



# SLEEPY TIMES

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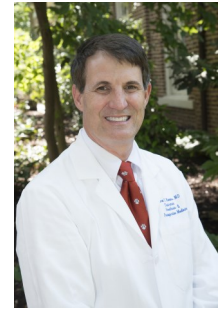


## Inside This Issue:

Message from Chairman	1
Meet Our New Faculty	2
Medical Inequities Curriculum	2
Dr. McMurray Recognized	3
Congratulations Ben Sokol	4
Preparing for Isaias	4
East Cooper Surgical Center Opens	4
Get Out and Vote!	4
MUSC #1 Hospital in SC	5
Isolation Precautions Discontinued	6-7
Resiliency Resources	8-9
Patient Privacy	10
Grand Rounds	11
Hung the Moon	12

## MESSAGE FROM THE CHAIRMAN: HEADING INTO THE UNKNOWN

-SCOTT T. REEVES, MD, MBA



As we enter into September, I suspect anxiety is running high amongst us all. Will we have a reasonable transition for our children back to school? Will we see a surge in COVID 19 in our colleges in South Carolina similar to North Carolina? Will Clemson and the University of South Carolina actually play football within their respective conferences?

Highlighted in this edition of *Sleepy Times*, are resources available to us to improve our resiliency, i.e. for adults. What about our children? Recently, the *Wall Street Journal* published a piece entitled, “How to Help Children Manage Covid Back-to-School Anxiety” by Andrea Petersen. She interviewed several clinical psychologists for the article and came away with some very good suggestions, in my opinion.

**Keep calm and listen:** Focus on what their anxieties are, not your own. “Demonstrate a sense of calm and confidence, ...the world is OK.”

**Help children focus on what they can control:** Establish *the morning routine. get up, get dressed, pack your backpack with mask and hand sanitizer.* Empathize and validate their feelings. Yes, it would stink if their dance recitals get canceled.

**Enforce good routines:** Make sure they are getting enough sleep and practicing good nutrition.

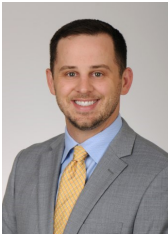
**Practice:** Role play how to handle uncomfortable situations, such as what to do if another kid takes off his mask. Anticipate how school will be different by going to the local library to practice wearing a mask and social distancing. Expose your children to small groups of your friends’ kids so they can practice, and you can encourage best behaviors.

**Prepare for things to change:** In Charleston county, public schools are starting with either a complete virtual option or an alternating in person classroom experience. This will evolve as the number of COVID cases increases or decreases or until a vaccine is available.

For all the parents and grandparents in our department, I wish you the best as you navigate a constantly changing school environment with your children.

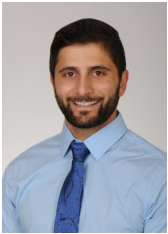


## MEET OUR NEW ASSISTANT PROFESSORS



### **Dr. Marty Burke**

My name is Marty Burke and I am a new pain physician at MUSC. I am from Lexington, Kentucky and completed both my anesthesia residency and pain fellowship there. My wife and I lived in Charleston about a decade ago when we met while attending the College of Charleston. We moved to James Island with our two-year-old, Owen, in July and recently welcomed our daughter, Charlotte Virginia, into the world. It has been an adventure over the last few months, and we are so happy to be back in Charleston!



### **Dr. Mike Gukasov**

Growing up, I knew I was really in trouble when my parents would call me by my given name – Mamikon. They gave me an ancient Armenian name (after my grandfather) but nowadays everyone calls me Mike.

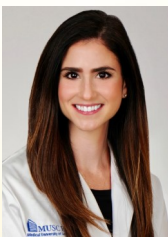
I grew up in Michigan where my family relocated to from Armenia in 1992. I have two brothers (Sergey and Arthur) who are also in the medical field. My parents are now retired and live in Charlotte near my older brother, Sergey, who is also an anesthesiologist. My younger brother still lives in Michigan where he works as a radiology tech.

I went to medical school at Michigan State University where I met my wonderful fiancé Preeya about 8 years ago. I moved to Charleston, SC in 2016 for residency at MUSC. Preeya was living in Chicago at the time and moved down here in 2017 after she took a job as an accountant with MUSC. We enjoy all the beaches in Charleston as well as the incredible food scene. We have a very hyperactive and sweet (Vizsla) dog named Mya who loves all the outdoor activities this city has to offer. We are so happy that we had the opportunity to stay at MUSC post-training and look forward to growing our careers and family in the upcoming years.



