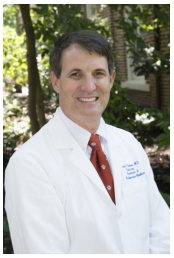
DEPARTMENT OF ANESTHESIA AND PERIOPERATIVE MEDICINE

SLEEPY TIMES

VOLUME 12, ISSUE 7 JULY 2018

Inside This Issue:

MESSAGE FROM THE CHAIRMAN: SHARE, LAUGH, LOVE, REPEAT
-SCOTT T. REEVES, MD, MBA



This month, I want to start the July edition of *Sleepy Times* with my resident and fellow graduation address.

"Dear residents and fellows, faculty, family and friends,

I want to welcome all of you to the 2018 graduation ceremony. This year, we will celebrate the graduation of 13 residents, three critical care, one regional anesthesiology, and two adult cardiothoracic fellows. Can our graduates please stand, as they deserve a special round of applause? Now I would like their family (spouses, children and parents) to stand. They too deserve a round of applause.

During last year's graduation, my address to you was short due to my father's unexpected death. You may not know this, but he passed away last June, secondary to a traumatic lawn mower accident resulting in a head injury from which he did not recover. It has been a rough year, but one with a lot of self-reflection. Fortunately, I had a very good relationship with my father, and we frequently built memories together and with my children. I would like to dedicate these remarks in his honor and title this address: **SHARE, LAUGH, LOVE, REPEAT.**

SHARE: It is important that you share your professional careers and lives with your family, especially your spouse and children. It allows them to better understand what it means to be a physician and anesthesiologist. My children grew up having medical students and residents at our house for oyster roasts and journal clubs. They attended our yearly departmental meet and greets. You all were just cool people that they could aspire to be one day. I can now attest that the process has started with another generation as my grandson, Fletcher, recently attended our RiverDogs event.

An older mentor challenged me once to start taking my children individually with me on business trips. He stated it would be the best investment I would ever make. They eat like birds, sleep in the same room, and the only additional cost is a plane ticket. I started alternating taking them when they reached 13 years old. It was a great one-on-one time with them.

Earlier this month, my son, Townsend, and I went fishing in the Florida Keys to the exact same spots with the same guide we used with my dad 10 years earlier. What a great time we had.

LAUGH: Memories should be filled with laughter. Tickle your kids and spouse, cut up and joke with them.

Cathy remembers every childhood teacher since kindergarten. My earliest memory is that my middle school was big and open, and I road my bike to school. Beyond that… nothing. I hope it is just a guy thing but I am attempting to hardwire the good times with my children. My strategy is simple. We have a digital picture frame that constantly replays family vacations, sporting events etc., on our kitchen counter. Each of my children received one with a flash drive to take to college. Memories are constantly being added. Most of all, we have a shared set of common memories.

OPENING STATEMENT CONTINUED…

LOVE: Tell your spouse and your children that you love them daily. It is so sad when I hear or read stories about individuals who had to wait until a parent was dying to hear those words. It is part of our DNA and makes us human. Say and express it!

REPEAT: Repeat should be self-explanatory. Make Share, Laugh, Love, Repeat a part of your life. It brought me great peace when my dad made the journey to heaven. I had no unfinished business with him. We were good, and I knew he loved me.

A few specific awards were given out at the graduation event.

For the residents:

- The J.G. Reves Resident Research Award - Dr. Janus Patel
- The Laurie Brown Resident Teacher of the Year award - Dr. Ashley Feeman
- The John E. Mahaffey Resident of the Year award - Dr. Ashley Feeman

For the faculty:

- The CA-1 Faculty Teacher of the Year - Dr. David Stoll
- The CA2/3 Faculty Teacher of the Year - Dr. George Whitener

Congratulations to all our awardees.

In conclusion, I, along with the faculty, staff and junior residents, want to thank you all for these past years. You will all go on to do great things! To the class of 2018, good luck and God bless you."

GRADUATION AND RECOGNITION AWARDS
FOUNDERS HALL, JUNE 22, 2018

Dr. Janus Patel
MUSC Dept. of Anesthesia
The Dr. J. G. Reves
Resident Research Award
2017-2018

Dr. Ashley Feeman MUSC Dept. of Anesthesia The Dr. Laurie Brown Resident Teacher of the Year 2017-2018	Dr. Ashley Feeman MUSC Dept. of Anesthesia The Dr. John E. Mahaffey Resident of the Year 2017-2018

Dr. David Stoll
CA - 1 Teacher of the Year
2017-2018

Dr. George Whitener
CA - 2/3 Teacher of the Year
2017-2018

GRADUATION CONTINUED...

