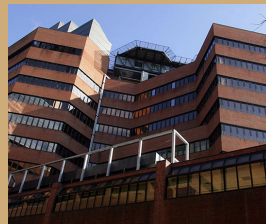


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*Journal of American Medical Association*



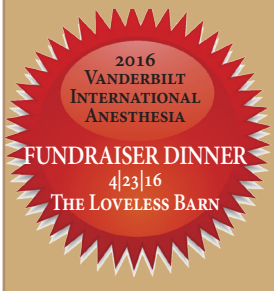
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**MESSAGE FROM THE CHAIR**



Warren S. Sandberg, MD, PhD

This has been a year in which the arenas where our department acts and competes, as well as the size of the problems we are asked to address, have grown too large for the departmental leadership structure of 2010. To keep ahead of these increasing opportunities, I'm making a series of changes to the departmental leadership structure.

In a nutshell, I have decided to create an Executive Vice Chair position and appoint Andy Shaw to that role. The rationale behind this appointment is to create backup so that I can devote

sufficient attention to opportunities and responsibilities outside the department. My intent is that Andy and I function in parallel, addressing major chunks of departmental and extra-departmental leadership work, and speak with one voice on behalf of the Department. Among other things, Andy will focus on developing a communications strategy for us and on being a hospital liaison (a key part of his Executive Medical Director role). We will work together on business development within and outside the institution, and on specific strategic projects such as CS2. We are both committed to striking the right balance such that our existing and emerging service lines are as fiscally responsible as possible and that they advance our tripartite mission.

Next, I have created an Associate Vice Chair for Clinical Affairs position and have appointed Mark Rice to that role. Mark will remain the Chief of the Multispecialty Adult An-

esthesiology (MSA) Division. MSA is the largest division by many measures, especially when one considers the flow of people through that division from other home divisions to allow us to shift clinical effort around to cover all of our demand. In his new role, Mark will work with the division chiefs & clinical chiefs and Steve Doherty's office on implementation and execution of Divisional and Departmental decisions, particularly matters of scheduling and manpower, among other things. Additionally, Mark will operate with the appropriate people on policies and compliance issues relating to the clinical enterprises.

I think these changes, along with the newly created Associate Vice Chair for Educational Affairs role, give us new depth in the clinical and educational leadership arenas of the Department. Please join me in welcoming Mark and Andy to their new roles.

**Vanderbilt International Anesthesia: Providing access to safe anesthesia capacity**



Renuka Christoph

According to the *World Journal of Surgery*, it is estimated that in

rural areas of Kenya, there is only one anesthesiologist for every 13 surgeons. This sobering reality warrants a call to action to bring safe anesthesia to medically underserved regions of the world. Vanderbilt International Anesthesia (VIA) is developing interactive curricula and training providers who will practice around the world.

Dr. Mark Newton directs the VIA program, established in 2008, serving as chief anesthesiologist for Ki-jabe Hospital in rural Kenya. Each year, eight to ten residents and fellows from Vanderbilt are given the

unique opportunity to train under Newton, a full time resident of East Africa.

"Each resident or fellow who comes to Kenya is sharpened as a leader, a clinician and as an anesthesia educator within a cross-cultural context. I appreciate being able to work closely with visiting colleagues as they train rural anesthesia task sharers."

Recently, resident Joel Musee returned from his second visit to Ki-jabe.



**Joel Musee**

“Each time I go, my appreciation grows for all that Dr. Newton and his staff accomplish with very little.” Musee was involved with perioperative obstetric and pediatric care.

“We have a committed team of faculty, residents, and CRNAs who are expanding the geographic scope of VIA. Our team is positioned to further develop and test sustainable models of safe anesthesia care delivery in LMICs worldwide, and we thank our donors for their support in making this possible,” states Matt McEvoy, vice chair of Educational Affairs.

### Expanding the VIA Mission

While VIA remains committed to training anesthesia providers in low income countries, the mission has expanded to training anesthesia providers and others in trauma care.

Trauma is primarily a surgical disease that is taking, on average, 1.24 million lives a year. Ninety one percent of trauma cases occur in the poorest countries and affect ages 15 – 29. Road traffic injuries are the leading cause of trauma fatalities and injuries.

The Department of Anesthesiology is addressing the issue through onsite training in remote areas around the world and through innovative product development. Dr. Kelly McQueen, MD, MPH, Professor of Anesthesia and Surgery, is leading the effort as principal investigator of two recently applied for grants: one in Ethiopia and the other in Mozambique.