### **Dr. Savannah Hurt**

Dr. Savannah Hurt is excited to be joining the MUSC Department of Anesthesia. Savannah grew up in Camden, SC and attended Furman University where she obtained a degree in Health and Exercise Science. She went on to medical school at University of South Carolina School of Medicine, and then traveled to Music City for a few years to complete residency and an MPH in Global Health at Vanderbilt University Medical Center. She is joined by her husband David, daughter Eleanor, and geriatric pup Beau. Outside of the hospital Savannah enjoys running, spending time on the water, and trying to keep up with Eleanor.



### **Dr. Toby Steinberg**

Hello! I'm Toby Steinberg. Originally from the Philadelphia area, I went to the University of Michigan for undergraduate education, followed by medical school at MUSC. I returned to Philadelphia for both residency and fellowship training in cardiothoracic anesthesia at the University of Pennsylvania. I always missed Charleston, so I'm very happy to be back living downtown with my dog, Lucy, and enjoying all the incredible things that the people and places in this town have to offer!

## MEDICAL INEQUITIES CURRICULUM FOR PGY1 ANESTHESIOLOGY RESIDENTS

The Medical Inequities Curriculum introduces our PGY1 Anesthesiology residents to individual factors that influence patient experiences in the health care system. Learning about the diverse backgrounds of the populations we serve enables us to provide better care for our patients and their families.

Our first-year residents will begin with reflection on their own perceptions and by reviewing scientific articles, lectures, and personal narratives of how inequities occur and are expressed. They will then take the Harvard Implicit Social Attitudes Assessment to gain insight into the areas in which they could further educate themselves. Topics covered will include obesity, issues affecting African American populations, veteran affairs, immigration issues, women's health, persons with disabilities, uninsured patients, and poverty. The residents will then present a 10-15 minute presentation at the end of their month at the Perioperative Assessment Clinic to the nursing staff as well as anyone who may want to attend.

Dr. Akayla Gillians and I are thrilled to have already launched this course with the support of Dr. Katie Bridges, Dr. Latha Hebbbar, Dr. GJ Guldán, Dr. Meron Selassie, Dr. Renuka George, Dr. Jennifer Matos and Dr. Burke Gallagher. Many of our residents have not only demonstrated interest in diving into these topics, but have supported our curriculum by engaging in an extensive literature review. Please stay tuned for presentation dates as this academic year unfolds!

Ana Clara Castro, DO – PGY4

## DR. JEFFREY MCMURRAY WAS RECOGNIZED IN JULY'S CATALYST

### Front-line Faces

# 'We're able to pull a lot of people back from the brink'

By HELEN ADAMS

adamshe@musc.edu

As the number of COVID-19 patients hospitalized at MUSC Health in Charleston remains above 100, with more than 30 in intensive care and about 20 on ventilators, Jeffrey McMurray, M.D., is grateful for the teamwork that goes into trying to help them recover. McMurray, an anesthesiologist with fellowship training in intensive care medicine, works in MUSC Health's COVID ICUs.

"We're able to pull a lot of people back from the brink, which is good to see," he said.

The number of hospitalized COVID patients at MUSC Health in Charleston was in the single digits until mid-June. Then, it began to increase steadily, first topping 100 in early July and staying close to that number since then. MUSC Health opened COVID ICUs for the patients who need them.

"They have pretty severe respiratory failure. They're critically ill," McMurray said of the COVID ICU patients. "Most of them are 40 and older. There are a few younger folks in there. COVID is just part of our daily lives now."

That means the COVID ICU team stays busy. "We've all had to take on extra challenges, but certainly during my time in the COVID ICU, I've never felt overwhelmed. We have good numbers of staff, with a large group of medical residents, nurses and respiratory therapists.

"We're very fortunate that we have a number of specialized physicians on campus, lots of consultants and a lot of resources. But I definitely feel especially for doctors in smaller community hospitals who don't normally have patients this sick and in these numbers. I can only imagine they're feeling a little overwhelmed."

At MUSC Health, streamlined processes help prevent that. Working in the COVID ICUs means carefully "donning" and "doffing" personal protective equipment. "They have to go in there for hours at a time dressed in PPE. You can't drink water, you can't use the restroom. You have a big process to go in and out. It can be a little taxing in some ways, but I'm very impressed by how well everyone works together," McMurray said.