GRADUATION CONTINUED...

GRADUATION CONTINUED…

WAKE UP SAFE
BY AMANDA REDDING, MD

Wake Up Safe is a pediatric patient safety organization whose goal is to identify and reduce serious adverse events in the perioperative period. The ultimate goal of Wake Up Safe is to implement change in processes of care that improve the quality and safety of anesthetic care provided to pediatric patients nationwide. The registry was also established for the purpose of quality improvement, using analysis of the adverse events for learning. Currently, with 34 member institutions across the country, each institution reviews cases of serious adverse events and then submits data regarding events. A benefit of being Wake Up Safe members is that as an organization, it trains and educates its members in quality improvement methodology and root cause analysis via educational sessions at fall and spring meetings. Additional benefits of being members include the ability to participate in multicenter quality improvement projects as well as gain from having senior members perform a site visit to examine our processes and suggest ways that we can improve. We will have our first site visit this year.

There are always questions about which cases to report. Important in the reporting pathway are the concepts of escalation of care and threat to life. The short list of reportable events includes:

1. Death
2. Cardiac Arrest
3. Acute Lung Injury
4. Acute Cardiovascular deterioration
5. Tissue Injury
6. Nervous System Injury
7. Peripheral nervous system injury following regional anesthesia
8. Eye injury
9. Anaphylaxis
10. MH
11. Airway injury
12. Equipment Issues
13. Fire
14. Awareness under Anesthesia
15. All Medication Errors (EVEN IF NO HARM TO THE PATIENT)
16. Transfusion Reaction
17. Complicated laryngospasm defined as being associated with escalation of care (ie. unplanned hospital admission) or a threat to life defined by significant hypoxia--O2 sat <60% for >30seconds

In addition to these events, the Pediatric Surgery Division is in the process of joining the Children's Surgical Verification (CSV) process. It is essentially a surgical equivalent to Wake Up Safe and tracks many of the same events as Wake Up Safe. It will be used to create a pediatric surgery "scorecard" for MUSC. This will be a great opportunity to collaborate with our surgical colleagues. The next three pages contain a list of events tracked by the CSV initiative.

One of our member requirements includes formal quality improvement work. Our initial projects will focus on improving reporting of cases and then as part of the strategic goal of Wake Up Safe for this year, decreasing medication errors. Regarding the Wake Up Safe medication error change package for this year, we will initially focus on double checking of infusion pumps. Contact Amanda Redding or Cory Furse if you would like to get involved with pediatric quality!

WAKE UP SAFE CONTINUED...
BY AMANDA REDDING, MD

Children's Surgery Verification™
QUALITY IMPROVEMENT PROGRAM

Appendix 2 Reference Guide

These definitions coincide with the Optimal Resources for Children's Surgical Care Appendix 2 Children's Surgery Safety Report.

These perioperative events should be captured and reviewed in the PIPS process for all patients younger than 18 years. Those events so designated must be captured with review documented and improvement demonstrable when appropriate. The events will be collected in the Prereview Questionnaire (PRQ) via the online application portal. You will be required to designate the number of events performed in the past 12-month period.

Intraoperative events or those events occurring within 48 hours of operation:

Event		*Should*	*Must*
Airway			
Inadvertent extubation	Inadvertent or unplanned removal or dislodgement of airway device resulting in loss of airway control and requiring reinsertion or repositioning of airway device (either intraop or postop)[1] *		■
Unanticipated reintubation	Postoperative placement of an endotracheal tube or other similar breathing tube (Laryngeal Mask Airway [LMA], nasotracheal tube, orotracheal tube) and ventilatory support, which was not intended or planned at the time of the principal operative procedure (up to 30 days after surgery)[1]		■
Respiratory			
Definite aspiration	The entry of material (for example, food, liquid, gastric contents) into the respiratory tract and accompanied by clinical signs, including coughing or respiratory distress (even transient) and confirmed on radiography, which requires intervention		■
Cardiovascular			
Severe anaphylaxis with hives, wheezing, or hemodynamic effects	Severe, life-threatening response, characterized by a sudden drop in blood pressure, especially if epinephrine is administered, and/or respiratory insufficiency[3]		■
Cardiac arrest (chest compressions or defibrillation)	The use of cardiac compressions or defibrillation during an anesthetic or during the first 24 hours from the end of the operation[2,3]		■
Malignant hyperthermia: Definite, suspected, or use of dantrolene (during or after exposure to anesthetic gases or succinylcholine	Signs include increasing end-tidal CO2, trunk or total body rigidity, masseter spasm or trismus, tachycardia, tachypnea, mixed respiratory and metabolic acidosis, increased temperature, and myoglobinuria[3]		■
Hemorrhage (U25 mL/kg)	Red blood cell and whole blood products or reinfusion of autologous red blood cell or cell-saver products utilized/initiated during the principal operative procedure and up to 72 hours postoperatively	■	