Through a collaborative effort with Dr. Susan Eagle and the Vanderbilt Department of Engineering, the development of smart health devices is underway, and are they expected to impact trauma disability and death through early diagnosis of blood loss and critically low blood pressures. In countries like Ethiopia and Mozambique, few basic monitors are available – even basic blood pressure cuffs are often not available when needed most.

In Ethiopia, in collaboration with the Addis Ababa University, field testing of this smart health technology is planned, and outcomes of patients with and without the technology will be compared. In Mozambique, a longer range plan for training physicians and engineers in trauma system design and smart health technology development is proposed and, if the grant is won, will take place over 5 years both at VU and in Mozambique.

Asked if it feels like an overwhelming statistic to tackle, McQueen replies, “No, I feel the opposite. I am hopeful because I see how we can reduce the number of fatalities through the generosity of VIA donors and grants such as those for Ethiopia and Mozambique.”

Encouraging to McQueen and those dedicating their time, knowledge and skills overseas is the global attention trauma is gaining. Most recently, the World Bank declared surgery and safe anesthesia as cost-effective for all health systems, setting aside 44 cost effective procedures with the required anesthesia for all hospitals providing surgical care. The World Health Organization (WHO) recognizes trauma as a global health epidemic, leading to more combined disability and death in otherwise young, healthy people than any other disease group.



**Drs. Daltry Dott and Dorothee Mueller with Chief General Surgery Resident at Kijabe Hospital**



**Dr. Sara Hemauer comforts a child**



*“Regardless of the complexities involved, if human immunodeficiency virus/acquired immunodeficiency syndrome can be addressed in [low- and middle-income countries] so can surgical care and safe anesthesia.”*

**Dr. Kelly McQueen**

*Realities of Anesthesia Care in Resource-limited Settings, Anesthesiology, 2016 (Click to read more)*




**Dr. Greg Carpenter performs pediatric training**



**Dr. Jacob Hummel, the first ACGME approved Vanderbilt Global Pediatric Anesthesia Fellowship rotation fellow, teaching pediatric anesthesia to nurses from Kenya and South Sudan in the Kijabe program**



**Drs. Dorothee Mueller, Daltry Dott and Sara Hemaier intubate a case with advanced cancer involving the oropharynx and face**



*Dinner and Auction*  
*benefiting*  
**VANDERBILT INTERNATIONAL ANESTHESIA**  
Improving access to safe anesthesia for underserved populations  
**SATURDAY, APRIL 23, 2016**  
**6:00 PM -9:00 PM**  
**THE LOVELESS BARN**  
**8400 TN HWY 100, NASHVILLE, TN**  
\$100 PER PERSON (\$60 IS TAX-DEDUCTIBLE)  
\$50 PER CHILD, AGES 6-12 (\$10 IS TAX-DEDUCTIBLE)  
*Click here for tickets: [VUCONNECT.COM/VIA2016](http://VUCONNECT.COM/VIA2016)*  
**DEPARTMENT OF ANESTHESIOLOGY**  
VANDERBILT UNIVERSITY  
MEDICAL CENTER

Click here to donate to VIA  
[vandydreamteam.com/Support Vanderbilt International Anesthesia](http://vandydreamteam.com/Support Vanderbilt International Anesthesia)

## Division Extends Quality Care Through Perioperative Data



Front Row: Jonathan Wanderer, MD, MPhil, Hongjuan Blazer, PhD, Maxim Terekhov, Frank Aline Back Row: Teus Kappen, Stephen Baker, Karen McCarthy, Jesse Ehrenfeld, MD, MPH

*Renuka Christoph*

The Vanderbilt Anesthesiology and Perioperative Informatics Research (VAPIR) Division has launched a novel system that connects clinicians in the Department of Anesthesiology to their patients' outcomes. This system uses Vanderbilt University Medical Center's archive of perioperative patient data from over 932,000 anesthetics, combined with institutional data sources, to foster more integrated care teams.

The VAPIR Division, led by Jonathan Wanderer, MD, MPhil and Jesse Ehrenfeld, MD, MPH, includes seven full-time research support staff and manages dozens of active clinical research and operational projects. Recent projects have been developed to support the transition from traditional fee-for-service reimbursement to bundled payments and value-based care, which demand a focus on efficiency and outcomes.

"We created a system that meets the needs of our clinicians and our changing healthcare landscape," said Warren Sandberg, MD, PhD, chair of the Department of Anesthesiology. "Important outcomes such as length of stay, readmission, acute kidney injury, myocardial infarction, post-operative respiratory failure, rapid response team calls and ICU utilization are automatically tracked and sent to anesthesia providers in a personalized, weekly email."

