



SLEEPY TIMES

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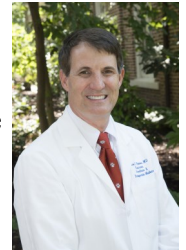
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MESSAGE FROM THE CHAIRMAN: WHITE COAT CEREMONY

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

The White Coat Ceremony for the MUSC Medical School class of 2021 was held Saturday, August 21, 2017, at the North Charleston Performing Arts Center. This class has special significance for our department as three of our children, along with one of our former research coordinators, are among the students.



- Tod Brown and Grace Wojno's son, Geoffrey Brown
- Latha Hebbar's daughter, Preetha Hebbar
- Scott Reeves' son, Townsend Reeves
- Erick Woltz, Research Coordinator

The ceremony started out with an introduction from the MUSC Alumni Association President, Dr. Mary Baker. After receiving their white coats, the students proceeded to walk off the stage where they were given their first stethoscope; a gift from the MUSC Alumni Association. It was a very nice and thoughtful gift.

Dr. Latha Hebbar and her husband, Kesh, had the opportunity to coat their daughter, Preetha, as I had with Townsend. It was a special moment as a parent. As Townsend received his gift from Dr. Baker, she learned over to him and said, "You are one of mine." After the ceremony, Townsend had the opportunity to meet Dr. Baker and find out the meaning of her statement. Mary Baker was our obstetrician and had actually delivered Townsend some 22 plus years ago. What a neat experience!

I know that Latha, Grace, Tod, and I are looking forward to seeing what fields our children choose within medicine. Who knows, maybe we have a future anesthesiologist.



From left to right: Dr. Scott Reeves, Preetha Hebbar, Townsend Reeves, Dr. Latha Hebbar, Dr. Tod Brown, Geoffrey Brown, Dr. Grace Wojno, and Erick Woltz.

OPENING STATEMENT CONTINUED...



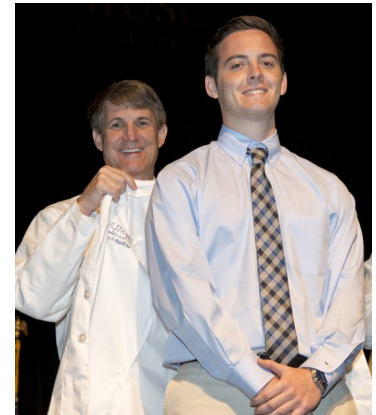
Preetha Hebbar



Townsend Reeves and Family



Dr. Mary Baker & Townsend



Townsend Reeves

CLAUDIA OXNER SIMMONS, M.D. ENDOWED CHAIR AWARDED TO LATHA HEBBAR, M.D.



Dr. Hebbar currently serves as the Vice Chair for Professional Development and Division Chief of Obstetric Anesthesiology. It is very fitting for Dr. Hebbar to be the first recipient of the Claudia Oxner Simmons, M.D. Endowed Chair. Congratulations, Dr. Hebbar!

Dr. Claudia Oxner Simmons was born in Leesville, SC on August 13, 1931. She was the only child of the late Geneva and Woodrow Oxner.

Dr. Oxner graduated from Newberry College and the Medical College of South Carolina in Charleston and was the first woman doctor from Batesburg -Leesville. Out of a class of 69 graduates, only three were women with Claudia being the youngest member of the class.

With her hard work and determination, Claudia won respect and recognition of her classmates, as well as her coworkers and business partners. She loved her profession and felt that her happiness came from the medical field to which she was devoted. After graduating from the Medical College, she extended her education to Anesthesia, being one of the first anesthesiology residents at what is now the Medical University of South Carolina (MUSC). She worked at Asheville Anesthesia Associates in Asheville, North Carolina for her entire career.



Dr. Oxner was admired by many and showed great strength, humility, kindness, and grace throughout her life. She was very kind and had compassion for every human being that came her way. She touched many lives during her career. She remained connected to her Alma Mater and left a significant contribution to the Department of Anesthesia and Perioperative Medicine following her death on March 11, 2016.

