



# SLEEPY TIMES

VOLUME 17, ISSUE 6 JUNE 2023



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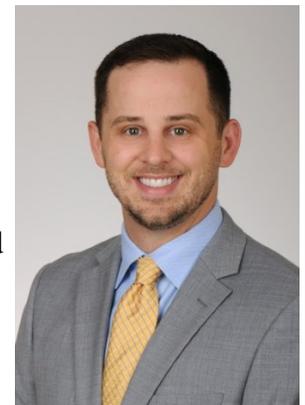
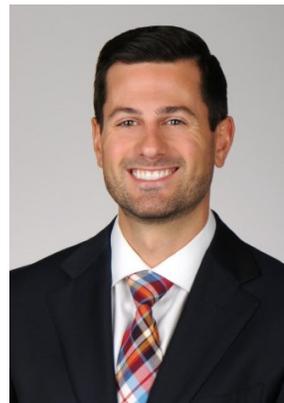
## MESSAGE FROM THE CHAIRMAN: TRAINING THE NEXT GENERATION

-SCOTT T. REEVES, MD, MBA

Each year, the Medical University of South Carolina’s chapter of the American Medical Student Association and the College of Medicine (COM) hold the Golden Apple Awards to recognize outstanding faculty and residents at MUSC for excellence in medical student teaching. The department’s faculty and residents commitment to educating all our learners this year was obvious due to the number of Golden Apple awards received.

The 2023 Golden Apple Excellence in Teaching Awards were given by the COM in several categories. The largest category is the **Clinical Preceptor Excellence in Teaching Award**. There were a total of 21 nominations across the college. The two awardees were both within our department, Drs. Joel Sirianni and Burke Gallagher.

Thirteen faculty with the COM were nominated for the **Medical Student Research Mentor Award** with the sole winner being our very own Dr. Martin Burke. Finally, the COM recognized 12 faculty who were nominated for the **Medical Student Advisor Award** with the sole winner being Dr. Joel Sirianni. The department had a clean sweep of the clinical faculty awards. This is a huge accomplishment and is compounded by the fact that our department has only a portion of each class of medical students rotating with us.



In addition, Dr. Riley Chambers (CA-2) was nominated for the **Clinical Preceptor Excellence in Teaching Award: Resident**. Congratulations to all faculty and resident nominees and awardees.

## OPENING STATEMENT CONTINUED

Finally, the department continues to develop future medical students and doctors through our Anesthesia Research Assistant program. To date, over 20, Anesthesia Research Assistants have been accepted to medical school. This year we had two graduates at MUSC, Drs. Annie Prior and Mel Rubin.



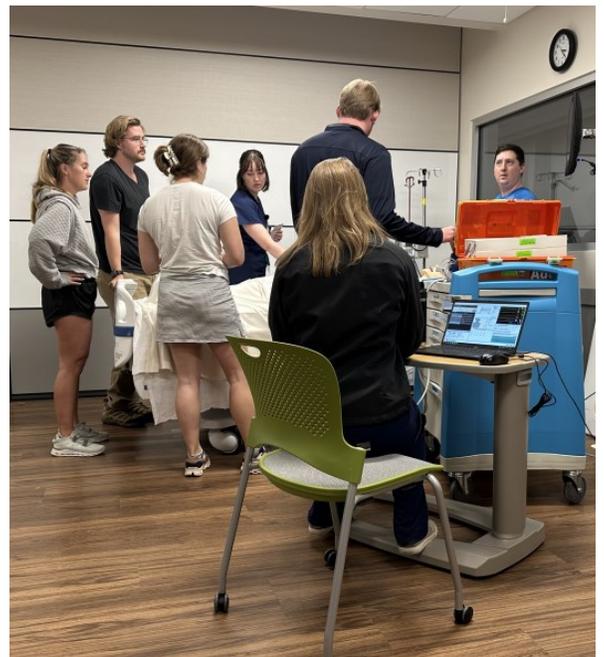
## PEDIATRIC HYDROTHERAPY GOES LIVE! NICOLE MCCOY, MD

