Georgia Society of Anesthesiologists, Inc.

scope Newsletter

Spring 2012

Steven Walsh, MD | President 2012

President's Letter

WE CAN *Do IT*

Our Challenge IS TO EXTEND ourselves into the PERIOPERATIVE management arena

It can be said, "If you do not plan, the outcome is no more than an accident". Currently, the Medicare cost structure is a fiscal train wreck waiting to happen. The financial pressures on healthcare providers are causing significant changes within medical practices.

In January, I attended the ASA practice management conference in Orlando. I learned a lot, and as always, look forward to next year's conference. One of the conference themes included buying and selling of practices and practice mergers. These topics are germane and describe transactions within the anesthesiology market place. I also heard the collective drumbeat of these presenters suggesting "survival will be based on size". On that premise, I say, larger size does not cause survival. True, a merger will grow the size of cash flow, but will not ensure survival or success. Success comes through increasing the value brought to the patient. If value is defined by improving quality and decreasing costs, I ask, what meaningful contribution to quality or cost does size, by itself, bring?

Essential elements of success are based on needs, communication, and feedback. Indeed, the statistician, W. Edward Deming, built his reputation through transforming the Japanese auto industry and causing it to be ranked first worldwide. He created a system allowing the frontline worker to get feedback on their own quality initiatives. This feedback cycle drastically reduced errors and variance.

I remember years ago the conferences where the CMS representative put up a gray scale patchwork US map showing, for example, a "spine surgery zone", a "hysterectomy zone", and "some other zones". These were merely CMS observations of variance and their questions of concern.

I recently attended a perioperative medicine conference sponsored by the Cleveland Clinic and Miami School of Medicine. The program director instructed each presenter to include a clinical multiple choice question by which the participants could answer with a wireless keypad giving immediate results. I was amazed and astounded by the participant answers often times showing a near even distribution of variance. The program made a strong argument for decreased complications and increased value, through the decreased variance evidence-based medicine provides.

Medical practice variance is an issue and most likely results from medical practice "silos" that exist even within our own "micro" medical communities. An example of this is revealed by the anesthesiologist, Peter Pronovost, as he describes his experience at Hopkins in his book Safe Patients, Smart Hospitals.

I believe the ASA is on target with their efforts to promote a Surgical Home demonstration project with the US Department of HHS. Anesthesiologists have a unique perspective on the surgical patient that no other surgical or medical specialist can match. We can have an impact on the proposed Surgical Home goals of a) reduce variation b) improve safety and effectiveness and c) increase the ability of patients to participate in their care.

Our challenge is to create within our own community viable ways to extend ourselves beyond the delivery of anesthesia and into the perioperative management arena. Currently, many physicians share both concern and suspicion with the inclusion of bureaucratic top down patient care protocols. Now, we, as anesthesiologists, can create our own perioperative management initiatives. It starts at the local level within our own medical communities. It can be based upon a patient care approach of shared evidence-based medicine and providing communication and timely feedback to colleagues.

Perhaps you will remember a famous WW II poster "Rosie the Riveter" saying, while flexing her bicep, "We can do it." I say this is our "Geraldine Doyle moment." Together the GSA is a strong membership organization. We have the people to make projects happen. Our physician volunteers are dedicated to our profession and have great talent and creative ideas. Yes, with our team executing a plan "we can do it".

Spring 2012

Editor's Corner

Kathryn Stack, MD, Chair, Communications Committee, Editor, GSA *scope*

GSA Springs Forward

I hope you are all well as a mild Georgian winter has settled into an especially warm spring. The 2012 annual Winter Meeting, "Protecting Patients, Practice in a New Healthcare Era", was held at the Westin Perimeter North on January 21, 2012. Program Directors Dr. Ginger Zarse and Dr. Heather Dozier assembled an impressive faculty of speakers. Attendees were treated to an outstanding array of presentations ranging from advances in the clinical practice of chronic pain, the future of academic anesthesia, healthcare reform and pay for performance measures, to making an anesthesia practice profitable in this medico-legal and economic era. The alphabet soup of speakers' topics included PPACA provisions, ICD coding, Medicare and private ACOs, ACGME requirements, and SCIP standards. Up to 8 CME credits were available for this one day meeting.

I hope you make plans to attend the summer meeting "Learning at the Lake" on July 20-22, 2012 at the Ritz-Carlton Lodge, Reynolds Plantation on Lake Oconee in Greensboro, GA. Program Directors Dr. Matthew Klopman and Dr. Lily Young have a great program planned. Plan a weekend summer getaway to enjoy some time with colleagues, friends, and family on Reynolds Plantation.