Congratulations

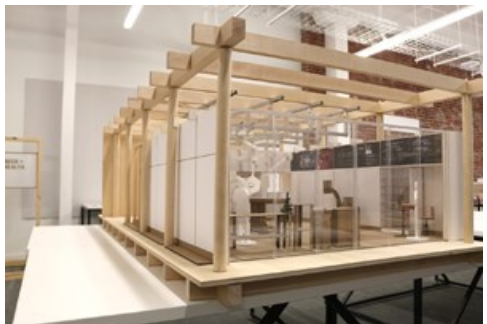
MUSC, CLEMSON COLLABORATE IN INTEGRATED OR SUITE DESIGNS BY OLIVIA FRANZESE FOR THE CATALYST



Clemson University Architecture and Health students envision an operating room that is safe, efficient, flexible as well as patient- and staff-centered.



Faculty and researchers from Health Sciences South Carolina, MUSC and Clemson University's Center for Health Facilities Design & Testing gathered at the Clemson Design Center in Charleston to conduct a simulation after receiving a joint grant award to design an operating room of the future.



A full-scale mock OR, like the cardboard design above, will be located at the Clemson Design Center in downtown Charleston.

While the practice of medicine continues to advance through information and technology, the design of the standard operating room in most hospitals has remained largely the same for decades. Two innovators aim to change that.

[Scott T. Reeves, M.D.](#), the John E. Mahaffey, M.D. endowed chair and chairman of the [Department of Anesthesia and Perioperative Medicine](#) at MUSC, and Anjali Joseph, Ph.D., the Spartanburg Regional Health System endowed chair in architecture and director of the Center for Health Facilities Design and Testing at Clemson University, are part of a joint MUSC-Clemson project titled "Realizing Improved Patient Care Through Human-Centered Design in the OR." The goal of RIPCHD.OR is to analyze every aspect of the current OR standard and redesign it with efficiency and improved patient care in mind.

The team of researchers, engineers and clinical specialists involved in this project received a four-year \$4 million research grant from the Agency for Healthcare Research and Quality in 2015 to continue research and the development of a safer, more efficient OR.

"There has been very little work examining the design of the operating room and how you incorporate standard architectural principles into it. We're hoping we can establish a new standard on what should be considered when you build an OR," said Reeves, co-principal investigator of the project.

Currently, the typical OR in most hospitals across the nation consists of a cramped, square white room with a patient bed in the middle of the space. Many doctors and nurses feel that ORs are outdated and restrictive, and in light of today's state-of-the-art hospitals and cutting-edge technologies, they should be modernized.

Among other factors related to reimagining the space, Reeves and Joseph are examining how to maximize space in the OR to improve accessibility to equipment and the patient, implementing changes like rearranging the typical placement of the patient bed and analyzing traffic flow in the room.

"The need for a better OR design in operating rooms has existed for many, many years. The standard OR does not support the needs of the patients, doctors or surgeons. It is very crowded and cluttered, and there are issues like staff getting hurt and operating room doors posing the risk of infections. There is a lot of room for improvements," explained Joseph. "The idea is that a more comprehensive approach will help us to alleviate some of the problems we are seeing in the operating room.

Overall, the project covers three specific areas of research designed to improve patient care and efficiency in a future OR design: unmasking of anesthesia-related alarms and communications, traffic flow and door openings, and an integrated OR suite design."

The first area involves the reduction of noises and interruptions associated with alarms meant to signal anesthesiologists. A typical OR has numerous alarms that monitor the patient's vital signs during a procedure, like heart rate and blood pressure, but the complication of multiple alarms ringing simultaneously and frequent false positives creates a very distracting OR environment, according to Reeves.

MUSC, CLEMSON COLLABORATE IN INTEGRATED OR SUITE DESIGNS BY OLIVIA FRANZESE FOR THE CATALYST

“We’re looking at different technologies for establishing changes from baseline that might help us interact quicker when things go awry. We are exploring if there is a way to use different senses for alarms, like vibrations connected to Wi-Fi technology that can vibrate our arms if a certain parameter changes with the patient,” Reeves elaborated.

