



# SLEEPY TIMES

VOLUME 10, ISSUE 12 DECEMBER 2016



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## MESSAGE FROM THE CHAIRMAN

-SCOTT T. REEVES, M.D., MBA

December is one of my favorite months. For those of us of the Christian and Jewish faiths, it has religious significance as we celebrate the birth of the Christ child and Hanukkah, respectively.

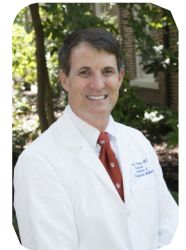
As the nights become longer and the weather cooler, I enjoy sitting by a fire at night, making s'mores with my grown children and wife, Cathy. It provides a wonderful opportunity to tell our children how proud we are of them and how much we love them. For the fathers reading this, if you are like me, we do not tell our children this enough.

I also like to contemplate the year that is coming to an end. What have I accomplished that has lasting significance? What will I do differently as I enter a new year?

If we can avoid the hustle and bustle of the season, December allows for a little extra time as our operating rooms and clinics are slowing down somewhat.

I challenge us all to take advantage of the season to become recharged as we look forward to the New Year.

In closing, I hope everyone will be able to attend our Department Holiday Party on Friday, December 2. We will be entertained by our very own departmental band, the INDUCTION AGENTS.



## DEPARTMENT OF DEFENSE SMARTSTATE SPINOFF GRANT AWARDED



## NEWS

OFFICE OF PUBLIC RELATIONS  
 135 CANNON STREET, SUITE 403  
 CHARLESTON, SC 29425  
 843.792.3621  
 843.792.6723 FAX

### **SimTunes working to improve maternal and fetal mortality in military hospitals, safety for Ebola health care providers**

**MUSC SMARTSTATE CENTER FOR CLINICAL EFFECTIVENESS AND PATIENT SAFETY, HEALTH CARE SIMULATION OF SOUTH CAROLINA SPINOFF COMPANY'S CONTRACTS VALUED AT \$11M**

**Charleston, S.C. (Nov. 16, 2016)** – SimTunes, LLC, has commenced work on two contracts valued up to \$11 million over the next three years to improve maternal and fetal mortality in U.S. military hospitals and safety training for Ebola health care providers. The contracts were awarded by the Department of Defense (DoD) for one year and Centers for Disease Control and Prevention (CDC) for six months, respectively.

Established in 2008, SimTunes is a spinoff company of Health Care Simulation of South Carolina (HCSSC) as part of the MUSC SmartState Center for Clinical Effectiveness and Patient Safety led by John Schaefer, M.D. SimTunes is led by Chief Executive Officer Heyward Coleman. The Charleston-based company is part of an overarching strategy for the region to create jobs and increase discoveries related to the knowledge-based economy.

Both contracts can be renewed for up to three years and were awarded after a competitive bid process open to all U.S. companies. The DoD contract is targeted to improve maternal and infant mortality in all military hospitals (36 inside the continental United States and 14 in foreign countries) by providing training at each hospital with simulations of obstetrical emergencies. All branches of the military will have standardized training in obstetrical and newborn emergency care. Through HCSSC, MUSC, the Laerdal Medical Corporation (Norway) and Limbs & Things Corporation (UK) will serve as project subcontractors. The primary obstetrical simulator used in this project, SimMom (Laerdal Medical), includes an MUSC patent developed by Schaefer and Carol Simmons, M.D., MUSC Obstetrics and Gynecology.

Donna Johnson, M.D., chairwoman of the MUSC Department of Obstetrics and Gynecology said, "Simulation improves obstetrical outcomes by allowing teams to rehearse rare and potentially catastrophic events. MUSC Maternal Fetal Medicine currently participates in the Birth Outcome

Initiative statewide simulation project to improve maternal and child health in South Carolina, and we look forward to collaborating with SimTunes on this important project."

Additional project collaboration team leaders include Kathy Lehman Huskamp, M.D., MUSC Emergency Preparedness and Planning director, and Jerry Reves, M.D., MUSC College of Medicine dean emeritus.

The training is based on proving clinical competence through simulation. Much like military and commercial aviator training, simulators will be used for military care providers to learn and practice how to manage obstetrical and baby emergencies using manikins programmed by scientific educators and distributed to all hospitals. The performance of various teams will be measured electronically and results stored centrally for the Military Health System (MHS) to monitor the proficiency of its medical staff at 50 hospitals. At the same time, health statistics at each facility will measure the effectiveness of this new training on clinical outcomes.

