile anesthetics, high-dose neostigmine
 - Consider regional anesthesia
 - Opioid sparing/multimodal analgesia (enhanced recovery pathways)
- RISK STRATIFICATION**
 - Quantify the # of risk factors to determine risk and guide anti-emetic therapy
 - 1-2 Risk Factors → Give 2 agents
 - > 2 Risk Factors → Give 3-4 agents
- PROPHYLAXIS**
 - 5HT₃ receptor antagonists
 - Antihistamines
 - Propofol anesthesia
 - Acupuncture
 - Corticosteroids
 - Dopamine antagonists
 - NK-1 receptor antagonists
 - Anticholinergics
- RESCUE TREATMENT**
 - Use anti-emetic from different class than prophylactic drug

For patients with more than two PONV risk factors, it is recommended to use 3-4 prophylactic antiemetic therapies. For more information, refer to the [ASA 4th Consensus Guidelines for the Management of PONV](#).

RIVERDOGS DEPARTMENTAL SUMMER EVENT—JULY 10, 2022



The July Riverdogs event was rained out. It has been rescheduled to August 14th. Please click the logo below for tickets!



CRNA OF THE QUARTER

Amy Schmoll MSNA, CRNA has been voted CRNA of the Quarter. Amy is the Lead CRNA at West Campus and been in practice at MUSC since 2009. Congratulations Amy. Well earned.

Amy has also been accepted into the Doctor of Nursing Practice at Northern Kentucky University. This course of study completing the nursing hierarchy in education will broaden knowledge in areas related to practice, cost-effective strategies to promote and sustain financial viability of practice initiatives, focus on the roles of information systems and electronic data in new and evolving delivery and value-based models as they apply to advanced nursing practice, conceptualize new care delivery models that are based in contemporary nursing science and that are feasible within current organizational, political, cultural, and economic perspective, and explore the roles of the clinical scholar and leader associated with the scholarship of discovery, integration, and application of knowledge to solve problems across disciplines

Her faculty will consist of two MUSC AFN graduates. Dr. Brian Kasson (1991) and Dr. Jennifer Harpe-Bates (1992, 2019).

Congratulations Amy!



MRI SAFETY INITIATIVE

Due to multiple safety events, The MRI suites are implementing procedural protocols

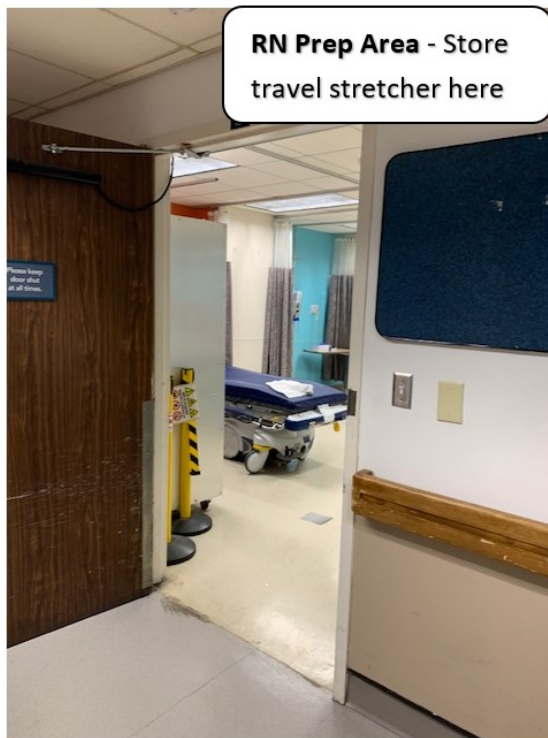
We have had multiple events, here are a few:

- Nurse almost brought in a non-MRI wheelchair into Zone IV
- Hair pins from patient flew into magnet from patient
- Phone under patient shoulder went into magnet
- Anesthesia cart not locked and crossed over gauss line restriction from CRNA-nearly pinned MRI tech to scanner

In an effort to make the MRI Departments at all locations safer for our staff, patients, and visitors, we need your help as we introduce these new initiatives. MRI staff have installed tape barriers or floor barriers at all sites and ask that only MRI staff move these barriers to allow entrance into the magnet rooms (Zone IV). In addition, we will be asking all staff, patients, and visitors to remove all metals from their person upon entering into our badge access only MRI Suites (Zone III). We are in the process of installing a secure lockbox in the induction room for anesthesia team to place their items. Moving forward, **we will also not allow Non-MRI Conditional equipment such as stretchers, beds, wheelchairs, IV pumps, etc. into the MRI Suites (Zone III).** We appreciate everyone's help as we implement these Best Practices to achieve our goal of zero harm.