Please join me in welcoming Kristin Strickland to the GSA team and wishing the very best to Heather Groover as she departs to follow her next career opportunity. In an April 5, 2012 press release, Cornerstone Communications Group announced:"A former news and information writer in the Georgia House of Representatives Communication Office, Kristin brings the experience of two state legislative sessions to Cornerstone. At the State Capitol, she helped manage media relations for 179 state representatives, a responsibility that GSA Executive

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GSA-PAC

Rick Hawkins, MD | GSA-PAC Chair

The State House and Senate as well as the Governor have a huge impact on the practice of medicine, in general, and anesthesiology, in particular. Examples of public policy issues include scope of practice, regulatory restriction, insurance issues, and MCD compensation, to name only a few.

The GSA-PAC empowers GSA members and staff:

1. To **EDUCATE** -- to participate in the political and electoral processes and influence policy makers. The PAC gives us as a group the ability to better identify on a bipartisan basis those policy makers who understand our issues and support with our positions. As they say in DC, the PAC puts us at the table and keeps us off the menu.

2. To **AMPLIFY** – to exponentially exert our strength in numbers to have more influence and wider reach than any one individual.
3. To **COUNTER** and **BALANCE** – to push back against other special interest groups such as allied health, lawyer associations, hospital associations, and insurers.
4. To **ENGAGE** – to participate at a level of effectiveness than one person or practice can do alone.

"As they say in DC, the PAC puts us at the table and keeps us off the menu."

GSA-PAC by the Numbers (2007-2012)
- **$262,541** – the total contributions delivered to state level candidates through GSA-PAC
- **$196,591** – the total delivered to pro-physician, pro-patient GOP candidates
- **$65,950** – the total delivered to pro-physician pro-patient Democrats
- **270** – the number of candidates supported by GSA-PAC

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State Issues

Solons codify physician autonomy

Mark Huffman, MD

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What may be remembered as a relatively quiet state legislative session will, in fact, hold an important significance in Georgia state health care policy. Passage of House Bill 785 by Rep. Allen Peake, R-Macon, codifies in Georgia law that physician licensure cannot be tied to the provider's participation, or not, in a health benefit plan.

The legislation is an extension of resolutions proposed by the GSA and the Medical Association of Atlanta at the Medical Association of Georgia's fall House of Delegates. The resolutions called on MAG to push for legislation assuring physician autonomy to choose whether or not to join any health insurance plan, whether public or private. The final resolution adopted by MAG Delegates expanded the resolution to any health "benefit" plan, the effect of which would assure that the Georgia Medical Board cannot condition physician licensure on participation in Medicaid.

Governor Nathan Deal signed HB 785 on April 19 in his State Capitol office with GSA President and MAG Treasurer Dr. Steve Walsh witnessing. State Sen. Greg Goggans, R-Douglas, who is retiring from the General Assembly, passed a similar bill in the Senate.

Pain clinic regulation falls short

House Bill 972, which would have empowered the Georgia Composite Medical Board to license and regulate pain management clinics, failed to pass on the last day of the 2012 session when time expired at midnight on Thursday, March 29, before an agreement vote could be taken.

The legislation would have required physicians and facilities which provide more than 50 percent of their treatment in chronic pain to be licensed by the Medical Board. Facilities which are owned, in part or in whole, by hospitals would have been exempt under the law as would palliative care. A registration procedure for all facilities regardless of ownership was added in the Senate.

The legislation is the last of three major law enforcement and regulatory initiatives in the last two years to shut down illegal pill mills in Georgia. The first was legislation during the 2011 legislative session which created a state prescription drug monitoring program. The second was the Medical Board's adoption of rules for pain management and unprofessional conduct in early January 2012. GSA was materially involved in advocating language changes in the text of the final pain rules and has participated materially in the mark up of HB 972.

Medical treatment guidelines resisted

An attempt by workers' compensation insurance companies to add medical treatment guidelines as a condition of health benefits under the program was defeated by the Medical Association of Georgia and medical specialty societies working in concert. MTGs have become a popular method for reducing employer costs in those states where the business community has been successful in passing legislation authorizing such. MTGs are considered by physicians and other health care providers to limit the types, levels and longevity of treatment alternatives available to help workers heal and return to the workforce. The author of HB 971, Rep. Bill Hembree, R-Douglasville, successfully resisted attempts by the insurers and the head of the state Workers Comp Board to add MTG authorization.