Pediatric hydrotherapy officially became a Shawn Jenkins' Children's Hospital anesthesia site on May 3rd with it's first patient! An enormous amount of work went into getting this area set up and ready to provide safe anesthesia for pediatric burn patients. A multi-disciplinary team from surgery, burn surgery, pediatrics, anesthesia, and nursing have been working to make the space beautiful, efficient and safe. Our first case was a huge success without any hiccups. We will continue to utilize this site with our fantastic burn team as our pediatric burn center continues to grow. A big thank you to Jason Williams, CRNA, for all his hard work preparing logistics for the site. Thank you to Ray White, CRNA, for guidance on how to make hydrotherapy a success. Thank you also to Treffle Beaupre for facilitating our anesthesia equipment set up. It is a pleasure to work with this fantastic group of individuals and an honor to grow anesthesia's contribution to pediatric burn patients here at MUSC.



**INTERN 101: APPROACH TO THE UNSTABLE PATIENT BY ROBERT HARVEY, MD**

This spring faculty, once again, facilitated fourth year medical students on the verge of graduation through the Intern 101: Approach to the Unstable Patient course. Instructors included Drs. Hannah Bell, Burke Gallagher, Robert Harvey, Travis Pecha, Clinton Pillow, and Catherine Tobin. After an introductory didactic session, students were guided through various simulation scenarios involving patient instability they will have a high likelihood of encountering next year as interns. Each student had a turn participating in the role of team leader and rotating through various other roles as members of an urgent medical response team. New this year, the course was held in the brand new Simulation Center in the recently remodeled Colbert Library. Instructors and students alike appreciated the sleek new space outfitted with the latest technology in simulation and instruction. Ninety students participated in the course held over five days with two sessions per day.



**SOCIETY OF CARDIOVASCULAR ANESTHESIOLOGISTS ANNUAL MEETING (SCA)**



The Adult Cardiothoracic and Vascular division were well represented at the SCA annual meeting. This year was the 45th anniversary of the society. The department is fortunate to have 3 past SCA presidents (Drs. Jerry Reves, John Waller and Scott Reeves). Drs. Jerry Reves and John Waller presented the history of the formation of the society. Dr. Scott Reeves was reelected to the SCA Board.



## NEW BABY IN THE DEPARTMENT



Joel Sirianni and family welcomed Owen Gabriel Sirianni on March 29th. He was 6 lbs 12 oz and 19.5 inches long!

Congratulations!



## DR. JESSICA STOCKINGER ELECTED PRESIDENT OF THE MUSC HOUSE STAFF COUNCIL FOR 2023-24

I am honored to have been elected by the residents of MUSC as the House Staff Council President for the 2023-2024 academic year. The House Staff Council is made up of resident representatives on various committees throughout MUSC, GME and the College of Medicine, as well as chief residents from all departments. In addition to running the House Staff Council meetings monthly and planning resident events, I will also serve on the Graduate Medical Education Committee. This committee oversees all programs to ensure high-quality education for all residents while ensuring adherence to ACGME policies and regulation. Strides were made last year to increase resident salary to better align with the rapidly increasing cost of living in Charleston. One of my goals this year as President is to continue negotiations to ensure salary continues to be appropriately adjusted. In addition, I hope to increase transparency regarding resident benefits between departments, i.e. parking, meal allowances, STEP 3 payment, which as of now is not readily available to residents or programs. I also hope to continue successful in-person resident gatherings, especially this fall to welcome the incoming residents! I am honored to have been elected to this role and I am excited to work to ensure another successful year for all MUSC residents!