## DEPARTMENT OF DEFENSE SMARTSTATE SPINOFF GRANT AWARDED CONT...

“Objective and standardized data and reporting, both within and across all 50 hospitals, is a key innovative component of this solution,” Schaefer said. “This will be the first time for high fidelity, manikin-based simulation testing at this level, and I am optimistic that our work will more widely open the door for use of simulation in health care like it is used in other ‘high-risk, high-cost’ domains such as commercial aviation where simulation-based certifications are tied to pilot licensure through federal law in the name of public safety.”

The CDC contract is through the Small Business Innovation Research (SBIR) program, designed to bring creative solutions to current problems. SimTunes plans to create an Ebola simulation training course to offer as a product to all hospitals to use in educating their staff how to optimally care for patients with Ebola or possibly other very dangerous infectious diseases.

“Ebola illustrated how easily an infectious disease can spread all over the world with today’s modern travel habits, and new viruses will continue to emerge,” Lehman-Huskamp said. “Hospitals are going to have to figure out a way to take care of what is termed ‘high-risk infectious disease’ because these diseases are very contagious and deadly. This is not a small feat and by many providers may be considered an overwhelming feat. We are trying to provide hospitals a user-friendly training tool that basically tells them how to get started on this journey toward better preparedness.”

After the development process is completed and the simulation thoroughly tested, the product would be available for sale to hospitals nationwide and around the world.

The simulation program at MUSC was created in 2006 with the help of South Carolina lottery money through the SmartState program and matching philanthropic funding to endow and recruit talent to the state. Schaefer was recruited to serve and lead the program as the Lewis W. Haskell Blackman endowed chair for patient simulation and research. He then formed Health Care Simulation of South Carolina, leading to the establishment of more than 15 new, simulation-based education programs at university (MUSC, University of South Carolina, Clemson), technical education (Trident Technical College) and hospital systems (Greenville Health System) throughout South Carolina. Those programs perform more than 100,000 simulations a year for nursing and

medical students, hospital health care workers, medical residents, and practicing physicians and nurses.

“These new contracts are prime examples of the positive impact envisioned by our state legislators in starting the SmartState program, as well as an example of the national impact we are capable of having at MUSC as we continue to focus on health innovation,” Schaefer said.

## TRIDENT UNITED WAY DAY OF CARING 2016—SEATS & FEETS!

Thank you to all those who participated in our department’s Day of Caring event! The kindness and generosity of our department is something to behold! Vicky Ingalls, the Director of Programs for Charleston Promise Neighborhood, was very appreciative of the huge amount of undergarments that we gathered and will distribute them to our community’s children in need.

Thanks again, everyone!



## OB HEMORRHAGE ASSESSMENT: WHY A 'BLOODY' ANNUAL WORKSHOP?

### BY: LATHA HEBBAR, M.D.

First of all, I would like to thank all the people who helped with the organization of our November 8th workshop: the nurses/educators on L&D, Althea, Adina, Becky, Kathy, Cathy, Michelle and Celestine—and of course, blood bank personnel for saving expired blood. These nurses did a spectacular job of creating very realistic and spooky scenarios. Thanks to all the participants who attended the workshop—MS, OB residents, L&D/AP/ PP nurses and the anesthesia crew.

**Background:** In 2014, the National Partnership for Maternal Safety Recognition was created within the Council on Patients Safety in Women's Health Care to reduce maternal mortality and morbidity in the United States. This collaborative initiative with representation from all major women's health care professional organizations (including SOAP) has created three priority *safety bundles* for the most common preventable causes of severe maternal morbidity and maternal death: *obstetric hemorrhage, severe hypertension in pregnancy, and peripartum venous thromboembolism*.

The Consensus bundle for Obstetric Hemorrhage was published in 2015. (Anesth Analg 2015; 121:142-8). It is organized into four action domains which every hospital that provides maternal care should have: Readiness, Recognition and Prevention, Response and Reporting and Systems Learning. At MUSC we are attempting to incorporate all the key 13 elements within these four domains. I will briefly walk you through **MUSC's initiatives for OB hemorrhage:**

#### **Readiness:**

1. Hemorrhage cart with supplies, checklist - separate OB cart and anesthesia hemorrhage bucket
2. We have immediate access to hemorrhage medications
3. We have an immediate response team - OB hemorrhage group page
4. There is an Emergency release transfusion protocol (6 PRBC's, 6 FFP and a unit of platelets)
5. We do have Unit education on protocols and unit based drills (we could do with more of these drills)

#### **Recognize:**

6. Assessment of hemorrhage risk (prenatal or on admission) – incorporated into EPIC
7. Measurement of cumulative blood loss - **role of the workshop** (see below)
8. Active management of 3<sup>rd</sup> stage of labor - we have a uterine protocol for both vaginal and CD

#### **Response:**

9. We have a stage based OB hemorrhage emergency management plan
10. We do have a support program for patients, families and staff for significant hemorrhage

