

ANESTHESIA NEWSLETTER



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Web site address: <http://www.uth.tmc.edu/anes/> Anne Starr, Editor

Chairman's Corner

By Carin A. Hagberg, M.D.

1. I look forward to the implementation of the new daily resident relief system and late schedule. We will begin this system April 1 and after 2 months, reevaluate to make sure it is working appropriately.
2. I am glad that the in-training exam is behind us. Our patients survived through their attending only care and this experience makes us appreciate the residents and the patient care that they provide. I am hopeful that all will do well!!
3. Match day has come and gone now. Many thanks to Dr. Mary Rabb, Jonetha Davidson, and Cheryl Loudd for their tireless efforts these past few months. Thanks also to the faculty who spent their time reviewing applicant files and interviewing. Lastly, thanks to the chiefs and other residents who participated in the evening socials, lunches, and tours.

Thanks to all of you, Anesthesiology is the second most sought after residency of our UT-Houston medical students. We matched well, easily filling all of our positions with excellent candidates. Joining us this year will be: 6 of our UT-Houston medical students, 2 from Baylor, 2 from Galveston, and 1 from Southwestern, Texas Tech, and San Antonio, as well as another 17 from other institutions outside of Texas.

4. Our site visit was a great success, again thanks to many of you. Although we won't know what the final outcome is until after the RRC's deliberation (hopefully, at the next review session May 13/14th), I feel as though the visit went well. We have a great program with many new changes since our last site visit 2 years ago. I will keep you informed as to the outcome.

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5. We have many more changes in store, including the implementation of the simulation curriculum, pig trachea and ultrasound workshops, and general journal club (first Joint Journal Club to be held with Department of Anesthesiology and Surgery). Our didactic program will continue and new modes of instruction incorporated.
6. The new call rooms/office are ready for use. The resident's call room has the bathroom and a refrigerator, whereas the other office/call room has a computer. Both rooms have phones.
7. The new jackets for wear in the OR will hopefully be here by May 1. If you haven't placed your scrub sizes to Arlene Rust, do ASAP.
8. MHH is working with us to try to better facilitate the ICU transportation issues that we face. More respiratory therapists and anesthesia technicians are going to be hired. The goal is to have an anesthesia tech with you for all ICU transports. Stay tuned.

Success is to be measured not so much by the position that one has reached in life as by the obstacles which he has overcome.

Booker T. Washington

Residency Director's Corner

By Mary Rabb, M.D.

1. Match results are in and we are very excited. UT Houston filled all 20 positions through the match. Categorical positions went to Karthik Chirala, Kristin Guy, Ankur Khosla, Laura Lindsay, Steven Lo, Mihir Rane, Tushar Sharma, Victoria Smith, and Naveen Vanga. Advanced positions went to Oludayo Adeyefa, Minah Attia, Arjun Dalal, Jonathan Eng, Kimble Horak, Gary Lichliter, Praveen Maheshwari, Stacy Norrell, Jasper Rasario, and Terra Wubbenhorst.
2. April 1 the new call system for the ICU consult service goes into effect.
3. The teaching residents to teach workshop was held March 26th. Todd Akins attended on behalf of the Anesthesiology Department.
4. Case logs are due April 1. Please remember to turn these in. Requests for the CA 3 residents are given priority. Also we have a new form for vacation requests that we need to be filled out for the outside rotations.
5. Rotation requests are being sent out. Please turn these in to Cheryl or Jonetha by April 6th.
6. Chief resident selections are due by April 1. Please vote!

"UT Houston filled all 20 positions through the match."

Coding/Billing Issues

By Shirley Hillman

The UT Billing Integrity Program (BIP) does a prospective review of each department to identify risks for billing coding and/or signatory compliance. At our last BIP review, issues and concerns were addressed, and we want to ensure we are not making the same mistakes identified in the last review.