GSA President Dr. Steve Walsh (2nd from right) joined other MAG leaders and state Rep. Allen Peake (3rd from left) in witnessing Governor Nathan Deal's signature of HB 785.

"I want to thank Attorney General Sam Olens for initiating HB 972 as a means of empowering law enforcement and the Medical Board to further eradicate illegal entities which seek to enable abuse of prescription drugs," GSA Government Affairs Chair Dr. Mark Huffman said after a late evening of negotiations on the bill early in the session. "Rep. Tom Weldon (R-Ringgold) and Sen. Buddy Carter (R-Pooler) deserve praise for tackling the issue and pushing legislation to empower law enforcement and regulators."

Nursing, pharmacists scope expansions blocked

The House Health and Human Services Committee held legislation (SB 288) that would have expanded authorization for pharmacists to administer vaccines under protocols with physicians. Other scope legislation (SB 386) would have authorized Advance Practice Registered Nurses to order radiographic tests under power delegated by physicians. The House H&HS Committee, chaired by Rep. Sharon Cooper, R-Cobb County, did not act on the legislation.

For copies of legislation, go to www.legis.ga.gov

Learning at the Lake

July 20-22, 2012 | The Ritz-Carlton Lodge, Reynolds Plantation
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Activity Co-Directors:

Matthew Klopman, MD
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Lily Young, MD
Emory University

This CME activity is supported by educational grants. A complete list of supporters will be published in the course syllabus.

Activity Agenda/Schedule

Friday, July 20, 2012

3:00 – 7:00p	Registration
4:00 – 9:00p	Exhibitor Set Up
5:00 – 7:00p	Board Meeting
7:00 – 8:30p	Welcome Hospitality with the Exhibitors – Exhibit Hall Lifebox Fundraiser - hosted by GSA Resident Component
8:30p	Dinner on your own with family and friends

Saturday, July 21, 2012

6:00 a	Exhibitor Set Up
6:30 – 7:20a	Registration/Breakfast with Exhibitors
7:20 a	Welcome Steven Walsh, MD - GSA President
	Introductions Matthew Klopman, MD & Lily Young, MD Summer Meeting Activity Co-Directors Emory University
7:30-8:15 a	*Drug Shortages and their Impact on Anesthesiologists* Arnold Berry, MD American Society of Anesthesiologists, VP for Scientific Affairs Emory University, Professor of Anesthesiology Atlanta, GA
8:15-9:00 a	*Ultrasound for Vascular Access* Gregg Hartman, MD Dartmouth Hitchcock Medical Center, Professor of Anesthesiology Vice-Chair and Clinical Director Lebanon, NH
9:00-9:30 a	Break with Exhibitors
9:00-12:00 p	Resident Section Meeting
9:30-10:15 a	*Ultrasound for the General OR* Gregg Hartman, MD Dartmouth Hitchcock Medical Center Professor of Anesthesiology Vice-Chair and Clinical Director Lebanon, NH
10:15a-11:00 p	*Obestric Anesthesia Update 2012* Caren Chaknis, MD Georgia Health Science University, Assistant Professor Augusta, GA
11:00a-11:45 p	*Offsite Anesthesia and Sedation: Current Recommendations* Caren Chaknis, MD Georgia Health Science University, Assistant Professor Augusta, GA
11:45a-12:30 p	*Ultrasound Guidance and Regional Anesthesia: An Overview* Heather Samady, MD Emory University, Assistant Professor Atlanta, GA
12:30 p	Meeting Adjourned/Lunch with family and friends
1:00 p	*12th Annual GSA Golf Tournament (The Oconee Course)*
3:00-4:00 p	*9th Annual Family Ice Cream Social*
6:30-8:00 p	Evening Reception
7:30-9:00 p	*Faculty Dinner – Linger Longer*
9:30-11:30 p	*GSA Dessert Cruise* The Spirit of Oconee (pre-registration required)