WAKE UP SAFE CONTINUED...
BY AMANDA REDDING, MD

Event		*Should*	*Must*
Institution of massive transfusion protocol	Triggering of the institutional massive transfusion protocol either intraop or within 72 hours postoperatively. If there is no institutional massive transfusion protocol then indicate N/A		■
Unanticipated need for hemodynamic (vasopressor) support	An unplanned significant change in global or regional perfusion for more than 30 minutes that may not adequately support normal organ function as indicated by abnormalities in one or more of the following parameters: heart rate, mean arterial blood pressure, or cardiac index that requires treatment with multiple doses or continuous administration of vasoactive agents	■	
Unanticipated need for ECMO[2]			■
Vascular access complication with vascular injury or pneumothorax	Any size hemothorax or pneumothorax that requires intervention	■	
Neurologic			
Stroke or coma	An interruption or severe reduction of blood supply to the brain resulting in motor, sensory, or cognitive dysfunction (within 30 days of operation)[3]		■
Unanticipated seizure	Physical findings or changes in behavior that occur after an episode of abnormal electrical activity in the brain in a patient without a known pre-operative seizure disorder (within 30 days of operation)[1]	■	
Regional			
Epidural hematoma		■	
Major systemic local anesthesia toxicity	Following the injection of local anesthetic, new onset of: Seizure, somnolence, loss of consciousness, respiratory depression/apnea, bradycardia/asystole, or ventricular tachycardia/fibrillation thought to be related to the injection[3]	■	
Peripheral neurologic deficit following regional anesthesia: Residual sensory, motor, or autonomic block	Residual sensory and/or motor and/or autonomic block 72 hours after last injection when no infection is present[3]		■
Unanticipated high spinal with bradycardia, respiratory insufficiency, or intubation	Neuraxial anesthesia in which the level of sensory denervation extends at least to the second thoracic dermatome and that produces symptomatic hypotension, bradycardia, and/or respiratory insufficiency that requires intubation and ventilatory support		■
Infection following epidural or spinal anesthesia: Abscess, meningitis, or sepsis	Swelling, erythema, radiologic evidence of abscess in combo with any of the following: Fever >38.0, drainage, positive culture, leukocytosis, focal back pain, neurologic deficit, headache, stiff neck[3]	■	
Infection following peripheral nerve block	Superficial (swelling, local erythema, and tenderness) or deep (abscess) with any of the following: Fever >38.0C, drainage, positive culture, leukocytosis, neurologic deficit[3]	■	
Postdural headache	Headache after intended or unintended dural puncture that is worsened in the upright position and improved in the supine position and requires either prolonged bedrest or an epidural blood patch	■	
Intraoperative and Perioperative Events Occurring as Delineated			
Death within 30 days[1]			■
Dental trauma: Unanticipated loss of permanent tooth (teeth)	Any trauma to permanent tooth (teeth) that requires intervention	■	