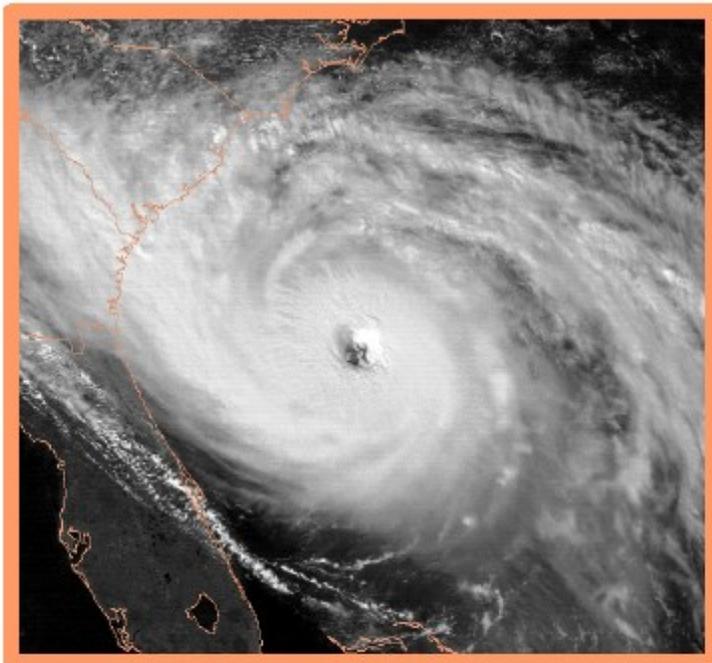


Jessi Stockinger, MD

**DEPARTMENT HURRICANE PLAN UPDATED**

The 2023 Weather Plan can be found on our Department Intranet [here](#). Please review as we kick off Hurricane Season.

# Department of Anesthesia and Perioperative Medicine



## Hazardous Weather Plan

## 2023 MUSC ANNUAL MANDATORIES

The 2023 annual mandatory online lessons for all members of the MUSC workforce are now in your [OurDay Learning](#).

These modules are assigned early every calendar year and intended for care team members to complete at your earliest convenience. As in past years, all of the annual mandatory training modules and requirements must be completed no later than **June 30, 2023**, after which disciplinary action will be taken.



**OurDay Learning QRG:** [How to Access & Troubleshoot Annual Mandatory Training](#)

## PICKLEBALL EVENT, APRIL 23, 2023 BY CARLEE CLARK, MD

We had a great turnout for pickleball in April as we hit the new courts in West Ashley. Some new faces, although not new to pickleball, joined us, Aaron Kaye and Daniel Geating. There were some intense doubles and singles matches and Stephanie Whitener wins for patience, as she kept the kids court going the majority of the time! Overall, it was our best session yet. Hope to see more of you in the coming months.



### ADMINISTRATIVE STAFF TOP GOLF OUTING BY JENNY ANN SMOAK

The Anesthesia Admin team enjoyed a fun afternoon at the new Top Golf in North Charleston. Lots of laughs, team bonding, and terrible shots were made. Trey Hiott came in first place with the most points, followed by Kayla Pope! The team really enjoyed playing the Angry Birds game. Great snacks and fun times all around!



## RESEARCH CORNER



Original Article

J Clin Med Res. 2023;15(3):127-132

## A Trial of Adding Lung Protective Strategies to Existing Enhanced Recovery After Surgery Protocols and Its Effect on Improving Postoperative Lung Function

David A. Gutman<sup>a, b</sup>, Victoria Bailey<sup>a</sup>, Phillip Wilson<sup>a</sup>, Andrew Fisher<sup>a</sup>,  
Christopher A. Skorke<sup>a</sup>, Carey Brewbaker<sup>a</sup>, Travis Pecha<sup>a</sup>,  
Dulaney A. Wilson<sup>a</sup>, John Butler<sup>a</sup>



David Gutman, MD



Ryan Wilson, MD



Andrew Fisher, MD



Christopher Skorke, MD



Carey Brewbaker, MD



Travis Pecha, MD



Dulaney Wilson, PhD



The Joint Commission Journal on  
Quality and Patient Safety

Available online 5 April 2023

In Press, Journal Pre-proof [?](#) What's this? ↗



Ken Catchpole, PhD

## Taking a Resilience Engineering Approach to Perioperative Handoffs

Aubrey Samost-Williams MD, MS<sup>1 a</sup> [✉](#), Connor Lusk PhD<sup>2</sup> [👤](#) [✉](#),  
Ken Catchpole PhD<sup>2 b</sup> [✉](#)



Connor Lusk, PhD

## RESEARCH CORNER

JOURNAL OF PALLIATIVE MEDICINE  
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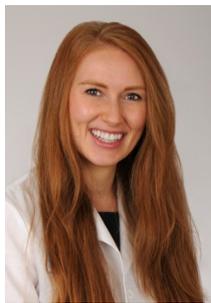
## Original Article

Open camera or QR reader and  
scan code to access this article  
and other resources online.