#### **Reporting and Systems Learning:**

11. Every OB hemorrhage is required to have a debrief – we do a huddle and fill out the debrief
12. Monthly multidisciplinary OB safety meeting- review for systems issues
13. Outcomes are monitored in the monthly Perinatal Quality improvement committee meeting

**Definition of PPH and OB hemorrhage page:** EBL > 500 mL following vaginal delivery and > 1000mL after CD. At MUSC we active the OB hemorrhage page when EBL > 1000mL after vaginal delivery and > 1500 mL after CD. Our response to these pages is to grab the OB hemorrhage bucket, evaluate the 4T's of OB hemorrhage (Tone, Trauma, Thrombus and Tissue), help with maternal stabilization including need to activate the OB hemorrhage protocol, transport to OR and establishing adequate iv access.

**Measurement of Blood Loss:** Inaccurate estimation of peripartum blood loss is a leading cause of delayed response with potential to enhance maternal morbidity and mortality. **Visual estimation** of blood loss is common practice in a vast majority of L&D suites. **This method can underestimate blood loss by 33 -50%. Clinicians improve significantly with annual workshops but there is decay over time (9 months) and therefore the need for an annual workshop.** **Direct measurement** of blood loss while being more accurate can be time consuming and requires calibrated canisters (to be used only after amniotic fluid is drained) and the use of gravimetric measurement of laps and sponges. EMR's can have built in software to subtract the dry weight of the laps/sponges and calculate the true blood loss. Each unit will have to adopt what is best suited for their environment. We do have weighing scales on L&D and we could use them if there is a major discrepancy between surgeons and anesthesia regarding EBL.



**OB HEMORRHAGE ASSESSMENT: WHY A 'BLOODY' ANNUAL WORKSHOP?  
BY: LATHA HEBBAR, M.D., CONTINUED...**

*What we did differently this year:* We had the same number of stations but we a) had a pre-workshop quiz; b) had participants visually estimate blood loss at 3 stations and had them weigh (gravimetric) the laps/sponges with the same volume of blood - an objective endorsement to their estimation; c) we shared the correct answers with the participants at the end of each session; d) all participants received a copy of the National maternal safety bundle for OB hemorrhage; and e) received a certificate and an assortment of candy.

**Results:**

The results were not too surprising. Anesthesia as a group overestimated blood loss at volumes over 1000cc. The big SD in that category is due to the CA-1's grossly underestimating the large volume blood losses and the CA-3's overestimating the same. In EBL volumes of < 1000cc, we overall underestimated blood loss – again there were large SD's related to level of training.

Between the different groups – large volumes were overestimated by all and small volumes < 1000cc underestimated with again large SD's.

Overall, good to see overestimation of the large volumes as denial of excess blood loss delays treatment. The large SD's indicates the need for more education among the different groups.

Hope to see more of you at our next annual workshop.

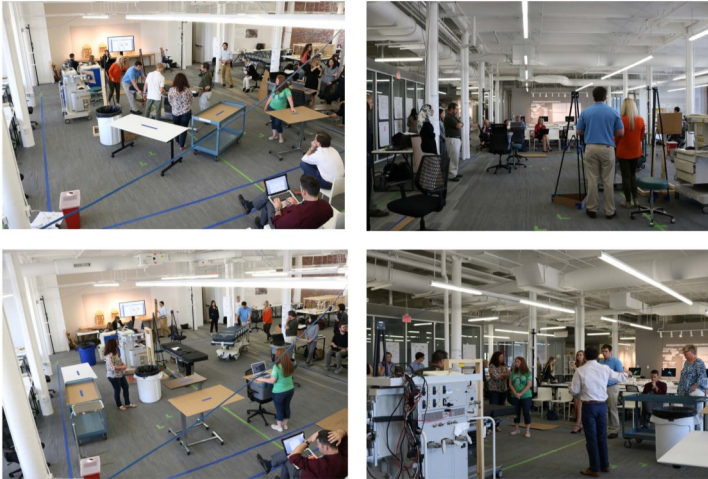
Thanks,  
Latha Hebbbar, M.D.