WAKE UP SAFE CONTINUED... BY AMANDA REDDING, MD

Event		*Should*	*Must*
Intraoperative awareness: Explicit awareness during anesthesia	Patient memory of events in the OR that occurred while the patient was under general anesthesia[2,3]		■
Medication error: Wrong medication or dosing within 48 hours	Wrong drug, wrong patient, infusion error or administration of drug that patient is known to be allergic to, resulting in need for ongoing care, not a result of underlying disease[2,3]	■	
Operation on incorrect patient	Start of surgery or induction of anesthesia on the wrong patient[2,3]		■
Operation on incorrect side	Start of surgery or anesthesia on the wrong body part or wrong side of patient[2,3]		■
Operation: Wrong operation performed			■
Surgical fires and/or patient burns	Spark or flame in the OR resulting in patient injury or damage to surgical supplies or equipment including surgical drapes[2]		■
Transfusion reaction within 48 hours			■
Unanticipated ICU admission within 48 hours	Any occurrence in which a patient was admitted to a non-ICU bed after a surgical procedure and within 48 hours was transferred to any ICU bed	■	
Unanticipated return to OR within 30 days	A return to the OR that was not planned at the time of the principal operative procedure, that is likely related to the principal operative procedure[1]	■	
Unanticipated inpatient admission within 30 days	Patients who were discharged from their index hospital stay or encounter (whether inpatient or outpatient basis) after their principal operative procedure, and within 30 days of the principal operative procedure, are subsequently formally readmitted by a qualified practitioner as an inpatient to an acute care bed; this variable is for admissions which are unplanned and likely related	■	
Unanticipated transfer to another institution for higher level of patient care within 30 days		■	
Visual loss	Any permanent impairment or total loss of sight		■
Pressure injury related to events in the OR within 30 days	Include mucosal, stage II, III, IV, deep tissue injuries and unstagable pressure injuries (National Pressure Injury Advisory Panel)[4]	■	
VTE within 30 days	New diagnosis of blood clot or thrombus within the venous system (superficial or deep) which may be coupled with inflammation and requires treatment[1]		■

References – data collection programs. If the institution already reports data to this source, then a calendar year of reporting data may be used for CSV reporting.

[1] *ACS NSQIP Pediatric. Please note, this report should include all events over a calendar year, not just those found in the NSQIP sampling.*

[2] *Wake Up Safe anesthesia safety program.*

[3] *Anesthesia Quality Institute / ASA Critical Incidents Reporting System.*

[4] *Solutions for Patient Safety. Only report events related to an operative episode rather than the hospital wide incidence.*

**Please note the ACS NSQIP Pediatric definition is only an intraoperative occurrence*

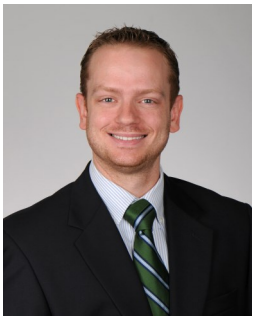
MEET THE NEW FACULTY

Dr. Joel Sirianni is pumped to transition from resident to faculty at MUSC, join the liver transplant team, and stay in Charleston. Originally from the Steel City of Pittsburgh, PA, Joel slowly moved across Pennsylvania as he went to Penn State for his undergraduate degree in Immunology & Infectious Disease and then to Drexel University College of Medicine in Philadelphia. He is a huge sports fan, closely following the Nittany Lions, Pittsburgh Steelers, Pirates and especially the Pittsburgh Penguins. Joel loves playing beach volleyball at Santi's, going to the local beaches and downtown to explore the constantly expanding bar and restaurant scene, and playing ice hockey weekly at the Ice Palace. He lives in Mt. Pleasant with his property managing, beautiful southern belle girlfriend of three years, Megan, and their fluffy 14lb hypoallergenic Shih Tzu-Maltese, Stella.

Dr. Jeff McMurray is a native Hoosier from Fort Wayne, Indiana. He received his Bachelor of Science in Biology from Indiana University in 2009 and completed his Medical Degree at Indiana University in 2013. Looking to escape the frigid Midwest, he and his wife moved to Charleston, SC for his residency in Anesthesiology, and stayed an additional year to complete a fellowship in Critical Care Anesthesia. He is excited to join the Critical Care Division, and is looking forward to advancing the department's education in point of care ultrasound, and cardiovascular critical care. He and his wife, Krista, just welcomed their daughter, Mira, this past April. They enjoy the outdoors, travel, and Charleston's cuisine.

Dr. Loren Francis is excited to continue her career at MUSC. She was born in Poughquag, NY. Loren met her wonderful husband, Eric, in Providence, RI, where they both completed degrees in Applied Mathematics at Brown University. She graduated from New York Medical College in 2013 and was lucky enough to attend her first choice residency program here at MUSC, followed by a cardiothoracic fellowship. She is happy to have the opportunity to stay in Charleston and enjoys the beach, rescuing animals, traveling, and cooking.