The development of VAPIR's patient outcomes system leverages prior research work performed by the team, which blends data from VUMC's laboratory systems, billing systems, admission systems, LifeFlight and other sources to build a patient-centered, comprehensive set of outcomes. With the right data models created, the only remaining task was to connect clinicians to their patients.

"Our goal is to make it easy for our clinicians to see the impact their care in the operating room

has on our patients' outcomes and become actively involved in the important care design work underway at VUMC," said Wanderer. "We surveyed our department and the results were clear: 87% were not satisfied with the amount of feedback they received. We are fixing that."

On top of creating communication systems, the VAPIR team has developed tools that help standardize care and support the Department of Anesthesiology's Perioperative Consult Service. In partnership with VUMC surgeons, these efforts have resulted in substantial reductions in length of stay for the selected patient populations where they have been applied.

In addition to work on outcomes projects, VAPIR has developed collaborations with many other research groups. "We are always appreciative of opportunities for our team to partner with researchers here at Vanderbilt, as well as with teams across the nation and the world," said Ehrenfeld.

### NEW HIRES



**Amanda Tilley, ASN**

Research Nurse Specialist II, NP, Division of Anesthesiology  
Division of Research

PREVIOUS POSITION:  
RN, Team Leader  
St. Thomas West Hospital,  
Renal/Diabetes Unit

EDUCATION:  
ASN, Aquinas College,  
Nashville, TN (2012)



**Stephanie Ivey, AG-ACNP**

Database Administrator,  
VAPIR

PREVIOUS POSITION:  
RN, Critical Care Units  
St. Thomas West Hospital

EDUCATION:  
MS in Nursing, University  
of Alabama in Huntsville,  
Huntsville, AL (2015)  
BS in Nursing, Belmont Uni-  
versity, Nashville, TN (2011)



**Stephen Baker**

Database Administrator,  
VAPIR

PREVIOUS POSITION:  
Senior Database Architect  
Consultant  
Singer Sewing SVP

EDUCATION:  
Associate's Degree in Busi-  
ness and Computer Science,  
Memphis State Technical  
Institute, Memphis, TN

### Dr. Chris Sobey named fellowship director



Dr. Chris Sobey, assistant professor of clinical anesthesiology in the Division of Anesthesiology Pain Medicine, has been named fellowship director of the Pain Medicine program. He splits his professional commitments between One Hundred Oaks Interventional Pain Clinic, the Inpatient Pain Service, and

Ambulatory Anesthesia. He was previously associate fellowship director since March of 2015. He will continue to expand the pain medicine didactic program of the fellowship and anesthesia residency, with the goal of continued recruitment of top-tier applicants that will serve as the innovators and leaders in the specialty of Pain Medicine.

## Department Spotlight

### IN THE NEWS



**Dr. Josh Billings**

High-Dose Statin Before, After Cardiac Surgery Does Not Reduce Risk of Kidney Injury  
*Journal of American Medical Association*  
March 1, 2016



**Dr. David Edwards**

Mind-Controlled Arm Allows Finger Wiggling // Non-Opioid Care Improves Outcomes for Those on Opioids for Pain  
*Orthopedics*, March 2, 2016



**Dr. Kelly McQueen**

Postsurgical pain in low- and middle-income countries  
*British Journal of Anaesthesia*, March 2016



**Brent Dunworth**

Event highlights crucial role of nurse anesthetists at VUMC  
*Reporter*, Feb. 11, 2016

### The Tennessee Society of Anesthesiologists



The Tennessee Society of Anesthesiologists has named **Dr. Warren Sandberg** President Elect, **Dr. Curtis Baysinger**, District 2 Director and **Dr. Kelly McQueen**, ASA Alternate Delegate. TSA works with the American Society of Anesthesiologists to ensure that physician anesthesiologists are allowed to practice their art and medical science to care for their patients.

**Dr. Matt McEvoy** has been selected for membership in the Academy for Excellence in Teaching.

**Dr. Avinash Kumar** has been elected to the Neurosciences Section Council.

**Dr. Jonathan Wanderer** has been selected to serve as an examiner for the American Board of Anesthesiology's (ABA) Part 2 Examination.

**Max Terekhov** has received the Accredited Professional Statistician credential from the American Statistical Association.