Their second goal is designed to regulate movement in the OR and decrease the risk of surgical site infections to patients.

“This aspect of the project is studying the frequency of people moving in and out of the OR. There’s a big problem with doors opening too quickly, because it disrupts the air flow in the OR, and it’s a poor practice. But, it’s very common in many ORs,” Joseph explained.

The third piece focuses on the development of a comprehensive plan that combines best practices related to lighting, visibility of the patient, position of the bed, size of the room and materials used.

With the project now entering its third year, Joseph, Reeves and the rest of the RIPCHD.OR team are preparing to build a full-scale mock operating room in the Clemson Design Center in the Charleston Cigar Factory to expand upon the cardboard mock design created last year. The full-scale OR will be created based on research of past literature on OR functionality; observation of best practices in updated, modernized ORs like those in the Seattle Children’s Hospital; and input from nurses, doctors and anesthesiologists on how the new OR should function.

Joseph is optimistic that the results will serve as a guide for all future OR designs due to the vast scope of their research.

“We are hoping to take everything we’ve learned in terms of design and how it all comes together and put it in a framework that other people can use when thinking about OR design, because we’ve delved really deep into this topic. I think it creates a great model for other people,” she said.

Reeves and Joseph agree -- this groundbreaking project would not have become a reality without the collaborative forces of two prestigious institutions teaming up to improve patient safety and care.

“It has been a really wonderful relationship between Clemson and MUSC that has made this all possible,” she explained. “We have the researchers and the manpower to do all of this, and MUSC has the leadership and know-how it takes to implement it.”

Reeves added, “This innovative partnership underscores the fact that when institutions of excellence align their interests and work together to achieve a common goal, patients win.”

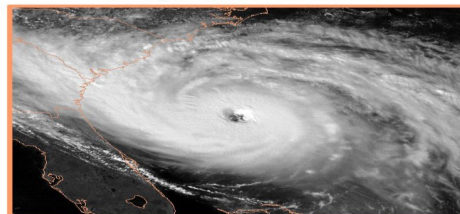


Collaborators of this research grant gathered last spring to perform a simulation and unveil functions that would make a safer, ergonomic hospital operating room design.

DEPARTMENT HURRICANE PLAN

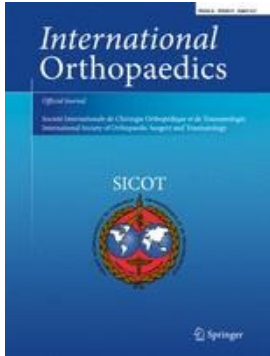
[Click here to view the Departmental Hurricane Plan](#)

Department of Anesthesia and Perioperative Medicine



Hurricane Plan

RESEARCH CORNER



Comparison of Analgesia With Lumbar Epidurals and Lumbar Plexus Nerve Blocks in Patients Receiving Multimodal Analgesics Following Primary Total Hip Arthroplasty: A Retrospective Analysis

By: R. Harvey, B. Wolf, E. Bolin, S. Wilson



Dr. Harvey



Dr. Wolf



Dr. Bolin



Dr. Wilson



Dr. Catchpole

World J Surg
DOI 10.1007/s00268-017-3936-4



ORIGINAL SCIENTIFIC REPORT

Reducing Operating Room Turnover Time for Robotic Surgery Using a Motor Racing Pit Stop Model

Colby P. Souders¹ · Ken R. Catchpole² · Lauren N. Wood¹ · Jonathon M. Solnik³ · Raymund M. Avenido¹ · Paul L. Strauss⁴ · Karyn S. Eilber¹ · Jennifer T. Anger⁵

HOSTED BY



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Contents lists available at ScienceDirect

ScienceDirect

journal homepage: www.jcvaonline.com/locate/yjcan



Continuous Paravertebral Blockade for Post-Thoracotomy Pain Following Transapical Transcatheter Aortic Valve Replacement: A Retrospective Analysis

By: T. Heinke, B. Cagle, G. Guldán, B. Wolf, D. Steinberg



Dr. Heinke



Dr. Guldán



Dr. Wolf

CONGRATULATIONS TO KEN CATCHPOLE FOR RECEIVING HIS R03 AWARD!