## Relationship Between Palliative Care Consults and Outcomes of Pediatric Surgical Patients During Terminal Admissions

Mariah K. Tanious, MD, MPH, FAAP,<sup>1</sup> Natalie Barnett, MD,<sup>1</sup> Cora Bisbee, BS,<sup>2</sup> Nicole C. McCoy, MD,<sup>1</sup>  
Bethany J. Wolf, PhD,<sup>1,4</sup> and Joshua Arenth, MD, FAAP<sup>3</sup>



Mariah Tanious, MD



Natalie Barnett, MD



Nicole McCoy, MD



Bethany Wolf, PhD

Original Contributions | [Published: 06 May 2023](#)

## Identifying Workflow Disruptions in Robotic-Assisted Bariatric Surgery: Elucidating Challenges Experienced by Surgical Teams

[Jennifer Zamudio](#) , [Falisha F. Kanji](#), [Connor Lusk](#), [Daniel Shouhed](#), [Barry R. Sanchez](#), [Ken Catchpole](#),  
[Jennifer T. Anger](#) & [Tara N. Cohen](#)



Ken Catchpole, PhD



Connor Lusk, PhD

## ECONOMICS AND PATIENT SAFETY

## The Delicate Dance: Production and Patient Safety

Smitha Arekapudi, MD, MBA, ScM, FASA

Matthew B. Allen, MD

Marlah K. Tanlous, MD, MPH, FAAP

Monica W. Harbell, MD, FASA

Each year, more than 40 million anesthetics are provided to patients in the United States.<sup>1</sup> Between changes in payment patterns, supply chain challenges, and increasing demand for anesthesiology services, anesthesiologists are under increasing pressure to do more with less. This drive to increase throughput, minimize costs, and optimize profitability has significant downstream effects for the active anesthesiologist and can lead to adverse outcomes for patients, physicians, nurses, and the health care system as a whole.<sup>2-4</sup> Operations research, an applied discipline of using quantitative or qualitative models for systems decision-making, has emerged as a frequently used resource for analysis of the complex variables in clinical practice. While its use is perceived as valuable by business entities, clinicians are often not included in determining and considering the specifics of analysis in operations research. The exclusion of physicians, particularly anesthesiologists, in this process can result in excessive



production pressure and can lead to unsafe clinical environments, where a failure in protection of patient safety and in delivery of standard of care may occur. In this article, we consider the relationship between production pressure, patient safety, and clinician well-being. We also outline how operations research may inform or undermine efforts to balance these priorities.

### Operations research approach to health care

While anesthesiologists tend to prioritize patient safety, patient experience, and achieving clinical excellence, non-clinical stakeholders and managers often approach health care using a different framework. In traditional operations research, hospitals and care systems are modeled purely as processing operations with inputs, outputs, and activities.<sup>5</sup> While this approach may be effective in manufacturing cars or other widgets, reducing health care to viewing patients and clinical encounters as numbers and throughput is often problematic. Employing this type of strategic framework using fixed concepts of resources and outcomes is frequently inadequate in capturing the complexities of health care delivery, which include patient expectations, human workforce factors, system inadequacies, and unpredictability. The importance of building in perspectives outside the usual capacity, costs, input, and output variables is especially important, as value-based assumptions that often remain unacknowledged are built into models behind the scenes. There is hope, however, that increased involvement of anesthesiologists in operations, management, and inclusion of more diverse perspectives and financials of successful output beyond the financial performance currently being measured will result in enhanced potential to balance strategic goals with optimal clinical practice.