Concerns:

1. Key or critical portions of the teaching physicians' involvement are not consistently and clearly documented.
2. More than one physician documented his/her presence for the patient's emergence from anesthesia.
3. Physicians' handwriting, including their signatures, was often illegible.
4. There were varying definitions for the start/end time among the teaching physicians and the residents.

These issues were addressed through education at Grand Rounds and auditing in PACU. Be sure not

to repeat the same offences of the past.

1. Teaching physicians have critical portions that must be identified: personally examined, prescribed the plan, induction, emergence, available throughout and post operative visit. If the case was turned over to another physician, this must be documented with the time of handoff.
2. Documentation should be done in real time. Do not write your involvement for an event that has not taken place yet.
3. Your notes of involvement MUST be legible. If you cannot be recognized by your signature, you must print your name under your signature.
4. Start time is when you begin preparing the patient for the OR. A pre-operative visit cannot be included in your start time. Anesthesia time ends when the patient can be safely placed under post-operative supervision, such as PACU. For unusual time, document the reason, e.g.: "surgeon delayed," or "difficult intubation" or "patient unstable."

"We want to ensure we are not making the same mistakes identified in the last BIP review"

Political Corner

By Evan Pivalizza, MBChB

The 60th day of the Texas legislative session, the deadline for filing bills and resolutions other than local ones, was reached last Friday, March 13. TMA and TSA staff are closely following bills that have potential impact on our practice and our patient's wellbeing, including:

- House Bill 1392, by Rep. David Leibowitz (D-San Antonio), relates to physician rating and classification programs used by health plans and insurers. TMA strongly supports HB 1392 to allow patients access to reliable information upon which to base their health care decisions.
- Senate Bill 152 by Sen. Rodney Ellis (D-Houston). SB 152 as filed and the "compromise" version will lower the standard for liability in emergency cases. Liability reforms have made a tremendous difference in Texas since 2003, especially in trauma care. Any encroachment will greatly diminish our ability to staff trauma and emergency departments and discourage physicians from taking emergency room call.
- Two scope of practice bills: The bad bill, Senate Bill 680 by Sen. Glenn Hegar (R-Katy) would move prescriptive authority from being a medical act, which physicians can delegate, to a functional right of a nurse practitioner providing the agreement." Signing such an agreement requires little if any supervision by the physician and no state agency oversight, especially, not by the Texas Medical Board (TMB). It also establishes no enforceable standards.

Faculty News

Lectures:

Matuszczak M: Pediatric EMS Airway Training, "Difficult Airway Algorithm", Houston Texas 4/09

Matuszczak M: Pediatrics Meeting, "Introp Fluid Management", (Internationales Symposium fuer Aerzte und Intensivpflege Kraefte: Perioperative Infusionstherapie im Kindesalter) Roesrath bei Koelhn, Germany, 3/7/09

Scientific Presentations:

Matuszczak M, Jain R, Khalil Y: "Use of the Infant Truview EVO₂ Laryngoscope for the Management of Difficult Airway" (Case of Difficult Airway" (Case Report). SPA Meeting, 3/19-20/09, Jacksonville, FL

Maposa D, Perera P, Chuang A, Khalil SN: In

- The good bill, SB 532 by Sen. Dan Patrick (R-Houston) is an agreed-to bill that has been worked out among all the key stakeholders, making some modifications to delegation of prescriptive authority to midlevel practitioners. It gives TMB the authority to approve prescription delegation to up to six midlevel practitioners but only for services that are "limited in nature, duration and scope" – as one might find in a retail health clinic

Please follow continued developments on the TMA (www.texmed.org), from which much of the above information is summarized, and TSA (www.tsa.org) websites and thanks to all of those that have already responded to calls to action on SB 152, including Richard Layman's telephone conversation with Sen. Ellis's office!

We were also delighted to take up TSA and the TSA-PAC offer to sponsor travel for 5 of our residents to attend the March 31st Anesthesia Day in Austin. Our able representatives, who have demonstrated insight and participation in the politics of medicine thus far (including PAC support) are Rebecca Carroll, Tim Pawelek, Trey Rachal, Scott Roethle and January Tsai. Thanks to the chiefs and all those who have switched calls, etc. to enable these folks to represent us.