SMALL GRANT
Department of Health and Human Services

NOTICE OF AWARD

Federal Award Date: 08/04/2017



AGENCY FOR HEALTHCARE RESEARCH AND QUALITY

Grant Number: 1R03HS025538-01
FAIN: R03HS025538

Principal Investigator:
KEN CATCHPOLE, PHD

Project Title: A Work Systems Analysis of Sterile Processing

DAVID AZBILL
Assistant Director
Medical University of South Carolina
19 Hagood Ave. Suite 606
MSC 808
Charleston, SC 294258080

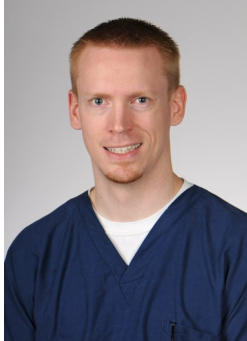
Award e-mailed to: orsp@musc.edu

Period of Performance:
Budget Period: 09/30/2017 – 09/29/2018
Project Period: 09/30/2017 – 09/29/2018

**DR. JULIE MCSWAIN PROMOTED TO ASSOCIATE PROFESSOR!**

Dr. Julie McSwain was born in Pittsburgh, Pennsylvania, but has progressively moved farther south throughout her lifetime. She attended college at Duke University way back in the 20th Century. After college, Julie made the long, grueling 20-minute trek across NC Highway 54 to attend medical school at the University of North Carolina -Chapel Hill, where she received a combined MD-MPH degree. She stayed on at UNC for residency until moving further south once again to MUSC. Julie enjoys spending time with her daughter, reading, running, and cooking. Congratulations!

WELCOME TO THE DEPARTMENT



Dr. Ryan Smith is excited to join the Critical Care Division after completing the Critical Care Fellowship here at MUSC. He was born and raised in Oregon and graduated from Oregon State University with a BS degree in Microbiology in 2007. During college, Ryan was a founding father of the local chapter of his fraternity, Delta Sigma Phi. He went on to the University of Vermont College of Medicine for medical school, graduating in 2012. Ryan stayed in Vermont to complete a surgical internship before moving to New Jersey for his residency at St. Barnabas Medical Center. He lives on James Island with his 4 month old Rat Terrier puppy, Teyla, with plans for his girlfriend of 4 years, Annemarie, to join him in the coming months. Ryan enjoys many outdoor activities, such as fishing, camping, going to the beach, as well as going to the movies, trying local microbreweries, and swing dancing.

EBONY HILTON FEATURED IN CLINICAL CONNECTIONS

Our own Dr. Ebony Hilton is featured in the latest video from the “Changing What’s Possible” campaign created by the multi-media team in the Office of Marketing and Communications. Ebony shares what inspired her to become an anesthesiologist and how she is giving back to the local community by mentoring a group called GLOSS. [Click here](#) to view the Vimeo segment. Well done, Ebony!



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

JOIN US FOR THE 2017 AMERICAN HEART ASSOCIATION HEART WALK!



Healthy For Good™
Heart Walk.



2017 AHA Lowcountry Heart Walk The Anesthesia Sleepwalkers are back!

Please join us on September 30, 2017. Activities begin at 8am & the walk starts at 9am at the Riverfront Park in North Charleston!

1 or 3 mile route options - leashed dogs and strollers are welcome. Fun activities and heart health education for the entire family!

**We have several options available for donations; every dollar counts!
 Stop by Sarah’s office SEI 302 or Jackie’s office SEI 315 to buy a Heart for \$1 or a bracelet for \$10.**

Please contact the department’s co-captains, Jackie Fisher at 2-7503 or Sarah Hameedi at 2-0424, with any questions. [Click here](#) to visit our webpage and join the team!

NEW BABY IN THE DEPARTMENT

Congratulations to Dr. Scott Reeves and family as they welcome Fletcher Brandin Griffin, born on August 8th, 2017 at 6lb 9oz . Such a proud grandpa!