They prioritize making sure the patients' wishes are respected and keeping family members up to date. "Normally families can come and go in our ICUs and



Photo by Sarah Pack

Dr. Jeffrey McMurray has been taking care of COVID intensive care unit patients since late June.

*"At the end of the day, we use the knowledge that we've gained from the last decade of advancements of taking care of folks with acute respiratory distress in terms of lung protective ventilation, appropriate medications and your basic universal ICU-supportive-level care."*

Jeffrey McMurray, M.D.

see their loved ones. But here, they're not allowed to visit. So the nurses have done a great job doing video chatting so family members can see their loved ones in there."

The COVID ICU team also keeps up with the latest information on

what might help patients recover. "I think there's new treatment stuff that comes out every day in terms of the promising results with potential with steroids like

Decadron, Remdesivir and other therapies," McMurray said.

"At the end of the day, we use the knowledge that we've gained from the last decade of advancements of taking care of folks with acute respiratory distress in terms of lung protective ventilation, appropriate medications and your basic universal ICU-supportive-level care. So we're learning some new things, but what we know about patients with similar illnesses still applies to them. We're using all those efforts to kind of standardize our treatment and provide the best care that we're able to."

At the end of the workday, McMurray is careful to protect the health of two other people who are very important to him: his wife and 2-year-old daughter. "I self-monitor every day and take precautions."

And he makes a point of focusing on success stories — especially the ones that surprise him. "I was in a COVID unit the last week of June, the first few days of July. I had a couple of patients who were very, very ill. I honestly didn't think they were going to pull through."

But when McMurray, who's juggling his work in the operating room and cardiovascular and medical surgical intensive care units with his time in the COVID ICUs, returned, he got a surprise. "When I came back a week and a few days later, they had actually made pretty significant improvement. It was nice to see."

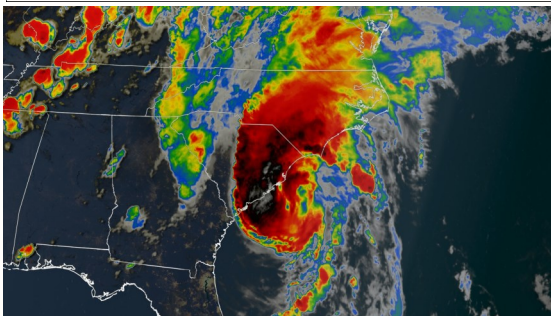
**CONGRATULATIONS BEN SOKOL, CRNA**



The American Association of Nurse Anesthetists has selected Ben to receive the award for *Best Public Relations Effort by an Individual, Small Group, Organization, or Company not affiliated with a state association.*

Many of you may remember that last fall our very own Benjamin N. Sokol, MSNA, CRNA was selected by the local chapter of the Cystic Fibrosis Foundation (CFF) as one of Charleston's Finest Honorees. He was chosen with 21 other men and women for his professional success, sphere of influence and philanthropic spirit to help promote the cure for cystic fibrosis. He was asked to raise \$2500 from July through September 2019. He committed to raising \$5000. He successfully raised a total of \$7,659 and was recognized at a banquet, the CFF Brewer's Ball, on October 3, 2019. Not only did he raise money and promote community awareness for the CFF, but through his efforts, he highlighted the contributions an individual CRNA can make to patients and to healthcare outside of the operating room.

**PREPARING FOR COVID CASES DURING TROPICAL STORM ISAIAS**



This is a picture of Dr. David Stoll and Tammy Speicher, CRNA preparing for COVID unknown cases during Tropical Storm Isaias.

Thank you to all the faculty and staff that worked through the storm!



**EAST COOPER AMBULATORY SURGICAL CENTER OPENS**



On Monday, August 24th, without a lot of fanfare, the East Cooper Ambulatory Surgical Center opened. This building has been in the works for almost a year. Initially, we will be doing two rooms of ophthalmology Monday-Wednesday. As volume increases, we will add Thursday for ophthalmology and possibly Friday for orthopedic surgery.

Congrats to All!

(Picture: Dr. Laura Roberts and CRNAs, Jane Swing, Tammy Lamont, Alex Garcia)

**\*\*GET OUT AND VOTE\*\* VOTE ABSENTEE!!**

“As we prepare for the November election, I would like to encourage all of us to register for an absentee ballot. The state of South Carolina makes it easy through the link below and there are a lot of reasons to request it. I put government employee on mine. It will be difficult to predict what voting in person will be like during our current COVID crisis and whether the department can reliably get folks off to vote. Please take a moment to register now.” Sincerely, Dr. Scott Reeves



Here's the state's direct link for requesting an absentee ballot.