	<b>Team: Anesthesia Residents n=16, faculty n=2</b>	<b>Team: COM Medical Students (n=16)</b>	<b>Team: Women's Care OB residents and nurses (n=35)</b>
<b>Blood Loss of ≥ 1000cc</b>	<b>Overestimated</b> by an average of 223cc (±SD 650)	Overestimated by an average of 297cc (±SD 547)	Overestimated by an average of 528cc (±SD 401)
<b>Blood Loss of 500-999 cc</b>	<b>Underestimated</b> by an average of 112cc (±SD 520)	Underestimated by an average of 142cc (±SD 422)	Underestimated by an average of 67cc (±SD 341)
<b>Blood Loss of 100-499cc</b>	<b>Underestimated</b> by an average of 50cc (±SD 169)	Overestimated by an average of 21cc (±SD 203)	Underestimated by an average of 19cc (±SD 135)
<b>Blood Loss of &lt;100cc</b>	<b>Underestimated</b> by an average of 50cc (±SD 54)	Underestimated by an average of 43cc (±SD 74)	Underestimated by an average of 128cc (±SD 254)



## RESEARCH CORNER: RIPCHD.OR MOCK OPERATING ROOM EXERCISE

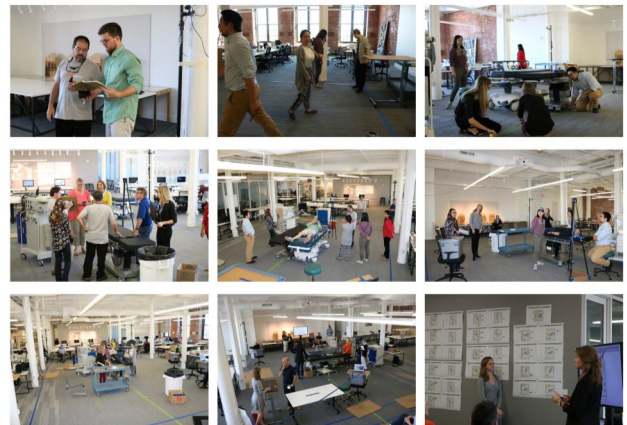
In the months of October and November, members of the department and representatives from OR nursing and surgery worked on two different charrette sessions. The first, held in October, consisted of a low fidelity mock operating room with floor dimensions outlined by blue tape on the floor. Members of the evaluation team, led by Jake Abernathy, evaluated the proposed rooms for overall size, dimensions and equipment layouts. The initial conclusions of this exercise are summarized below.



OCTOBER 12-14, 2016  
RIPCHD.OR CHARRETTE  
A+H SECOND YEAR STUDIO  
BLUE TAPE SIMULATION

### CONCLUSION NOTES

- Much more equipment is needed for orthopedics
- Alcoves and storage spaces for movable equipment would be nice
- IV poles in the way
- Would like more counter space than provided



### CONCLUSION NOTES

- Diagonal position of table, seems to work well
- Door zone on left side of the bed
- Eccentric loading of the table for orthopedic cases
- Need 1 pixus near anesthesia machine
- Need a mobile work station near anesthesia, maybe that fits into the wall
- Talked about issues with putting up a sterile drape and how that's done
- Two doors on opposite walls for linear throughput

## RESEARCH CORNER: RIPCHD.OR MOCK OPERATING ROOM EXERCISE CONTINUED...

In November, the teams reassembled to evaluate the same scenarios in a higher fidelity simulated operating room with cardboard walls that could be moved to change the location and number of doors and storage inserts. These charrettes allowed further clarification of how a particular pediatric or orthopedic operating room would function. [Here's a link to the mock OR videos filmed during the exercise.](#)



# TOM EPPERSON, M.D. SELECTED AS MEDICAL DIRECTOR OF THE QUARTER



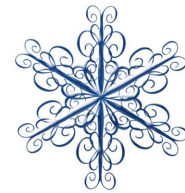
## Medical Director of the Quarter

Message from the Chief Medical Officer

Congratulations to **Dr. Tom Epperson**, who has been selected as the Medical Director of the Quarter. He was nominated by Heather Highland who stated that he is "always professional, dependable, competent and well respected." In addition, "He has improved communication and increased the morale of the department. He not only identifies opportunities for improvement but collaborates with others to find the best solution. He worked closely with the staff and faculty to ensure the success of the recent Joint Commission visit. Dr. Epperson exudes outstanding leadership qualities in his new role and shows unwavering commitment to quality patient care. His collaborative efforts, hard work, and positivity are evident throughout the department. He has taken on his new role with enthusiasm and an open mind."



Dan Handel, M.D., CMO



Thomas Epperson, M.D.



## TOYS FOR TOTS AND LOWCOUNTRY FOOD BANK DRIVES!

The year has flown by and it's time to start thinking about our department's annual holiday gift drive. In prior years, Families Helping Families was the organization that we partnered with to help Lowcountry families in need. We were notified this year, however, that Families Helping Families is no longer offering their gift-giving program in the Lowcountry due to the emergence of other similar organizations in the area. So, we've decided to host drives of our own with two organizations that we're all familiar with: Marine Corps Toys for Tots and The Lowcountry Food Bank. We will have a large box for unwrapped toys and a large barrel for canned goods/non-perishable foods set up in the copier area of SEI 301. As in previous years, if you would prefer to donate cash, we will be happy to do the shopping for you! Simply give your donation to me (SEI 302) or to the Administrative Assistant in your area and we'll take care of the rest. Please give your donations by Friday, December 16th. Thank you in advance for your kindness and generosity!