### Impact of production pressure on physicians

Efficiency is a necessary priority to meet demand for surgical care, yet the resulting production pressure can negatively affect anesthesiologist well-being. Production demands manifest in different ways, including pressure to abbreviate



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ASA Committee on Ethics, and Attending Anesthesiologist/Instructor of Anaesthesia, Brigham and Women's Hospital/Harvard Medical School, Boston, Massachusetts.



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**Monica W. Harbell, MD, FASA**

Chair, ASA Committee on Patient Safety and Education, Member, Committee on Practice Parameters, and Assistant Professor, Mayo Clinic, Phoenix, Arizona.

Continued on next page

### The Delicate Dance: Production and Patient Safety

Continued from previous page

evaluations of complex patients, to avoid canceling or delaying surgeries in patients who have not been medically optimized, and to limit the amount of time engaging in critical humanistic elements of patient care and patient experience.<sup>6</sup> The result is that physicians' values, sources of professional satisfaction, and ethical commitments are deprioritized, if not completely excluded from consideration in the system of health care delivery, often leading to moral distress and moral injury. Moreover, production pressure is superimposed upon other stressors that are intrinsic to anesthesia care delivery. The predictable consequence of this dynamic is burnout, a condition of emotional exhaustion, depersonalization, and decreased sense of personal accomplishment.<sup>6</sup> Although these demands are not at all new, their consequences have become clearer in the setting of the COVID-19 pandemic and limitations in the supply of anesthesiologists. It is now estimated that nearly 60% of anesthesiologists are at risk of burnout, and recent evidence indicates major risk factors for burnout include perceived lack of support at work, working more than 40 hours per week, and perceived staffing shortages.<sup>7,8</sup> Burnout has measurable effects, including an increased likelihood of engaging in unprofessional behavior, committing medical errors, and leaving the profession entirely.<sup>9-11</sup>

### Impact of production pressure on patient safety

A growing body of evidence validates concerns that production pressure can detract from the patient experience and jeopardize patient safety. An emphasis on production and perioperative throughput often necessitates the use of higher anesthesiology staffing ratios and increased numbers of after-hour surgeries, which consequently results in higher rates of clinician handoffs.

Higher anesthesiology staffing ratios are evidenced to be associated with higher rates of patient morbidity and mortality. There is a 14% increase in mortality and morbidity in anesthesia care team models when anesthesiologists supervise three to four overlapping operations compared to supervising one to two overlapping operations.<sup>12</sup> The ability to be present for critical portions of cases can be jeopardized by increasing the number of rooms supervised by the same anesthesiologist. In one study, even with a supervision ratio of 1:2, there was a 35% incidence of lapses in the ability to be present for critical portions, particularly at the start of the day.<sup>13</sup> This same study found that at a ratio of 1:3 supervision, it was not possible for an anesthesiologist to start all three cases simultaneously and be present for all critical portions of each case.

Production pressure adversely impacts patient safety and patient satisfaction, particularly when it leads to after-hours surgery. In a large meta-analysis, after-hours surgery was

associated with more than 30% higher rates of mortality and morbidity for patients as compared to daytime cases.<sup>14</sup> Further, in an analysis of 51,676 surveys from a large multi-hospital practice, one of the few factors identified that was associated with low patient satisfaction was surgery occurring at night.<sup>15</sup>

**“Without attending to tensions between production pressure, patient safety, and clinician well-being, efforts to optimize throughput may increase health care costs and deprive physicians of the conditions needed to deliver safe care.”**

Although there is a widespread perception that overlapping surgeries increase productivity, there is little evidence to support such a claim. In a recent review of observational studies, there was no evidence of increased productivity in overlapping surgeries as compared to two surgeons working in parallel.<sup>16</sup> In fact, overlapping surgery was associated with longer surgery duration. Further, it was found that the more surgeries overlapped, the more risk there was that the overlap would occur during “critical portions” of the other surgery and result in greater risk of patient harm. While overall morbidity and mortality is not increased with overlapping surgery, overlapping surgery was associated with higher mortality and complications in high-risk patients.<sup>17</sup>