Dr. Jackson Condrey is excited to continue his career at MUSC. Jackson grew up in Charleston, SC and went to undergrad in Greenville, SC before completing his medical school and residency at MUSC; he will be joining the regional anesthesia faculty. In his spare time he enjoys traveling, reading, and eating out. He was recently married to his wife Olivia in November 2017. His current goals are to pass his oral board exams in October, learn Spanish fluently, pay off his student loans, and save for a down payment for a house while continuing to perfect his practice in the art of anesthesia.



MEET THE NEW FACULTY CONTINUED…

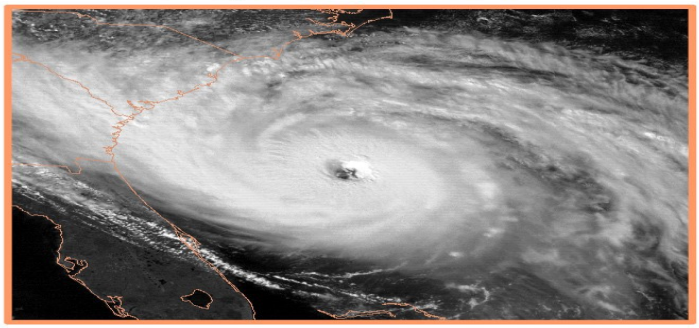
Dr. Joseph Abro is excited to continue his Anesthesia career at MUSC, where he will be joining the Liver Transplant team. Joseph grew up in Florence, SC, until 12 years old, when he moved to New Jersey. After high school, he moved back home to South Carolina. Joseph graduated from The Citadel in 2001 with a Biology degree. While at The Citadel, he was Class Vice President and a member of the Summerall Guards. After college, Joseph worked as a pharmaceutical sales representative with Warner Chilcott in Georgia, Alabama and Florida. As a pharmaceutical representative, he became interested in a career in medicine. Joseph returned to Charleston in 2007 to pursue a career in medicine. From 2007 until 2010, Joseph completed his Masters Degree in Biology at The Citadel and worked as a research coordinator in Cardiac Imaging for the Department of Radiology at MUSC. He graduated from MUSC College of Medicine in 2014 and completed his Anesthesia residency this year. Joseph, his wife, Michael, and their daughter, Elliott, live in Mount Pleasant. He enjoys exploring Mount Pleasant, Sullivan's Island and Isle of Palms with his daughter on their cargo bike, as well as spending time with family and friends.

Originally from Charleston, SC, Dr. Ryan Wilson graduated from Clemson University with a degree in Biochemistry and attended the University of South Carolina School of Medicine prior to completing his anesthesia residency at MUSC. He lives in Mount Pleasant with his wife, Hayden, and their two daughters, Ellis and Valley. Ryan and his family enjoy the Charleston restaurant scene and beaches, but always try to attend a few Clemson football games each season. Ryan enjoys shamelessly plugging his wife's work as a portrait painter. He also enjoys playing guitar in his free time, and despite multiple auditions, Ryan is still waiting on his callback from the Induction Agents.

DEPARTMENT HURRICANE PLAN

Click here to view the Departmental Hurricane Plan

Department of Anesthesia and Perioperative Medicine



Hurricane Plan

Created: 2007
Updated: 09/2008, 06/2010, 06/2014

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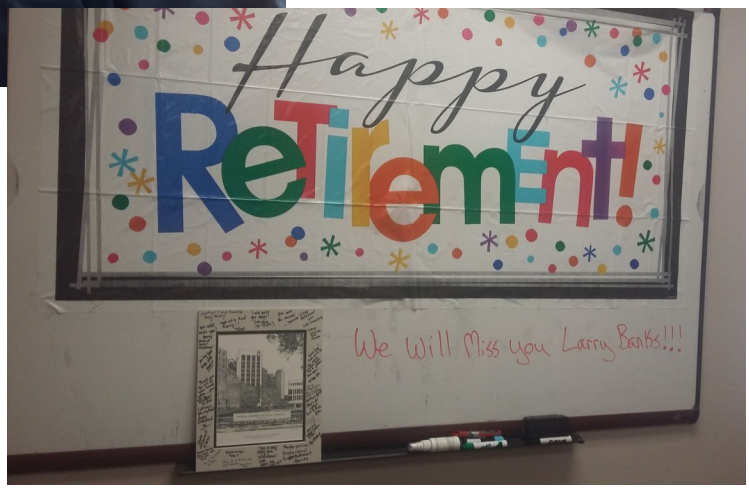
Revised: May 19, 2015