**WELCOME TO THE DEPARTMENT**

Lucy Cofran is a returning anesthesia tech at ART. She is from Annapolis, MD, but has lived in Charleston for the last seven years. Lucy loves to travel and spent a large part of her summer in Europe. She was welcomed back warmly to the anesthesia team in August.

**ENJOYING THE ECLIPSE AT THE MUSC VIEWING EVENT**

GOVERNMENT AFFAIRS UPDATE**Meeting with US Office of Management and Budget (OMB) Director Mick Mulvaney**

Recently, MUSC President David Cole joined the Ohio State University President Michael Drake, University of Michigan President Mark Schlissel, and President of the American Association of Universities, Mary Sue Coleman, for a meeting with OMB Director Mick Mulvaney in Washington, D.C. Director Mulvaney previously served as a Congressman from South Carolina's fifth congressional district before assuming his current role in President Trump's administration. During the meeting, the group discussed the administration's proposal to cap indirect cost reimbursement for National Institutes of Health (NIH) grants at 10 percent. Indirect costs, also known as facilities and administrative costs (F&A), include equipment, personnel, electricity and other key research infrastructure needs. Typically, NIH grants provide resources for both the direct costs of conducting experiments and the indirect costs of the infrastructure necessary to support the research. The group expressed concern about this proposal and highlighted the adverse impact that such a cap would have on higher education and our nation's ability to maintain its competitive edge with innovation and technology. There was an expressed desire of the administration to grow the U.S. economy and an acknowledgment concerning the critical role of research universities, in partnership with federal agencies, in stimulating that economic growth.



Mary Sue Coleman, Mark Schlissel, Dave Cole and Michael Drake

Further discussion centered around the need for greater research efficiency with an acknowledgment that investigators are often hamstrung by long, arduous regulatory processes that take up valuable time and resources throughout the discovery journey. There was common agreement that some policy changes could help provide regulatory relief.

MUSC leadership appreciates the opportunity to voice our positions and will continue to be involved in conversations at the national level regarding every aspect of advancing our three-part mission of education, research and patient care.

MUSC COLLABORATION AND INTEGRATION COUNCIL UPDATE



An Update on the MUSC Collaboration and Integration Council

During the recent leader retreats in January, May and June, group discussions identified a significant number of opportunities for better collaboration, integration or merely communication across the continuum at MUSC. There was initial discussion on the concept of developing a council that would serve as a clearinghouse to review, facilitate and triage high-level integration opportunities across MUSC.

Since these retreats, the **MUSC Collaboration and Integration Council** has formed and convened a few initial meetings. The focus of these early discussions has been centered on the review of feedback from the recent leadership retreats, resulting in discussion and assessment of high-impact, high-priority initiatives that impact our missions. While the council provides a formal structure to facilitate discussions around collaboration and integration, it is also important to acknowledge the apparent and necessary continuum of interactions across the MUSC enterprise – at all levels – that are necessary to be a more effective institution.

Council Highlights and Updates:

- Co-chairs of the Council: Lisa Montgomery, EVP, Finance and Operations, and Pat Cawley, CEO, MUSC Health
- Council Members: Patrick Cawley, MUSC Health CEO (co-chair), Lisa Montgomery, EVP Finance and Operations (co-chair), Mike Caputo, Chief Information Officer, Mike Dacus, MUSC Health Systems Controller, Gina Ramsey, MUSCP CFO, Darlene Shaw, Associate Provost for Education & Student Life and Chief Strategy Officer, Matt Wain, MUSC Health COO, Patrick Wamsley, MUSC University CFO, Jim Zoller, Interim Dean -- College of Health Professions, Lisa Goodlett, MUSC Health CFO
- Development of a Charter:
The Collaboration and Integration Council serves as a governance and accountability group for assessing and recommending enterprise Collaboration and Integration initiatives to the President's Council. This Collaborations and Integration Council will help assure alignment with cultural values, mission and goals, along with standardization of best practices, while ensuring clear and consistent communications. Ultimately this council will assure fiscal responsibility with organizational impact and effectiveness.
- For more information on the development of the MUSC Collaboration and Integration Council, reference the FAQ, located [here](#).