Sunday, July 22, 2012

6:30-7:30 a	Registration/Breakfast with Exhibitors
7:00-7:30 a	General Business Meeting for GSA Members
7:30-8:15 a	*Advances in Mechanical Ventilation* Christine Lallos, MD Piedmont Anesthesia Associates, Staff Anesthesiologist Atlanta, GA
8:15-9:00 a	*Update on Continuous Peripheral Nerve Blocks* Heather Samady, MD Emory University, Assistant Professor Atlanta, GA
9:00-9:30 a	Break with Exhibitors
9:30-10:15 a	*ASA Update* Jerry Cohen, MD American Society of Anesthesiologists, President University of Florida, Associate Professor of Anesthesiology, Gainesville, FL
10:15-11:00 a	*The Joint Commission and Medication Management* Jerry Cohen, MD American Society of Anesthesiologists, President University of Florida, Associate Professor of Anesthesiology, Gainesville, FL
11:00-11:45 a	*Contemporary Use of Lumbar Drains* Cinnamon Sullivan, MD Emory University, Assistant Professor of Anesthesiology Decatur, GA
11:45-12:30 p	*Renal Injury: When does it really start and how soon must we act?* Christine Lallos, MD Piedmont Anesthesia Associates, Staff Anesthesiologist Atlanta, GA
12:30 p	Meeting Adjourned

Faculty Disclosure/Resolution of conflicts of interest:
The American Society of Anesthesiologists and The Georgia Society of Anesthesiologists adhere to ACCME Essential Areas, Standards, and Policies regarding industry support of continuing medical education. Disclosure of the planning committee and faculty's commercial relationships will be made known at the activity. Speakers are required to openly disclose any limitations of data and/or any discussion of any off-label, experimental, or investigational uses of drugs or devices in their presentations.

In accordance with the ACCME Standards for Commercial Support of CME, the American Society of Anesthesiologists will implement mechanisms, prior to the planning and implementation of this CME activity, to identify and resolve conflicts of interest for all individuals in a position to control content of this CME activity.

Special Needs Statement:
The Georgia Society of Anesthesiologists is committed to making its activities accessible to all individuals. If you are in need of an accommodation, please do not hesitate to call and/or submit a description of your needs in writing in order to receive service.

Commercial Support Statement:
Cancellations and/or changes in registration or participation in all or any portion of the meeting must be received at GSA headquarters by Monday, January 16, 2012, to qualify for refund. Absolutely no refunds will be issued for changes received at GSA headquarters after Monday, January 16. The cancellation policy will be strictly enforced.

Accreditation Statement:
This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of American Society of Anesthesiologists and The Georgia Society of Anesthesiologists. The American Society of Anesthesiologists is accredited by the ACCME to provide continuing medical education for physicians.

Credit Designation:
The American Society of Anesthesiologists designates this live activity for a maximum of 9 AMA PRA Category 1 Credit(s)TM. Physicians should only claim credit commensurate with the extent of their participation in the activity.

To Register... Contact Kristin Strickland, GSA Member Services Manager: 404-249-9178 x 6; kristin.strickland@politics.org

Educational & Learning Objectives

Arnold Berry, MD
American Society of Anesthesiologists, VP for Scientific Affairs
Emory University, Professor of Anesthesiology | Atlanta, GA

Drug Shortages and their Impact on Anesthesiologists
At the conclusion of the presentation, the learner will be able to:
- Describe the common causes of drug shortages
- Locate an updated list of current and expected drug shortages
- Develop a local protocol to obtain needed drugs as they become scarce
- Revise anesthetic plans when the local supply of a drug is exhausted

Caren Chaknis, MD
Georgia Health Science University, Assistant Professor | Augusta, GA

Obestric Anesthesia Update 2012
At the conclusion of the presentation, the learner will be able to:
- List common maternal coexisting diseases which affect maternal and fetal outcomes.
- Summarize the recommendations to prevent local anesthetic systemic toxicity (LAST)
- Debate the pros and cons of strict NPO versus light meals during labor

Offsite Anesthesia and Sedation: Current Recommendations
At the conclusion of the presentation, the learner will be able to:
- Describe commonly performed off-site procedures
- List contraindications to an off-site anesthetic
- Prepare an off-site location for an anesthetic
- Develop a local protocol for off-site anesthetics

Jerry Cohen, MD
American Society of Anesthesiologists, President
University of Florida, Associate Professor of Anesthesiology | Gainesville, FL

ASA Update
At the conclusion of the presentation, the learner will be able to:
- Describe the Affordable Care Act and healthcare finance reform issues facing Anesthesiologists
- Contrast current practice models with proposed practice models
- Explain the basis for limits on scope of practice
- Explain the FTC's involvement in States' ability to limit the practice of medicine to physicians

The Joint Commission and Medication Management
At the conclusion of the presentation, the learner will be able to:
- List the essential Joint Commission rules that apply to Anesthesia medication management
- Describe how TJC formulates policy
- List CMS requirements for Anesthesia practice and medication management
- Modify practice to comply with applicable rules and regulations
- Summarize important medication safety strategies beyond TJC guidelines
- Plan for a successful TJC survey