RETIREMENT LUNCHEON FOR LARRY BANKS, ANESTHESIA TECH



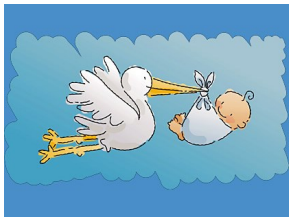
WELCOME TO THE DEPARTMENT

Annie Prior is excited to join the department as the newest research program assistant. Annie graduated from Miami University of Ohio this past May with a B.A. in Chemistry and minors in Nutrition and Medical Sociology. She grew up in Princeton, New Jersey but has always dreamed of moving down south and living close to the beach. Annie hopes to attend medical school in the future and become the first doctor in her family. She loves to travel and explore new places, so she is very excited to experience all that Charleston has to offer!

Please welcome Townsend Langley to the department as our administrative manager who is joining us from the Information Solutions (formerly OCIO) Department. Originally from Darlington, SC, she has a B.S. in Information Systems from U.N.C. Wilmington and an M.B.A. from The Citadel. She spends her free time on the bleachers cheering on her 15 year-old son Thomas who plays soccer, basketball, and runs cross-country at Palmetto Scholars Academy. Just prior to joining our department, Townsend was recognized in an article in The Catalyst highlighting women making a difference at MUSC as a part of the Women's History Month series.

NEW BABIES IN THE DEPARTMENT

Congratulations to Deborah Romeo and family as they welcome Oliver Lucas! He was born June 1, 2018 at 11:49 a.m. weighing 7 lbs, 3 oz and measuring 20 inches!



Mike and Dawn Sloan welcomed River Hendrix on June 13, 2018. River weighed 8 lbs, 15 oz. Congratulations!

Congratulations to Aly Cleveland and Chris Bako as they welcome Cole Maxwell. Cole was born on May 22, 2018, weighing 7 lbs, 1 oz!

DEPARTMENT WELCOME PARTY 2018 AT THE RIVERDOGS GAME!

DEPARTMENT WELCOME PARTY 2018 AT THE RIVERDOGS GAME CONTINUED...

DEPARTMENT WELCOME PARTY 2018 AT THE RIVERDOGS GAME CONTINUED...

TOP 5 MOST PROSPEROUS CITIES IN THE US RANK WELL IN INCOME, HOME VALUE AND EMPLOYMENT REPORTED IN USA TODAY
BY SHAWN M. CARTER, CNBC

When it comes to naming the best city in the United States, everyone has their own opinion and their own way to measure." Ask ten people and you'll get ten different answers," says real estate website RENTCafé. So it set out to come up with its own metric for which US cities have improved most, since a city has to be "capable of progress," it says, "to be considered attractive in the long run." To qualify what makes a city increasingly prosperous, RENTCafé looked at six indicators in cities with populations exceeding 100,000 to see how they've improved "between 2000 and 2016, according to U.S. Census data, and single out the ones that have made the most progress overall." The indicators include shifts in median income, home values and the share of residents with higher-education, as well as changes in population, poverty and unemployment rate. The final ranking is based on the combined value of the individual ranks of the six main fields. Keep in mind, says RENTCafé, "not all indicators need to show improvements for a city to be prosperous." The ranking is based on overall improvement. "The same is true for big improvements in one indicator. If you isolate one indicator and look at the best performers, you'll find cities near the top that have a low overall prosperity ranking." Based on that data, here are the top 5 most prosperous U.S. cities:

1. Odessa, Texas

Population change: 25%
Income change: 38%
Home value change: 91%
Higher education change: 26%
Poverty rate change: -36%
Unemployment rate change: -24%

2. Washington, D.C.

Population change: 15%
Income change: 30%
Home value change: 135%
Higher education change: 42%
Poverty rate change: -11%
Unemployment rate change: -19%

3. Charleston, South Carolina

Population change: 35%
Income change: 16%
Home value change: 39%
Higher education change: 34%
Poverty rate change: -15%
Unemployment rate change: -10%