"Thanks to the chiefs and all those who switched calls, etc. to enable these folks to represent us."

boys with obstructive sleep apnea, caffeine decreased post-extubation adverse respiratory events. SPA Meeting 3/19-20/09, Jackson, FL

Workshops:

Hagberg CA: Texas Anesthesia Conference for Obstetrics (TACO) and Texas Annual Pediatric Anesthesia Symposium and Difficult Airway Workshop, Baylor College of Medicine, "McGrath Portable and Storz Video Laryngoscopes" & "Fiberoptic Intubation is the Gold Standard: Pros & Cons", Houston, Texas, 3/5/09

Matuszczak M: 3rd Annual International Symposium, "Adult and Pediatric Ultrasound and Other Peripheral Nerve Block Techniques", Washington DC, 3/28/09

Chief Chat



This is the last month we will be serving as chiefs. Votes are underway now for a new crew. It has been an honor to represent the anesthesia residents. As this was a year of many changes, including a new chairman and ACGME requirements and increased productivity at Hermann hospital, we have worked diligently to listen to residents' suggestions and affect changes in a positive, productive manner. We've seen the implementation of a system for relieving the last four residents who worked to a late system in order to have fairness in our training program. We coordinated with our affiliated hospitals to allow vacations to be taken at outside locations. We've met with representatives from various departments such as ICU nurses, OR nurses, respiratory therapists, and anesthesia techs to formulate a transport policy to decrease use of anesthesia residents to transport otherwise stable patients in order to improve OR efficiency. We've had the tireless efforts of Dr. Ho to help us arrange board review sessions to improve resident education and ITE scores and Dr. Rabb to prepare for the ACGME site visit. We've had the privilege of

being the resident representatives at the faculty meetings and the clinical competency committee meetings. Although we are glad to relinquish the agony of schedule making, we will definitely miss arranging the social events. Last fall, the chiefs had the pleasure of hosting the anesthesia applicants at the interviewee happy hours each Thursday night. We also had great fun in coordinating the CA1 welcome party, the Halloween Party, and our annual resident vs faculty kickball game. We hope we have represented our department well. Be on the lookout for information regarding a resident Crawfish Boil in April! And remember to RSVP for the Graduation Banquet!

"It has been an honor to represent the anesthesia residents."

Plan for Patients Remaining in PACU after Meeting Anesthesia's Discharge Criteria

In response to a trauma case review, the following recommendations are for the management of patients who meet PACU discharge criteria but have extended LOS for IMU/ICU bed availability.

- If a patient is stable and signed out by anesthesia per standard Aldrete score (hemodynamics, oxygenation, LOC etc), then patient care is assumed by PACU *nursing* staff just as it would be in any other unit in the hospital.
- If there is any life-threatening or urgent need, the anesthesia service will obviously respond when called/requested by nursing staff
- If the PACU nurse does not need or contact us, then the primary team assumes responsibility for patient care, just as would be done in any other unit in the hospital.
- In the case of a stable patient awaiting a bed, either the nursing staff and/or the anesthesia service will *communicate directly with primary and/or surgical service* to advise them of the patient's protracted stay in PACU

Announcements

CONGRATULATIONS TO OLGA PAWLEK, M.D.

Dr. Pawlek was accepted as a FAER Resident Scholar during the 2009 American Society of Anesthesiologists Annual Meeting.



CONGRATULATIONS TO GLORIMAR MEDINA-RIVERA, M.D. for her recent appointment as Assistant Director at LBJ Hospital.



OPEN REGISTRATION FOR AN ULTRASOUND WORKSHOP

Our first ultrasound workshop for regional anesthesia and vascular access will take place at the medical school on **Saturday March 28 from 8 am to 1 pm**. This workshop is **CME accredited** and registration for faculty and residents is open **free of charge** on a first come first serve basis.