**Dr. Paul St. Jacques** has been promoted to professor of Anesthesiology.

**Dr. Jesse Ehrenfeld** will be a featured speaker at the Association of Healthcare Journalists National Annual Meeting in April as a representative from the AMA. Dr. Ehrenfeld's documentary "Transgender, at War and in Love" won first place and has been nominated for a GLAAD media award. (Click to view)

**Dr. Adam King** has been named clinical service chief of the Perioperative Consult Service (PCS).

**Dr. David Edwards** has been named clinical service chief of Inpatient Chronic Pain Service.

**Dr. Liza Weavind** has been named professor and associate division chief of Anesthesiology Critical Care Medicine.

**Dr. Travis Hamilton** has been appointed as section head of Regional Anesthesiology services and acute pain services.

**Dr. Carrie Menser** has been named medical director for the Monroe Carell Jr Children's Hospital at Vanderbilt (MCJCH) Post-Anesthesia Care Unit (PACU)

### ACCOMPLISHMENTS

#### Healthcare Information and Management Systems Society (HIMSS)



Dr. Brian Rothman spoke at the Healthcare Information and Management Systems Society (HIMSS) annual conference March 2. His talk, "Healthcare's Ongoing Evolution: MACRA and MIPS," covered the new payment reform bill passed last year.



We are on Twitter. Follow/share us @vanderbilt\_anes

## Interested in learning more about the promotion process?

Attend one of the upcoming promotions seminars as a part of the Faculty Development Seminar Series

### Promotion on the Clinical Practice Track

March 15, 2016, 5:00 pm

Light Hall 419C-D

### Promotion on the Clinician Educator Track

May 17, 2016, 5:00 pm

Light Hall 419C-D

After participating in the session, participants should be able to:

- Describe the domains of professional contributions by which demonstrated excellence is used to form the basis of promotion
- Understand the criteria for promotion to Associate Professor on this track
- Be familiar with the elements of creating a career development plan that aligns personal and professional goals with promotion criteria

Include the blue box AAA section from Jan/Feb.

Read the full guidelines here. (<https://vpims.mc.vanderbilt.edu/Anesthesia/Policies/AAA%20FY16%20Program%20Guidelines.pdf>)

For any questions regarding these programs and your participation please contact Dr. Matthew Weinger ([matt.weinger@vanderbilt.edu](mailto:matt.weinger@vanderbilt.edu)), vice chair for Faculty Affairs or Callie Hanks ([callie.a.hanks@vanderbilt.edu](mailto:callie.a.hanks@vanderbilt.edu)), program coordinator.

Now available. Click to view



## Quality & Process

### IMPROVEMENT NEWSLETTER

MARCH 2016

**In this issue**

- Patient Monitoring
- New Packaging of Injectable Furosemide
- Consent for Blood Transfusion
- Emergency Interventions

The Quality and Process Improvement Oversight Committee will provide a brief review of key messages summarized from recent departmental quality improvement conferences. Vanderbilt University Medical Center consistently stands at the top of national rankings when it comes to patient safety.

In 2014, VUMC was recognized for the 14th consecutive year as one of the top 100 hospitals in the country in a study by Truven Health Analytics (formerly Thomson Reuters Healthcare). The study, which has been conducted annually since 1999, takes into account inpatient and post-discharge mortality rates, complication rates, patient safety, readmission rates, expense per discharge, profitability, length of stay and patient satisfaction.

The Vanderbilt Department of Anesthesiology is particularly proactive when it comes to patient safety and quality improvement, as our specialty covers the complete continuum of patient care – from pre-operative evaluation and intraoperative management, to post-operative care, pain management and beyond. As part of the commitment, the department has a standing committee, the Quality and Process Improvement Oversight Committee whose role is to:

1. Receive, categorize, and triage non-routine events for subsequent analysis by the Peer Review Committee and/or the Quality, Morbidity, Mortality and Improvement Committee.
2. Prioritize data requests for quality-related projects and communicate those priorities to the Vanderbilt Anesthesiology & Perioperative Informatics Research Division.
3. Prioritize and endorse departmental quality improvement projects.
4. Offer guidance and facilitation of collaboration among faculty, residents, and staff engaged in quality improvement activities.

**Quality and Process Improvement Oversight Committee**

Paul St. Jacques, MD  
Director, Quality and Patient Safety  
[paul.stjacques@vanderbilt.edu](mailto:paul.stjacques@vanderbilt.edu)

Michael Higgins, MD, MPH  
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Scott Watkins, MD  
[scott.watkins@vanderbilt.edu](mailto:scott.watkins@vanderbilt.edu)

Shannon Kilkelly, DO  
[shannon.kilkelly@vanderbilt.edu](mailto:shannon.kilkelly@vanderbilt.edu)

Please contact these committee members with any comments or concerns on quality and process improvement topics.