### JOHN SCHAEFER, M.D. SELECTED IN THE INAUGURAL GROUP OF FELLOWS FOR THE SOCIETY FOR SIMULATION IN HEALTHCARE (SSH)



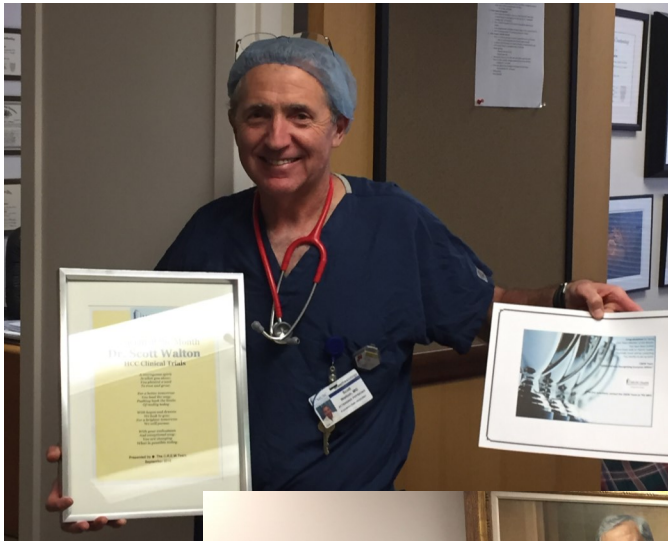
Dr. John Schaefer was selected based on his outstanding contributions to the development of SSH and to the field of healthcare simulation. His skills and knowledge are a vital component of the Academy's success, as all the new Fellows will initiate important work to keep our field moving forward

Review of the candidates was a very considered and deliberate process. To give applicants a fair and thorough assessment, reviewers were selected to represent operations, research, EMS, education, nursing, medicine, and industry perspectives in the academic and service settings.

Candidates went through a rigorous review process. Application reviewers sought evidence of sustained contribution and impact to the field of healthcare simulation and to the Society, and a commitment to support the mission and vision of the Academy.

In all, 34 individuals make up this inaugural group, including six from outside the U.S. This group represents the diversity and expertise that will launch the SSH Academy and allow it to achieve its mission and vision.

### SCOTT WALTON, M.D. SELECTED AS PHYSICIAN OF THE MONTH FOR SEPTEMBER



Congratulations NICE GOING!  
GREAT! Way to Go!  
Yea! FELICITATIONS  
CHEERS Take A BEST  
BOW! WISHES!



## DR. STOLL RECEIVES AWARD FOR EXCELLENCE IN CLINICAL INSTRUCTION



Anesthesia for Nurses Division  
 Department of Health Professions  
 151-B Rutledge Ave, MSC 962  
 Charleston, SC 29425  
 Tel: 843 792 4067  
[www.musc.edu/chp/afn](http://www.musc.edu/chp/afn)

Dear Dr. Stoll,

Clinical instructors perform a crucial role in the ability of nurse anesthesia programs to educate excellent CRNA practitioners. They not only teach students but also serve as role models, mentors, and supporters.

In recognition for your distinction in all of these roles, the MUSC Anesthesia for Nurses Class of 2016 selected you to receive the Award for Excellence in Clinical Instruction.

On behalf of the program faculty, I would like to thank you for the considerable part you play in the quality of our graduates. Please join us and be recognized at the Class of 2016 Graduation Ceremony at 2pm on December 9<sup>th</sup>, 2016. Following the ceremony, a reception will be held honoring the graduates. The graduation ceremony will take place at St Luke's Chapel on the MUSC campus at the corner of Bee Street and Ashley Avenue. The reception will be held at the College of Health Professions, 151A Rutledge Avenue

RSVP by December 2<sup>nd</sup>, 2016 to [mund@musc.edu](mailto:mund@musc.edu)

Respectfully,

Angela Mund CRNA DNP  
 Program Director  
 Anesthesia for Nurses

## ANESTHESIA CRITICAL CARE FELLOWSHIP EXPANSION BY STEPHANIE WHITENER, M.D.

The Anesthesia Critical Care Fellowship was recently approved to expand the fellowship to include 2 new fellows, bringing the total to 4 fellows. This expansion is a sign of the growth in the critical care division as we move into the cardiothoracic intensive care unit. In the CTICU, our fellows will now get experience taking care of complex cardiac patients requiring LVADs, ECMO and Impellas. They will participate in post-transplant clinical care for both heart and lung transplant patients as part of a large multi-disciplinary team. The fellowship will continue to provide excellent clinical experience in the MSICU, as well as STICU and NSICU, making it one of the most well-rounded critical care fellowships in the country. The San Francisco match has opened for applications for 2018-2019, and we are also hoping to recruit 2 more fellows for the upcoming 2017-2018 academic year.