Production pressure, leading to higher case volumes and after-hours surgery, also contributes to higher rates of anesthesiologist and other clinical handoffs. Handoffs that occur during anesthetic care are routinely complex and, if done improperly, can lead to adverse postoperative outcomes. Poor handoffs and poor communications are root causes of 75%-89% of sentinel events.<sup>18</sup> Intraoperative clinical handoffs are evidenced to be associated with an increased risk of mortality, major complications, delayed extubation, postoperative delirium, and controlled drug discrepancies.<sup>19</sup>

### Financial consequences of physician and patient safety concerns

The detrimental effects of production pressure on patient safety and clinician well-being also have a significant negative financial impact. Notably, operations research models often fail to consider or measure the cost of medical errors and physician burnout, which result from production pressure. Although the cost of medical errors varies depending on the error and patient harm, there are significant costs with each medical error. Surgical site infections and severe pressure ulcers cost approximately \$30,000 in additional

index stay costs per harm.<sup>20</sup> Medication errors alone can cost up to \$111,727 per error.<sup>21</sup> Production pressure may lead to physician burnout, which can lead to physicians reducing their clinical hours or leaving medicine altogether. The annual economic cost associated with burnout related to turnover and reduced clinical hours is estimated to be \$7,600 per employed physician per year.<sup>22</sup> \$4.6 billion in excess cost related to physician turnover and reduced clinical hours is attributable to burnout each year in the US. These “hidden” costs of production pressure should be measured and considered in operations research.

### Conclusion and future directions

Production pressure and the intense push to maximize financial efficiency of the health care system will continue to be a reality of clinical practice for the foreseeable future. Without attending to tensions between production pressure, patient safety, and clinician well-being, efforts to optimize throughput may increase health care costs and deprive physicians of the conditions needed to deliver safe care. More research is needed surrounding effective use of operations research and management in a way that upholds physicians’ responsibility to patients, prioritizes excellent patient care, and preserves clinician well-being. One critical step for the future is the inclusion of anesthesiologists to guide management and decision-making, as well as influencing the selection of model inputs and outcome metrics for operations research and models. With increased representation of the physician perspective and more thoughtful use of operations research, our specialty may finally note steps in the right direction to appropriately balance production pressure and our commitment to excellent patient care. ■

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**GRAND ROUNDS- JUNE 2023**



**“Perioperative Blood Management for Adult Cardiac Surgery ”**

**John Foster, MD, CT Fellow**

**“The Current State of PA Catheter Utilization”**

**Matt Graves, CT Fellow**

**June 6, 2023**

**Dept. of Anesthesia & Perioperative Medicine  
Medical University of South Carolina**



**“Interventional Anesthesia in the EP & Cath Lab ”**

**June 13, 2023**

**Douglas Shook, MD, Assistant Professor**

**Department of Anesthesiology, Perioperative  
and Pain Medicine  
Brigham and Women’s Hospital**



**“Frailty in the Perioperative Setting ”**

**June 20, 2023**

**Robert Bowen, MD, Assistant Professor**

**Dept. of Anesthesia & Perioperative Medicine  
Medical University of South Carolina**



**“DCD Heart Transplants ”**

**June 27, 2023**

**Loren Francis, MD, Assistant Professor**

**Dept. of Anesthesia & Perioperative 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

Kaykee Kinsley—Thank you for switching assignments last minute and working hard to get everyone lunch/ coordinating a short staffed day.— Jennifer Jones.

Jennifer Caldwell, Heather Childress, Jodi Weber, Lauren Gillespie—Thank you for picking up difficult to cover 24 hour shifts. Greatly Appreciated!.— Jennifer Jones.

Heather Childress —Thank you for helping start a thyroid case that was more challenging than expected and taking time to teach the anesthesia tech during the case setup/ start.— Jennifer Jones.

[CHECK OUT OUR WEBSITE](#)

Future Events/Lectures

Intern Lecture Series

None

CA 1 Lecture Series

Independent Study for ABA Exam

CA 2/3 Lecture Series

Per Rotations



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Graduation  
Friday, June 16th, 2023 6:00pm  
Founders Hall

Department Holiday Party  
Saturday, December 9th, 2023  
Carolina Yacht Club

[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 July edition will be July 20, 2023.