<https://info.scvotes.sc.gov/eng/voterinquiry/VoterInformationRequest.aspx?PageMode=AbsenteeRequest>

## MUSC IS RANKED SOUTH CAROLINA'S NO. 1 HOSPITAL FOR THE SIXTH YEAR IN A ROW BY U.S. NEWS & WORLD REPORT

### MUSC ranked state's No. 1 hospital sixth year in a row

### U.S. News & World Report releases annual national rankings



CHARLESTON, S.C. (July 28, 2020) – MUSC Health University Medical Center in Charleston was named by U.S. News & World Report for the sixth year in a row as the No. 1 hospital in South Carolina, with three of the MUSC Health, Charleston Division, specialty areas ranking among the best in the entire country: ear, nose and throat; gynecology; and cancer. Six other MUSC Health programs based in Charleston are considered “high performing” in the 2020-2021 U.S. News & World Report rankings: gastroenterology and GI surgery; nephrology; neurology and neurosurgery; orthopedics; rheumatology and urology. In

addition, MUSC Health Florence Medical Center is designated “high performing” in chronic obstructive pulmonary disease (COPD) and heart failure, and MUSC Health Lancaster Medical Center is designated “high performing” in COPD and heart failure.

“These six consecutive years of recognition demonstrate that our teams remain committed to keeping the needs of patients as the focal points of what we deliver every day,” said Patrick J. Cawley, M.D., MUSC Health CEO and vice president for Health Affairs, University. “With all the pressures bearing on the health care industry right now, especially during this pandemic, yet again earning this level of recognition as the leading health care organization in the Charleston area, the Lowcountry and the state engenders a tremendous sense of accomplishment and pride in our teams’ abilities to change what’s possible for those we serve.”

The Best Hospitals 2020-2021 <https://health.usnews.com/best-hospitals> report is designed to help patients with life-threatening or rare conditions identify hospitals that excel in treating the most difficult cases. The annual report includes consumer-friendly data and information on 4,500 medical centers nationwide in 16 specialties, 10 procedures and conditions. In the 16 specialty areas, 134 hospitals were ranked in at least one specialty. In rankings by state and metro area, U.S. News & World Report recognizes hospitals as high performing across multiple areas of care.

“It is particularly gratifying to see two of the newest hospitals within the MUSC Health system, in our Florence and Lancaster Divisions, recognized in this year’s report,” Cawley said. “Our teams statewide are engaged in delivering health care that is built on quality, safety and innovation at every level.” The Florence and Lancaster hospitals joined the MUSC Health system in March 2019 when MUSC Health acquired four community hospitals.

The U.S. News & World Report Best Hospitals methodologies, in most areas of care, are based largely or entirely on objective measures such as risk-adjusted survival and readmission rates, volume, patient experience, patient safety and quality of nursing, among other care-related indicators.

“For more than 30 years, U.S. News & World Report has been helping patients, along with the help of their physicians, identify the Best Hospitals in an array of specialties, procedures and conditions,” said Ben Harder, managing editor and chief of health analysis at U.S. News. “The hospitals that rise to the top of our rankings and ratings have deep medical expertise, and each has built a track record of delivering good outcomes for patients.”

U.S. News & World Report produces its Best Hospitals rankings with RTI International, a leading research organization based in Research Triangle Park, N.C.



**DISCONTINUATION OF ISOLATION PRECAUTIONS FOR PATIENTS WITH PCR-CONFIRMED COVID 19**

**Discontinuation of Isolation Precautions for Patients with PCR-Confirmed COVID-19**

At MUSC Health, the safety of our patients and care team members is our highest priority. Patients with PCR-confirmed COVID-19 may require continued hospitalization or clinical care in the outpatient setting for other healthcare issues following resolution of their acute COVID-19 infection. As we continue to learn more about the duration of shedding of the virus (SARS-CoV-2) that causes COVID-19, the fact that prolonged shedding (greater than 10 days) does not likely represent shedding of live “infectious virus”, and that development of SARS-CoV-2 IgG, as measured with our two-step MUSC laboratory test in the absence of receipt of convalescent plasma, correlates with inability to shed live virus, these criteria represent the best available for decisions about release from COVID-19 isolation measures. **Please notify Infection Prevention and Control, via your dedicated Infection Preventionist or the Infection Preventionist on-call, when attempting to discontinue isolation for PCR-confirmed COVID-19 patients.**