**INDUCTION AGENTS TO PERFORM AT OUR CHRISTMAS PARTY!**



We are very pleased to announce that music for our departmental Holiday Party will be provided by INDUCTION AGENTS! Mark your calendars for Friday, December 2nd to attend our annual Holiday Party at the Carolina Yacht Club!

From left to right: Mark Glentzer, George Whitener, Horst Reike, Justin Heizer, Adam Rhodes, and Jordan Friel.

 This is a holiday-themed invitation card. At the top left, there are decorative swirls in red, black, and green. In the top right corner, there is a small, stylized Christmas tree. The text on the card reads:
 

Department of Anesthesia and Perioperative Medicine  
 Medical University of South Carolina

*Invites you and your guest  
 To celebrate the spirit of the season*

Carolina Yacht Club  
 50 East Bay Street  
 Charleston, South Carolina

Friday, December 2, 2016  
 7:00 p.m.

*Come mix, mingle and be merry  
 Come sparkle, shine and be cheery*

R.s.v.p. 792-5699 / rossg@musc.edu by Nov. 28

Cocktail buffet/dancing/door prizes  
 Entertainment by Induction Agents

Event sponsored by Dr. Jerry Reeves

 At the bottom left, there is another small, stylized Christmas tree. At the bottom right, there are more decorative swirls in green and red.

**JILL CARMICHAEL WINS AWARD FOR EXCELLENCE IN CLINICAL INSTRUCTION!**

**Anesthesia for Nurses Division**  
**Department of Health Professions**  
151-B Rutledge Ave, MSC 962  
Charleston, SC 29425  
Tel: 843 792 4067  
Fax: 843 792 3327  
[www.musc.edu/chp/afn](http://www.musc.edu/chp/afn)

Dear Ms. Carmichael,

Clinical instructors perform a crucial role in the ability of nurse anesthesia programs to educated excellent CRNA practitioners. They not only teach students the art and science of nurse anesthesia practice but also serve as role models, mentors, and supporters. For each MUSC AFN class, one instructor stands above the rest for exemplary service to the education of nurse anesthesia students

In recognition for your distinction in all of these roles, the MUSC Anesthesia for Nurses Class of 2016 selected you to receive the Award for Excellence in Clinical Instruction at Medical University of South Carolina- Main OR

On behalf of the program faculty, I would like to thank you for the considerable part you play in the quality of our graduates. Please join us and be recognized at the Class of 2016 Graduation Ceremony at 2pm on December 9<sup>th</sup>, 2016. Following the ceremony, a reception will be held honoring the graduates. The graduation ceremony will take place at St Luke's Chapel on the MUSC campus at the corner of Bee Street and Ashley Avenue. The reception will be held at the College of Health Professions, 151A Rutledge Avenue

RSVP by December 2<sup>nd</sup>, 2016 to [mund@musc.edu](mailto:mund@musc.edu)

Respectfully,

A handwritten signature in black ink that reads "Angela Mund". The signature is written in a cursive, flowing style.

Angela Mund CRNA DNP  
Program Director  
Anesthesia for Nurses

## NEW PAIN MANAGEMENT CLINIC OPENING IN WEST ASHLEY



### Clinical Connections

MUSC Health E-newsletter

#### Pain management clinic opening soon

Operations Message from the Chief Operating Officer

MUSC Health's Spine Center is thrilled to announce the opening of its newest pain management clinic located in West Ashley at 2125 Charlie Hall Boulevard. Providers will be accepting patient appointments starting on December 5.

Co-Directors of the center, **Dr. Charles A. Reitman** and **Dr. Bruce M. Frankel** are enthusiastic about the new opportunities for patients seeking spine care, "This is a big step in the development of the spine center that should improve patient access and delivery of care in a more efficient and patient-centered manner."

The new center is truly a multidisciplinary Spine Center with all disciplines now under one roof, to include primary care, physical medicine & rehabilitation, interventional pain management, surgery and physical therapy. Our pain management team has also just grown with the onboarding of **Dr. Michael Gabriel Hillegass**, who was trained at MUSC Health.