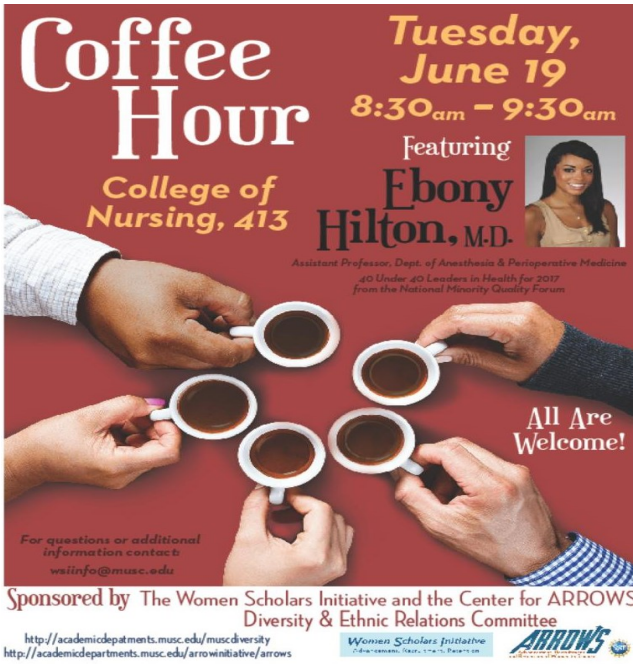
4. Fontana, California

Population change: 60%
Income change: 3%
Home value change: 60%
Higher education change: 57%
Poverty rate change: 3%
Unemployment rate change: 18%

5. North Charleston, South Carolina

Population change: 34%
Income change: -3%
Home value change: 59%
Higher education change: 53%
Poverty rate change: -2%
Unemployment rate change: -1%

EBONY HILTON, MD, FEATURED IN MUSC'S COFFEE HOUR



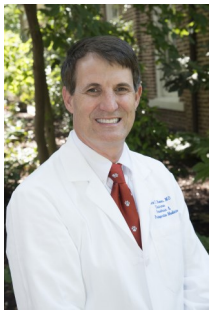
Grand Rounds for the Month of July

"Open Schedule"
July 3, 2018
Lecturer Open
Dept. of Anesthesia & Perioperative Medicine
Medical University of South Carolina

"Update of Epidural Steroid Injections"
July 10, 2018
Meron Selassie, MD, Assistant Professor
Dept. of Anesthesia & Perioperative Medicine
Medical University of South Carolina

"Topic to be Announced"
July 17, 2018
Dominka James, MD, Assistant Professor
Department of Anesthesiology
UNC Chapel Hill School of Medicine

"State of the Department Address"
July 24, 2018
Scott Reeves, MD, Professor & Chairman
Dept. of Anesthesia & Perioperative Medicine
Medical University of South Carolina



"Morbidity & Mortality Conference"
July 31, 2018
George Guldan, MD, Associate Professor
Ryan Gunselman, MD, Associate Professor
Dept. of Anesthesia & Perioperative Medicine
Medical University of South Carolina

MUSC
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

Future Events/Lectures

CA 1 Lecture Series
TBA

CA 2/3 Lecture Series
July 2nd—No Lecture

July 9th—Sympathetic Nerve Blocks, Dr. Hillegass, Moodle

July 16th—Visiting Professor Lecture—All Residents, Dr. James (UNC), CSB 429

July 23rd—Opioids, Dr. Redding, Moodle

July 30th—Chronic Pain Management, Lecturer TBA, Moodle

Grand Rounds
July 3rd—Open Scheduling

July 10th—Update of Epidural Steroid Injections, Dr. Selassie

July 17th—Visiting Professor Lecture—All Residents, Dr. James (UNC)

July 24th—State of the Department Address, Dr. Reeves

July 31st—Morbidity & Mortality Conference, Drs. Guldan and Gunselman

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!

Kim Pompey, Administrative Assistant—Thank you for happily volunteering to assist your coworkers in getting timesheets signed and always getting your work processed in a timely manner! Your teamwork approach is much appreciated!

Nina Stafford, CRNA—Nina came to the rescue and helped out in ART Holding Pre-Op when staffing was short. She assisted with IV starts and other patient care. We really appreciate her being there to assist us. She always has a happy, fun attitude when she is with staff and patients!

Tammie Matusik, Administrative Assistant—Thank you for stepping up to help wrap resident and fellow diplomas for the graduation event!

Holiday Party 2018
Saturday, December 1, 2018
Carolina Yacht Club

Imagine 2020 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 August edition will be July 20, 2018.