Removal of isolation flags for COVID-19 patients may occur through **any ONE** of the three following pathways:

**1.**

**Symptom-based pathway:**

Discontinuation must satisfy all the conditions below:

- a) 10 days from symptom onset or 1<sup>st</sup> positive COVID-19 PCR test, if symptom onset is unknown, for mild/moderate illness; 20 days for severe/critical illness<sup>1</sup>.
- b) Resolution of fever (defined as: ≥ 99.5° F) for at least 24 hours without antipyretics.
- c) Improvement in respiratory symptoms (i.e., cough, shortness of breath) and other signs and symptoms, if they were present during illness (i.e., fatigue, headache, sore throat/laryngitis, diarrhea, nausea, abdominal pain, muscle aches).

**OR**

**2.**

**Test-based pathway:**

Discontinuation must satisfy all the conditions below:

- a) MUSC laboratory SARS-CoV-2 IgG serology result is **POSITIVE** (lab results outside of MUSC are not equivalent and should be repeated if not done at MUSC).
- b) Patient must not have received convalescent plasma within prior 30 days of the SARS-CoV-2 IgG serology collection date.

**OR**

**3.**

**Time-based pathway:** COVID-19 isolation flags will be discontinued automatically 28 days after the initial positive COVID-19 PCR test, or, when known, symptom onset, whichever is earlier. This strategy can be used independent of current symptoms or laboratory results.

## DISCONTINUATION OF ISOLATION PRECAUTIONS FOR PATIENTS WITH PCR-CONFIRMED COVID 19

Page | 2 of 2

Updated: 8/11/20

If patients are >10 days and <28 days from illness onset, but do not meet any of the above criteria for COVID-19 precaution discontinuation:

1. Consider adult or peds ID ambulatory consultation (via video visit) for patient assessment and potential discontinuation based on illness onset date (*useful for those patients who are asymptomatic with suspected remote COVID-19 symptoms and no serologic response*)
2. Consider transplant ID / peds ID ambulatory consultation (via video visit) for symptom resolution assessment (*useful for evaluation of patients who have received convalescent plasma and remain critically ill or immunocompromised patients with lingering symptoms who do not develop neutralizing antibodies*)

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<sup>1</sup> Illness severity defined as:

**Mild Illness:** Individuals who have any of the various signs and symptoms of COVID-19 (e.g., fever, cough, sore throat, malaise, headache, muscle pain) without shortness of breath, dyspnea, or abnormal chest imaging.

**Moderate Illness:** Individuals who have evidence of lower respiratory disease by clinical assessment or imaging, and a saturation of oxygen (SpO<sub>2</sub>) ≥94% on room air at sea level.

**Severe Illness:** Individuals who have respiratory frequency >30 breaths per minute, SpO<sub>2</sub> <94% on room air at sea level (or, for patients with chronic hypoxemia, a decrease from baseline of >3%), ratio of arterial partial pressure of oxygen to fraction of inspired oxygen (PaO<sub>2</sub>/FiO<sub>2</sub>) <300 mmHg, or lung infiltrates >50%.

**Critical Illness:** Individuals who have respiratory failure, septic shock, and/or multiple organ dysfunction.

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### NOTES:

For the evidence basis for the duration of isolation precautions and evidence refuting the existence of near-term re-infections with SARS-CoV-2, see CDC summary [here](#).

While the CDC does not recommend the use of serologic (IgG or antibody) testing to establish the presence or absence of SARS-CoV-2 infection or reinfection, there is good evidence that MUSC's orthogonal 2-step assay provides excellent specificity >99%, consistent with external findings evaluating the 1<sup>st</sup> step in the MUSC assay using the Abbott ARCHITECT automated detection of nucleocapsid IgG ([Harb et al](#), [Perkmann et al](#)). The 2<sup>nd</sup> step in MUSC's IgG assay is modeled entirely on the S-spike protein ELISA assay described by [Amanat et al](#) and correlates in vitro with the ability to neutralize virus entry into new cells. The most compelling study indicating that development of a positive IgG to SARS-CoV-2 spike protein correlates to the absence of infectious virus shedding comes from [van Kampen et al](#), but similar observations were made by [Wölfel et al](#). Even in severely ill patients, antibody responses are observed [early](#) (median 9 days following onset) in COVID-19.

While there was much initial worry that immunosuppressed patients would represent special risks for prolonged shedding of infectious SARS-CoV-2, this has not yet been systematically documented. Mild infections even in post-transplant [lung](#) transplants have been documented, and no cases of shedding live virus for >28 days have yet been documented (the maximal duration thus far reported is 21 days in a [heart transplant recipient](#)).