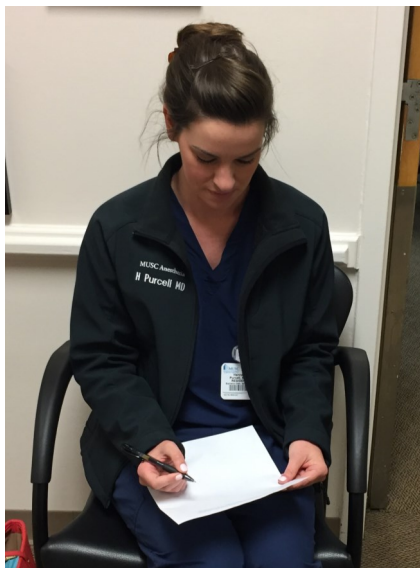
Matt Wain, COO

Pain management physician, **Dr. Ryan Nobles** says of the opening, "Dr. Hillegass, **Dr. Kumiga** and I are excited to offer patients an additional location for interventional pain management in West Ashley. We plan to offer a multitude of interventional spine procedures under x-ray guidance, including epidural steroid injections, sacroiliac joint injections and facet blocks. The goal with the new facility is more efficient patient evaluation and treatment with improved access to care."

Pain Management is a vital part to the multidisciplinary Spine Center. The spine center team utilizes the latest technologies and medical breakthroughs to treat patients from the relatively straightforward evaluation and treatment of common conditions like herniated discs, neck pain, and lower back pain to complex management strategies for problems like spinal tumors, infection, scoliosis, and fractures.

While most spine problems can be treated without surgery, the center will offer an extensive array of advanced surgical and non-surgical options for patients.

## MOCK ORAL EXAMINATIONS



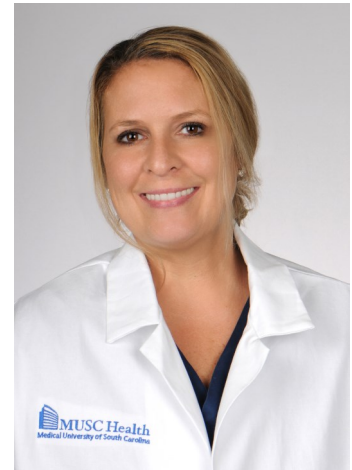
November is the month we typically give mock oral examinations to the residents. Thank you to the entire faculty who give these eventual high stake practice examinations to the residents.

**WELCOME NEW ANESTHESIA TECH AT MAIN HOSPITAL**

Mike Morris moved to Charleston with his family 2 years ago from the upstate where he worked as a medical sales representative. Prior to accepting his position at MUSC, Mike worked for an audiovisual installation company on the Isle of Palms. Mike enjoys water-sports, motocross, and spending time with his family. Welcome, Mike!

**WELCOME NEW CRNA AT MAIN HOSPITAL**

Please welcome Dacy Mackenzie, MSNA, CRNA. Dacy recently transferred her practice to the University Hospital. After four years in the surgical intensive care unit here at MUSC, she returned to school and graduated from the Division of Anesthesia for Nurses in 2009. She had been in private practice for the past six years.

**NEW BABY IN THE DEPARTMENT**

Congratulations to Dr. Pat Britell and his family as they welcome Madeline Joy! She was born at 15:11 on Oct 25th. She weighed in at 9lbs 2 oz and was 20 1/2 inches long.



## CONGRATULATIONS TO RUTLEDGE TOWER ON EXCELLENT PATIENT FEEDBACK!

The following is an email from Maura Hasenfuss in Perioperative Services:

Hi all,

For October, Ambulatory's overall patient satisfaction score is 93.4! This is the highest patient satisfaction score for Perioperative Services for October 2016, so the Gnome will be spending the month in Rutledge Tower, sharing time between the departments. (Pre-Op, Holding, OR, and PACU). Other scores to mention from the survey are: Friendliness of nurses – 98.3, Information Day of Surgery – 95.1, Nurse Courtesy toward family – 95.5, overall rating of care – 96.1, and Degree staff worked together – 98.7.

Thank you for your continued commitment to patient care!

Here are some positive patients comments from 10/1-10/31:

- Staff were kind & courteous/caring.
- As this was my first time there as a patient, everyone was very kind, compassionate, knowledgeable, and professional prior to my procedure and after. I truly and deeply appreciate the care I received.
- Everyone was very professional and friendly.
- Great experience.
- My nurses were absolutely awesome in their performance and care!!!!!!
- Excellent, professional service by all.
- The doctors & nurses were very competent. I felt I was in good hands.
- My wait was long, however, my surgeon had to work me in on a day's notice, so no complaints. Pre op nurse and post op nurses were super.
- Greeted by Nurse Sally's big smile. Spoke to O.R. Nurse Jennifer—very reassuring. Nurse anesthetists, Brian and John explained everything and answered all my questions/concerns. Recovery Nurse Terri—also very nice. Dr. Savage (so glad I found you) recommended by my GP, Dr. Jill Peterson. Great team—worked very well together. Thank you all.
- Loved them all!
- Again, absolutely awesome experience with all that day!!!!
- I wish I could remember the names of all the excellent nurses in the surgery & pre-op & after care. They were exceptionally nice. My doctor is "super man."
- Overall, my experience at the MUSC Ambulatory Surgery Center was excellent. I would definitely recommend them.
- Couldn't have gone better. My brother from Ohio was with me and he was impressed! Dr. Gross and Dr. Angermeier coordinated 2 separate surgeries and it went off without a glitch. Anesthesia was great! They listened to me and my experiences with anesthesia and I had no problems! Thank you to the nurses who kept things moving smoothly. A+ from me!