As the council continues the dialogue about how we can have the greatest impact on our goals, it will also take a look at what's working, as well as the areas that need improvement or redirection. While there's a lot of work to be done, the conversation has begun, and members are engaged and energized about the the effort. Leadership will continue to share updates as work progresses.

Thank you for all you do. Together, we can *lead health innovation for the lives we touch*.

- The MUSC Leadership Team

GRAND ROUNDS FOR THE MONTH OF SEPTMEBER



**“Morbidity & Mortality Conference (OB)”
September 5, 2017
Latha Hebbar, M.D., Professor
Dept. of Anesthesia & Perioperative Medicine
Medical University of South Carolina**

**“Nitrous Oxide Analgesia for Labor:
Should We Make the Effort?”
September 12, 2017
Curtis Baysinger, M.D., Associate Professor
Director, Division of Obstetric Anesthesia
Vanderbilt University Medical Center**



**“Topic TBA”
September 19, 2017
Julio Mateus Nino, M.D., Assistant Professor
Dept. of Obstetrics & Gynecology
Medical University of South Carolina**

**“Tranexamic Acid & Maternal Hemorrhage –
A New Ally Emerges?”
September 26, 2017
David Gutman, M.D., Assistant 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

September 7th—Peripheral Vascular Disease,
Dr. Heine, SEI 314

September 21st—Preserving Renal Function,
Dr. Heinke, ART 3037

CA 1 Lecture Series

September 6th—Neuromuscular Blocking
Agents, Dr. Matos, SEI 314

September 13th—Local Anesthetics; Adjuncts to
Anesthesia, Dr. Hebbar, SEI 314

September 20th—Anticholinergic Drugs;
Cholinesterase Inhibitors, Dr. Stoll, SEI 314

September 27th—Peripheral Nerve Blocks;
Anesthesia for Orthopedic Surgery,
Dr. Bolin, SEI 314

CA 2/3 Lecture Series

September 4th—Happy Labor Day—No Lecture

September 11th—Visiting Professor Lecture, All
Residents, Dr. Baysinger (Vanderbilt) CSB 429

September 18th—Pregnancy-Associated
Diseases, Dr. Gutman, Moodle

September 25th—Management of High Risk
Parturients & Anesthetic Implications,
Dr. Roberts, Moodle

Grand Rounds

September 5th—Morbidity & Mortality
Conference (OB), Dr. Hebbar

September 12th—Visiting Professor Lecture, Dr.
Baysinger (Vanderbilt)

September 19th—Topic TBA, Dr. Mateus Nino

September 26th—Tranexamic Acid and Maternal
Hemorrhage – A New Ally Emerges, Dr. Gutman



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!

Tammie Matusik, Administrative Assistant—Volunteering to take on extra duties to assist the department while we are short-staffed. Tammie has stepped up and been a tremendous help to all. Thank you for all you do!

Jaime Sayers, Anesthesia Tech—Being a great team player and being recognized several times on the Interdepartmental Survey!

Lisa Crusenberry, Anesthesia Tech—Going above and beyond to help a provider! Thanks!

Ben Miranda, Anesthesia Tech—Being recognized several times on the Interdepartmental Survey. Great teamwork!

Treffle Beaupre, Anesthesia Tech—Always going above and beyond to help our team! You have helped so much! Thank you.

Kevin Williams, Anesthesia Tech—Picking up a last minute, unexpected call shift. Thank you!

Ethan Syracuse, Anesthesia Tech—Providers spoke very highly of Ethan on the Interdepartmental Survey! Thanks for doing a great job!



Lowcountry Heart Walk 2017
Saturday, September 30, 2017
Riverfront Park

Holiday Party 2017
Friday, December 1, 2017
Carolina Yacht Club



MUSC Leading Health Innovation for the Lives We Touch

[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 October edition will be September 22, 2017.