The absence of an IgG response to documented SARS-CoV-2 infection is [common](#) (~20% of documented infections) and should not be interpreted as evidence that such patients are not immune or susceptible to re-infection. Swedish investigators have shown that SARS-CoV-2-specific memory T cells can be [readily found](#) in seronegative patients or exposed household members of asymptomatic or mild COVID-19 infections. There is no easy way to measure such immunity in the clinical laboratory for use in managing isolation decisions at the current time.

## COLLEGE OF MEDICINE UPDATE- FROM THE DEAN “RESILIENCY”

Dear Colleagues:

Last Winter, as the novel coronavirus approached, we all prepared for a rough ride, but truth be told, many of us thought it would be more of a sprint than a marathon. We know differently now, and we're settling into the reality that we will be dealing with COVID-19 much longer than we had hoped. Through all of this, many of us have experienced very difficult situations that are, frankly, difficult to prepare for. And on top of this once-in-a-lifetime pandemic, hurricane season is now upon us and making life even more interesting. It's like a bad movie script, but we're living it, and doing reasonably well in spite of all these challenges.

How do we cope and adjust in this ever-changing paradigm? First, we must be honest about the stress of it all, and second, we must take care of ourselves. Taking time to care for yourself and fellow team members will ensure that all of us come out of this in a better place. Resiliency is not something that just happens. The more challenging a situation is, the more you have to work at accepting, taking time for self-care, and moving forward in a more positive way. This can take many forms, and the needs are different for each of us.

As we've done before, we're including a list of the many resources MUSC and other entities are offering to help people through the pandemic. I strongly encourage you to read through this list, identify what resources may be helpful to you, and take advantage of them.

The people at MUSC are our greatest asset, and we want you to take care of yourself. Honestly, we need you to take care of yourself, and we want to help.

Sincerely,

Raymond N. DuBois, M.D., Ph.D.  
Dean, College of Medicine

[CDC's tips to cope and enhance your resilience.](#)

### MUSC Well-being Resources

#### *General Counseling and Support Resources*

- **MUSC Employee Assistance Program**  
MUSC EAP offers employees and their families free, short term counseling on a range of topics. An operator is available 8:30am-5:00pm, sessions are by appointment only. EAP is offering phone and telehealth counseling. You can also visit [MUSC EAP Online](#) to schedule an appointment.
- [Mental Health Resources at MUSC and Beyond](#)
- **MyQuest COVID-19 Well-being Resources Catalog**
- **Multi-dimensional Support for MUSC Family**  
A Horseshoe intranet resource has been designed and launched to provide multi-dimensional support for the MUSC family. The [MUSC Employee Well-being Collective site](#) is the result of the collaboration of many offices and people across MUSC. It is meant to be a one-stop-shop to help bolster your well-being as we move through a stressful and complex time together. You will find practical, usable resources related to physical and inner health, as well as finance, sleep and nutrition – all in one place. New offerings will continue to be added to this site.
- **Imagine U Employee Well-Being Program: Participate in a Digital Wellness Program Designed Specifically for MUSC Employees**  
Take advantage of MUSC's completely digital employee well-being program, Imagine U. The catalog of over one hundred well-being challenges can be accessed by any MUSC employee 24/7 on any desktop computer, tablet or smartphone device. Visit [www.musc.edu/iu](http://www.musc.edu/iu) to start today.
- **COVID-19 Resources**  
These resources are available to all employees and their families, including those who have been impacted by the temporary workforce adjustments as a result of the pandemic: [COVID-19 resources](#)
- **Peer Support Groups for Residents & Fellows**  
The Department of Psychiatry & Behavioral Health's [COVID-19 Resiliency Clinic](#) is organizing peer support groups specifically designed for residents and fellows. These voluntary, confidential, virtual groups will be led by senior resident facilitators. See the [program flier](#) for details.
- **MUSC Purpose Challenge**  
Developed by a leading expert in the study of purpose, Dr. Vic Strecher and Kumanu, The Purpose Company, this unique experience harnesses powerful brain science and simple exercises to help people better define their purpose in less than 5 minutes. Please join us in building a community of purpose and hope at MUSC. [Take the 3-5 minute challenge today.](#)