Only 10 participants per workshop will be accepted and this workshop will be repeated quarterly (June, September, December 2009) so we will give priority to CA 3 for the March and June workshops. Please register by sending an e-mail to Jonetha.

FACULTY OF THE MONTH

Didier Sciard, M.D. is our Faculty of the Month. "He is always pleasant, considerate, and gracious. He goes above and beyond that which is required by constantly teaching residents, doing research, writing papers, organizing educational programs, and mentoring junior faculty."

RESIDENT OF THE MONTH

Shay Robinson, M.D. is our Resident of the Month. "He not only shows excellent manual skills and clinical judgment, but he is also a great example of humanism in medicine. One day, he was frantically trying to find a post op patient for a worried family, although he wasn't even involved in the care of this patient!"

MATCH DAY HELD THURSDAY, MARCH 19, 2009

The Residency Office would like to welcome the following incoming residents & interns to our program! Categorical Interns will begin their intern year at UT-Houston in July 2009. Advanced Interns will start with us as CA-1s in August 2010.

Categorical Interns

Karthik Chirala (Baylor College of Medicine)
 Kristin Guy (UTMB)
 Allison Keyser (UT-Houston)
 Ankur Khosla (Texas Tech Health Science Center)
 Laura Lindsay (Arizona College of Osteopathic Medicine)
 Steven Lo (UT-San Antonio)
 Mihir Rane (Texas College of Osteopathic Medicine at UNT)
 Tushar Sharma (UT-Houston)
 Victoria Smith (Baylor College of Medicine)
 Naveen Vanga (UTMB)

Advanced Interns

Oludayo Adeyefa (Howard University)
 Minah Attia (UT-Houston)
 Arjun Dalal (Medical College of Georgia)
 Jonathan Eng (Chicago Medical School - Rosalind Franklin University)
 Kimble Horak (UT-Houston)
 Gary Lichliter (UT-Southwestern)
 Praveen Maheshwari (Jawaharlal Nehru Medical College)
 Stacy Norrell (UT-Houston)
 Jasper Rosario (Western University College of Osteopathic Medicine)
 Terra Wubbenhorst (UT-Houston)

The difference between a democracy and a dictatorship is that in a democracy you vote first and take orders later; in a dictatorship you don't have to waste your time voting.

Charles Bukowski

ANESTHESIA DAY IN AUSTIN

A HUGE thanks to Drs Rabb, Hagberg, Chris and Lavinia (and all those that the changes affected) for restructuring the March call schedule to allow 5(!) residents to attend the annual TSA sponsored Anesthesia day in Austin where attendees will meet with legislators and their staff, a terrific educational and practice opportunity.

For those of you that haven't heard, the TSA and the TSA-PAC are sponsoring travel expenses for 5 residents for that event and we are delighted to take up their offer. At short notice, we decided to select from the resident

group that had previously documented interest and awareness by participating in TSA/ASA activities, including PAC contributions. I realize that there are more interested folks than the 5 selected this time but have no doubt that if this is as successful as the Washington legislative conference where a resident is now always included, we will be able to rotate different residents every 2 years for the Texas legislative session. Thanks again, Evan P.

The UT-Houston residents are: Scott Roethle, CA-3 (on the TSA offer), Tim Pawelek (CA-2), January Tsai (CA-3), Rebecca Carroll (CA-2) and Trey Rachal (CA-3) on the TSA-PAC offer.



Michael Ramsay, M.D., FRCA, Chief of Service, Anesthesiology Dept. & Pain Management, Baylor University with UT Anesthesiology Residents on March 12, 2009



Anesthesiology Wall Art Display by Amie Krebs, Anesthesia Tech



George Foreman with Dr. Hagberg on March 2, 2009. Mr. Foreman had met with Dr. Joan Bull, Oncology, and her colleagues in our Anesthesiology Library.



Amie Krebs, Artist

Amie is a mixed media artist whose main goal is to make something out of nothing. Most of what she uses to make art is reused or recycled in some way.