**Patient Monitoring**

Recently, several issues have arisen concerning perioperative monitoring practices. The first of these concerns is the growing trend amongst in-room providers to remove the EKG and BP monitors – and occasionally the pulse oximeter – from the patient prior to emergence and extubation, to “move things along.” Not only is this a poor common sense practice to have a patient unmonitored during the portion of the case where the likelihood of problems is the highest, but it is also a violation of our own professional society’s standards. The ASA’s Standards for Basic Anesthetic Monitoring states that patients should remain fully monitored from the beginning of an anesthetic until preparing to leave the anesthetizing location.

Also, please take a moment to verify the correct placement of EKG sensors on your patient prior to departing the bedside in PACU. There have been a number of ST segment elevations and depressions noted in PACU patients that were corrected with proper lead placement. We wouldn’t want to spend the time, money, and effort associated with a cardiac workup and cardiology consult only to have the consulting cardiologist walk into the PACU and replace the leads in correct position.

### Q&P Oversight Committee

Paul St. Jacques, MD  
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DEPARTMENT OF ANESTHESIOLOGY

VANDERBILT UNIVERSITY

MEDICAL CENTER

# 12<sup>th</sup> Annual Research Symposium

May 6, 2016 | 6:30 am-2:30 pm

Grand Rounds | 2016  
BH Robbins Lecture

6:30 am | 214 Light Hall



*Guest Lecturer*

**Evan D. Kharasch, MD, PhD**  
Russell D. and Mary B. Shelden Professor of Anesthesiology  
Professor, Biochemistry and Molecular Biophysics  
Director, The Center for Clinical Pharmacology  
Director, Division of Clinical and Translational Research  
Washington University School of Medicine, St. Louis, MO

**7:30 am - 9:00 am** Breakfast & poster presentations  
University Club of Nashville, Hermitage Room

**9:30 am - 2:00 pm** Oral presentations  
University Club of Nashville, Cumberland Room

**2:00 pm - 2:30 pm** Awards presentations  
University Club of Nashville, Cumberland Room

Interested in presenting a poster? Contact Christine Goldsberry at 615-936-0277 or [Christine.goldsberry@vanderbilt.edu](mailto:Christine.goldsberry@vanderbilt.edu) by **March 21, 2016**

## At a Glance: Department Events

### BRADLEY SMITH LECTURE | FEB. 19

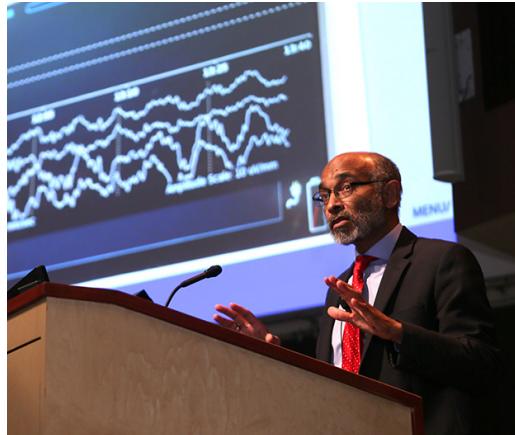


Dr. Bradley Smith and Dr. Wilkinson

Dr. David John Wilkinson presented the 7<sup>th</sup> Annual Dr. Bradley E. Smith Endowed Lectureship on Medical Professionalism with a lecture titled “Professionalism: Active Teaching or Passive Absorption?”

Wilkinson shared that altruism, the well being of the patient (and community), is the foundation for professionalism, and should be ranked above self-interest. Wilkerson emphasized that professionalism should be a part of our daily living, consisting of accountability, excellence, duty, honor, integrity, and respect for others.

### FLEXNER LECTURE | FEB. 11



Dr. Emery Brown

Noted anesthesiologist, neuroscientist and statistician Emery Brown, M.D., Ph.D., of the Harvard-MIT Program in Health Sciences and Technology, discussed the mysteries of anesthesia during his recent Flexner Discovery Lecture. Brown’s lecture was sponsored by Vanderbilt’s Department of Anesthesiology. (*Reporter*, 2/18/16)



Physician Anesthesiologists Week (Jan. 21 -Feb. 6, 2016) ice cream social

### RECEPTION/PROGRAM FOR CRNA WEEK | JAN. 27



## Recent Publications

**Benkwitz C, Watkins SC, Donahue BS.** Assessing the Risks of Noncardiac Surgery for Children With Congenital Heart Disease. *J Am Coll Cardiol.* 2016 Feb 23;67(7):802-3. doi: 10.1016/j.jacc.2015.11.054. PubMed PMID: 26892416.