## FROM THE DEAN CONTINUED...

### *Food Response & Support Resources*

- **The MUSC Pantry Project**  
[Free pre-packaged shelf-stable food for your family\\*](#)
- **MUSC COVID-19 Pandemic Food Response**  
Learn more about the MUSC COVID-19 Pandemic Food Response, resources available and ways you can support our efforts [here](#).
- **COVID-19 Food Response for MUSC Employees**  
Much of our workforce and community have expressed an interest in assisting with food access for our fellow MUSC employees, including those MUSC Health care team members who serve on the frontline fighting the COVID-19 pandemic: **Giving:** If you are interested in supporting the MUSC Pandemic Food Response efforts (e.g. provide pre-boxed or packaged meals, make a financial donation or contribute shelf-stable goods), please complete our [short form](#) and a member of MUSC's Office of Health Promotion will be in touch. For immediate assistance, please contact Dr. Susan Johnson at [johnsusa@muscd.edu](mailto:johnsusa@muscd.edu). **Receiving:** Identify a unit or department for consideration of food support, or request support for yourself, by completing [this form](#). The program is open to support both current employees and those recently impacted by temporary layoffs or reduced wages. If you know someone who would benefit, and they do not have access to MUSC email, please share the link with them or have them contact Dr. Susan Johnson at [johnsusa@muscd.edu](mailto:johnsusa@muscd.edu).
- **Free Produce Pick-up at the MUSC Urban Farm**  
Free produce pick-up at the MUSC Urban Farm (41 Bee Street) on Tuesdays from 1:00- 2:30 PM. Produce, flowers and house/desk plants will be available on a first-come, first served basis while supplies last. Available to anyone with an MUSC badge. [Learn more](#).
- **MUSC Care Team Food Support Facebook Group**  
The MUSC Office of Health Promotion has created a private Facebook group with the goal of connecting you and your families with free resources and opportunities for food support during this difficult time [Join the private Facebook group to access all the most up-to-date information](#).

### *Physical Activity Resources*

- **MUSC Wellness Center Digital Fitness Classes**  
The MUSC Wellness Center invites all MUSC care team members to participate in their digital fitness classes that can be live streamed or accessed 24/7 on any desktop computer, smartphone or tablet. Daily workouts will include yoga, functional fitness, stretching/mobility, body weight workouts, etc. Live stream classes will be all-levels and accessible for a wide variety of fitness levels Stay tuned to the [MUSC Wellness Center Facebook page](#) for daily fitness offerings.

### *Diversity & Inclusion Resources*

- Check the [Diversity Events & Training Calendar](#) for a monthly view of all programs.

### *MUSC Main Campus Resources*

- **The Meditation Labyrinth**  
Care team members are encouraged to utilize the public meditation labyrinth to relax, breath, and ground themselves throughout the COVID-19 response  
The MUSC Meditation Labyrinth is located on the corner of Bee and President Streets inside the wall.
- **Spend Time in Nature**  
Visit the MUSC Urban Farm from sunrise to sunset. Located on MUSC's main campus (29 Bee Street). Conduct a self-guided sensory tour through the Urban Farm to get in added steps and reduce stress through "green exercise."
- **Take a walk around campus and check out the 90 acre arboretum**  
Use the MUSC Arboretum Tree Campus [Tree Plotter](#) on your computer or mobile device to learn about each tree on campus.

### *Additional Resources*

- [CDC tools & resources here](#).
- [10 ways to build resilience](#)
- [Qualities of resilience](#)
- Managing Anxiety Related to COVID-19: [English](#) & [Spanish](#)

## PATIENT PRIVACY AND HIPAA REMINDER

### Patient Privacy

A patient's right to privacy is not only the law, it's a basic tenet of our commitment to patient care. The Compliance office has prepared an [updated HIPAA reminder](#) with helpful tips to remind us all what is appropriate and what is not when accessing patient information. It's an important reminder of examples of unauthorized access to patient records, which include viewing anyone's medical record out of curiosity or concern (e.g. Covid-19 results), viewing anyone's record to look up an address, birthday or any other demographic information, etc. Please take a few minutes to review [this sheet](#), post in your areas as appropriate, and remind others of our responsibility to guard all patient information.



### HIPAA TIP SHEET

Employees of the Medical University of South Carolina are expected to protect patient information in accordance with HIPAA privacy and security rules. This is a fundamentally important aspect of all patient care for everyone. This tip sheet highlights key HIPAA focus areas. Many of the tips below are covered under policy [C-003, Patient Confidentiality Handbook](#); please refer to that policy for additional information.