Thank you!

Maura Hasenfuss  
Perioperative Services  
Medical University of South Carolina



**GRAND ROUNDS FOR THE MONTH OF DECEMBER**

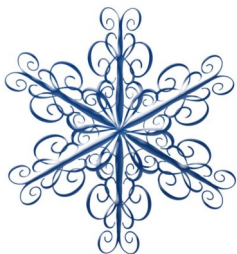


**“Subspecialty Team Meetings”  
December 6, 2016  
Dept. of Anesthesia & Perioperative Medicine  
Medical University of South Carolina**



**“Contributors of Risks for Perioperative  
Morbidity in Complex Thoracic Surgery”  
December 13, 2016**

**Gyorgy Frendl, M.D., PhD, Associate Professor  
Department of Anesthesiology  
Brigham and Women’s Hospital**



**“Substance Abuse and Perioperative Implications”  
December 20, 2016  
Tom Epperson, M.D., Associate Professor  
Dept. of Anesthesia & Perioperative Medicine  
Medical University of South Carolina**







DEPARTMENT OF ANESTHESIA AND  
PERIOPERATIVE MEDICINE

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CHECK OUT OUR WEBSITE AT:  
[HTTP://WWW.MUSC.EDU/ANESTHESIA](http://www.musc.edu/anesthesia)

### Future Events/Lectures

#### Intern Lecture Series

December 1st—Management of CVA,  
Dr. Wester, SEI 314

December 15th—Spinal Cord Protection,  
Dr. Redding, SEI 314

#### CA 1 Lecture Series

December 7th—Acid-Base Balance,  
Dr. Field, CSB 429

December 7th—Renal Physiology & Anesthesia,  
Dr. Field, CSB 429

December 14th—Anesthesia for Patients with  
Renal Disease, Dr. Bridges, CSB 429

#### CA 2/3 Lecture Series

December 5th—Post Anesthesia Recovery,  
Dr. Stoll, Moodle

December 12th—Visiting Professor Lecture—All  
Residents, Dr. Frenzl, (Brigham)

December 19th—Management of Patients with  
Psychiatric/Substance Abuse, Dr. Skorke, Moodle

December 26th—Happy Holidays—No Lecture

#### Grand Rounds

December 6th—Subspecialty Team Meetings

December 13th—Visiting Professor, Contributors  
of Risk for Perioperative Morbidity in Complex  
Thoracic Surgery, Dr. Frenzl (Brigham)

December 20th—Substance Abuse &  
Perioperative Implications, Dr. Epperson

December 27th—Happy Holidays—No Lecture



### 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 be turned in to Kim Pompey. Thank you!

Kevin Massey, Anesthesia Tech—Doing a great job on a NORA! You have been managed up by the Tech and CRNA Interdepartmental surveys!

Larry Banks, Anesthesia Tech—Being a great team player, as always, by staying late to help on a trauma and helping with room turnover. His knowledge, experience, and willingness to help is much appreciated! Managed up by the Tech and CRNA Interdepartmental surveys!

Treffle Beaupre, Anesthesia Tech—Great teamwork in helping to cover room turnover, run supplies, labs, etc., during a trauma and continuously checking in. Enabled others to stay late and assisted with other rooms. Thanks for all your help!

Mike Morris, Anesthesia Tech—Staying late and helping out on a very busy day. Great job!

Ethan Syracuse, Anesthesia Tech—Thanks for being a great asset to our department. You were mentioned several times on the Tech and CRNA Interdepartmental surveys!



**Department Holiday Party**  
Friday, December 2, 2016  
Carolina Yacht Club

**Graduation 2017**  
Friday, June 23, 2017  
Founders Hall



FLU VACCINE SATELLITE  
LOCATIONS AND TIMES:  
(Must have MUSC ID badge for vaccine)

Express Admission Unit Room  
217 Main Hospital

12/7 7:00 am - 11:00 am

12/14 12:00 pm - 4:00 pm

### We Would Love to Hear From You!

If you have ideas or would like to contribute to *Sleepy Times*, the deadline for the January edition will be December 16, 2016.