Benzon HT, Lindholm PF, **Huntoon MA.** Direct Oral Anticoagulants: Correlation of Laboratory Monitoring With Safe Interventional Pain Procedures. *Reg Anesth Pain Med.* 2016 Mar-Apr;41(2):123-4. doi: 10.1097/AAP.0000000000000373. PubMed PMID: 26890645.

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France CR, Burns JW, **Gupta RK,** Buvanendran A, **Chont M,** Schuster E, Orlowska D, **Bruehl S.** Expectancy Effects on Conditioned Pain Modulation Are Not Influenced by Naloxone or Morphine. *Ann Behav Med.* 2016 Jan 25. [Epub ahead of print] PubMed PMID: 26809850.

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Gunnerson KJ, **Shaw AD,** Chawla LS, Bihorac A, Al-Khafaji A, Kashani K, Lissauer M, Shi J, Walker MG, Kellum JA; Sapphire Topaz investigators. TIMP2•IGFBP7 biomarker panel accurately predicts acute kidney injury in high-risk surgical patients. *J Trauma Acute Care Surg.* 2016 Feb;80(2):243-9. doi: 10.1097/TA.0000000000000912. PubMed PMID: 26816218.

Hand WR, Stoll WD, **McEvoy MD,** McSwain JR, Sealy CD, Skoner JM, Hornig JD, Tennant PA, Wolf B, Day TA. Intraoperative goal-directed hemodynamic management in free tissue transfer for head and neck cancer. *Head Neck.* 2016 Feb 1. doi: 10.1002/hed.24362. [Epub ahead of print] PubMed PMID: 26829494.

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**McEvoy MD, Wanderer JP, King AB,** Geiger TM, **Tiwari V, Terekhov M, Ehrenfeld JM,** Furman WR, **Lee LA, Sandberg WS.** A perioperative consult service results in reduction in cost and length of stay for colorectal surgical patients: evidence from a healthcare redesign project. *Perioper Med (Lond).* 2016 Feb 5;5:3. doi: 10.1186/s13741-016-0028-1. eCollection 2016. PubMed PMID: 26855773; PubMed Central PMCID: PMC4743367.

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Infographic created by Jonathan P. Wanderer, Vanderbilt University School of Medicine; Kelly McQueen, Vanderbilt University School of Medicine; and James P. Rathmell, Brigham and Women's Health Care/Harvard Medical School. Illustration by Annemarie Johnson Vivo Visuals. Dr. Wanderer is funded by the Foundation for Anesthesia Education and Research, Schaumburg, Illinois, and Anesthesia Quality Institute's Mentored Research Training Grant—Health Services Research, Schaumburg, Illinois. Address correspondence to Dr. Wanderer: jpwanderer@vanderbilt.edu.

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Infographic submitted by Dr. Kelly McQueen and Dr. Jon Wanderer  
*Anesthesiology*, March, 2016

## WORKFORCE DIVERSITY VIP RECEPTION | FEB. 25

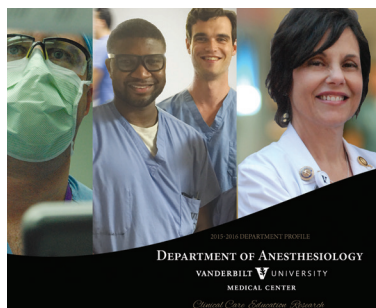


Jacky Akbari, Chancellor Zeppos, Dr. Jesse Ehrenfeld and Sabina Mohyuddin at the 2016 Workforce Diversity VIP Reception and Honoree Dinner at the Music City Center

*Renuka Christoph*

Dr. Jesse Ehrenfeld attended the 2016 Workforce Diversity VIP Reception and Honoree Dinner alongside Chancellor Zeppos, who continues to demonstrate his commitment to advancing diversity in the workforce.

“Vanderbilt has been an impactful partner in the advancement of intentional inclusion. Specifically, leadership and active engagement from Dr. Ehrenfeld and Chancellor Zeppos have been critical in collaborative community projects such as the Workforce Diversity Summits, Forum and Awards Dinner,” stated Jacky Akbari, Founding Board Chair, National Organization for Workforce Diversity.



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