#### Access

The HIPAA rule allows access to the medical record for payment, treatment and healthcare operations. Any access outside of what is permitted is considered unauthorized, i.e. "snooping" and constitutes a HIPAA breach.

Examples of unauthorized access include viewing:

- anyone's medical record out of curiosity or concern (e.g., Covid-19 results)
- a record of a celebrity or newsworthy patient
- a record of a patient you treated in the past, when you are not involved in their current treatment
- a record to look up an address, birthday or any other demographic information

#### Email

- Only send the "minimum necessary" protected health information (PHI)
- Always verify the recipient prior to sending
- Communication of sensitive tests and emergency information via email is prohibited

#### External:

- Use MyChart to communicate directly with patients (Best Practice)
- If a patient requests communication via private email:
  - o Document the request in the medical record
  - o Send a test message and have the patient reply
- Emails sent outside of MUSC must be [encrypted](#).
  - o Type SEND SECURE in the subject line of the email

#### Receiving Email:

- External email has a banner that says "Caution: External"
- Never respond to an email asking you for your user name and password; OCIO will never ask you for your user name and password via email
- If you need to respond to an external email chain with PHI in the message, you must encrypt that message (see above)

#### Mobile Devices

- In cases where texting and/or paging clinical information is the most appropriate means of communicating time sensitive information, the minimum amount of PHI necessary should be included in the text/page. Per CMS, all providers must use texting/communication platforms that are secure and encrypted. MUSC's approved communication platform is the Simon paging system, which includes [Spok mobile](#) for your mobile device and MUSC's encrypted pagers. When using approved technologies, contents related to patient care/treatment must be documented in the medical record.
- Beware of automatic cloud backup for sensitive information.
- If you plan to use a device for photos/videos, you must enroll in the Canto/Haiku app. Access to a patient's medical record through Canto/Haiku is subject to the same restrictions as access to Epic or any other protected health information.
- Employees may use mobile devices for work purposes but must ensure that they follow the Mobile Devices Management policy and are required to use [Two Factor Authentication](#).

**GRAND ROUNDS FOR THE MONTH OF AUGUST**

**“Faculty / Specialty”**

**September 1, 2020**

**TBA**

**Dept. of Anesthesia & Perioperative Medicine**

**“TBA”**

**September 8, 2020**

**TBA**

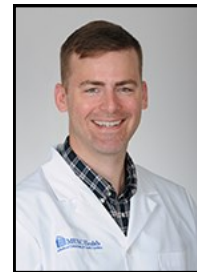
**Dept. of Anesthesia & Perioperative Medicine**

**“What’s New in OB Anesthesia, A Review of Recent Literature”**

**September 15, 2020**

**Burke Gallagher, MD**

**Dept. of Anesthesia & Perioperative Medicine**



**“New Developments in the Management of Obstetrical Hemorrhage”**

**September 22, 2020**

**Jonathan Waters, MD**

**Dept. of Anesthesiology and Perioperative Medicine and Bioengineering**

**University of Pittsburgh**

**Magee-Women’s Hospital**

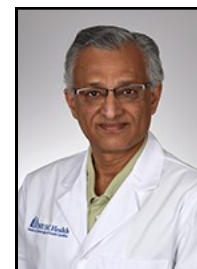
**“Why do OB Anesthesiologists Get Sued”**

**September 29, 2020**

**Abhinava Madamangalam, M.B.B.S.**

**Dept. of Anesthesia & Perioperative Medicine**

**Medical University of South Carolina**





DEPARTMENT OF ANESTHESIA AND PERIOPERATIVE MEDICINE

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[CHECK OUT OUR WEBSITE](#)

**Future Events/Lectures**

**Intern Lecture Series**

- 9/3/20 Ischemic & Valvular Heart Disease
- 9/17/20 Preserving Renal Function

**CA 1 Lecture Series**

- 9/2/20 Local Anesthetics; Adjuncts to Anesthesia
- 9/9/20 Neuromuscular Blocking Agents
- 9/16/20 Anticholinergic Drugs: Cholinesterase Inhibitors
- 9/23/20 Peripheral Nerve Blocks; Anesthesia for Orthopedic Surgery
- 9/30/20 Spinal, Epidural, & Caudal Blocks

**CA 2/3 Lecture Series**

Per Rotations

**Grand Rounds**

See Page 11

**Follow us on Facebook, Instagram, and Twitter:**

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<https://www.instagram.com/musc.anesthesiology/>



**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 Tammie Matusik.



**Holiday Party**  
Friday, December 4, 2020  
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 21, 2020.