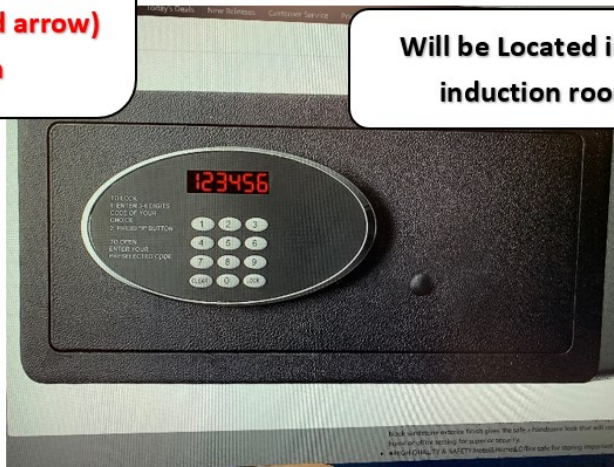
Another initiative that will impact the Anesthesia Team. We will be going live with a new verbal "Time Out" procedure for patients to include sedated patients. We ask that your team participate to ensure we follow the time out steps identified on the attached document. This will be a last and final check before the patient is brought into Zone IV (the magnet room) and will help to alleviate complacency.

This is a multi-discipline team effort, expect some initial changes to the logistics during this change.



MRI SAFETY INITIATIVE

For travel cases, (i.e. Gamma knife), MRI staff will Coordinate transferring pt from MRI stretcher to Transport stretcher in left bay area ONLY (red arrow) MRI staff will make room toward end of scan



Will be Located in the induction room



S.A.V.E. Time Out
MRI Department
MUSC Health

S.A.V.E. Verbal Time Out:
For all Inpatients, Emergency Patients, AMS Patients, Sedated Patients, and Pediatric Patients

S = Screening: Has the patient been screened by Level 2 MRI Personnel?



A = Ancillary Staff: Has all ancillary staff entering Zone 4 been screened and all ferromagnetic objects been removed from their person?



V = Visual Inspection: Has the patient been visually inspected for metal on their person?



E = Equipment: Has all medical equipment entering Zone IV been confirmed to be MRI Conditional or MRI Safe?



GRAND ROUNDS– AUGUST 2022



“The Effect on Anesthesiologists form Economic Related Legislation”

August 2, 2022

Jonathan Gal, MD

Associate Professor

**Anesthesia, Perioperative & Pain Medicine
Mount Sinai Hospital**



“The Use of Quantitative Neuromuscular Monitoring to Improve Patient Safety”

August 9, 2022

Ross Renew, MD

Associate Professor

**Department of Anesthesiology
Mayo Clinic**



“M&M with Vascular Surgery—Intraop Deaths”

August 16, 2022

**Chris Fatora, MD, Assistant Professor
Dept. of Anesthesia & Perioperative Medicine**

**Adam Tanious, MD, Assistant Professor
Vascular Surgery**

Medical University of South Carolina



“Bloodbank/Transfusion TBD”

August 23, 2022

Jerry Squires, MD, PhD

Professor

**Dept. of Pathology & Laboratory Medicine
Medical University of South Carolina**

DEPARTMENT OF ANESTHESIA AND PERIOPERATIVE MEDICINE

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I HUNG THE MOON

Please 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

[CHECK OUT OUR WEBSITE](#)

Future Events/Lectures

Intern Lecture Series

- 8/4—Renal Failure—Ryan Wilson
- 8/18—Dysrhythmias—Jared McKinnon

CA 1 Lecture Series

- 8/3—Post Anesthesia Care—Natalie Barnett
- 8/10—Fluid Management & Transfusion—Joel Sirianni
- 8/17—Nonvolatile Anesthetic Agents—Ryan Wilson
- 8/24—Inhalation Anesthetics—Ryan Smith
- 8/31—Local Anesthetics; Adjuncts to Anesthesia—Clinton Pillow

CA 2/3 Lecture Series

Per Rotations



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Holiday Party
Saturday, December 3rd, 2022
Carolina Yacht Club

Riverdogs Event rescheduled to Sunday,
August 14th, 2022

[ONE MUSC Strategic Plan](#)

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, 2022.