Cinnamon Sullivan, MD
Emory University Hospital, Assistant Professor | Atlanta, GA

Contemporary Use of Lumbar Drains
At the conclusion of the presentation, the learner will be able to:
- Describe the indications and contraindications for placement of a lumbar drain
- Discuss intraoperative management strategies of a lumbar drain
- Defend the need for gradual and limited CSF removal
- Explain the rationale for emergency postoperative lumbar drain placement

Gregg Hartman, MD
Dartmouth Hitchcock Medical Center, Professor of Anesthesiology
Vice-Chair and Clinical Director | Lebanon, NH

Ultrasound for Vascular Access
At the conclusion of the presentation, the learner will be able to:
- Describe the literature surrounding the use of surface ultrasound for central venous access
- Discuss the newest ASA and ASE guidelines on ultrasound for vascular access
- Differentiate venous from arterial structures using surface ultrasound
- Use an algorithm to confirm venous placement of a guide-wire prior to placement of a large bore catheter or introducer

Ultrasound for the General OR
At the conclusion of the presentation, the learner will be able to:
- Describe applications of TEE to general anesthetic practice
- Identify TEE scan planes and basic views
- Employ Doppler color flow analysis
- Integrate basic TEE information with available hemodynamic data to simplify the differential diagnosis and management of the hemodynamically unstable patient

Christine Lallos, MD
Piedmont Anesthesia Associates, Staff Anesthesiologist | Atlanta, GA

Advances in Mechanical Ventilation
At the conclusion of the presentation, the learner will be able to:
- List recently developed modes of mechanical ventilation
- Describe how each mode of ventilation differs from standard volume-control ventilation
- List advantages and indications for each mode of ventilation presented

Renal Injury: When does it really start and how soon must we act?
At the conclusion of the presentation, the learner will be able to:
- Describe the RIFLE criteria
- List patient factors that increase the risk of acute kidney injury
- Predict the risk of renal failure based on a patient's RIFLE classification
- Detect early signs of acute kidney injury
- Employ renal protective strategies when indicated
- Understand the mechanisms of perioperative acute renal failure
- Understand our role in the preoperative setting to minimize the risk of perioperative acute renal failure
- Determine if renal protective strategies really work.

Heather Samady, MD
Emory University, Assistant Professor | Atlanta, GA

Ultrasound Guidance and Regional Anesthesia: An Overview
At the conclusion of the presentation, the learner will be able to:
- Describe the impact of ultrasound guidance on the practice of regional anesthesia
- Differentiate nerves from surrounding structures using ultrasound
- Use ultrasound to identify major nerves including the brachial, lumbar, and sacral plexuses and the associated peripheral nerves
- Confirm adequate spread of local anesthetic with ultrasound

Update on Continuous Peripheral Never Blocks
At the conclusion of the presentation, the learner will be able to:
- Compare the different catheter insertion techniques with the use of ultrasound guidance
- Discuss management techniques and reimbursement issues in the inpatient and outpatient setting
- Manage complications that arise on insertion and post-operatively

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Register at www.gsahq.org

Development

GSA members join leader training

Kristin Strickland
GSA Member Services Manager

Dr. Keith Johnson of Waycross and Dr. James Velimesis of Alpharetta have joined the Medical Association of Georgia's (MAG) Physicians Leadership Academy (GPLA) training program. The first weekend of instruction and interaction was held April 21-22, 2012 at the MAG headquarters in Atlanta.

Dr. Velimesis

The April training served as both a graduation for the 2011-2012 class and an orientation for the 2012-2013 class. New participants had the opportunity to see project presentations by the graduating class and experience an introduction to medical leadership.

"We all greatly enjoyed our first training, particularly the graduating participants' presentations. You could tell that they put a lot of time into them, and they were all relevant to our futures in the field," Dr. Velimesis said.

Sponsored by MAG, Dr. Velimesis was encouraged to participate in GPLA by his partner Dr. Steven Walsh, current president of GSA. With experience as a managing partner and Chief of Staff of a private practice group, Dr. Velemisis hopes to expand upon his skills and knowledge needed to align the interests of physicians and healthcare systems in a way that improves care and reduces costs for patients.

Dr. Johnson

"It seems that many of these efforts are being driven by the government, large healthcare systems, and to a lesser extent, private insurance companies," said Dr. Velimesis. "My goal is to advocate on behalf of physicians to create a physician-driven alternative that optimizes patients' outcomes, costs, and overall satisfaction through evidence based medicine and comparative effectiveness models."

Joining Dr. Velimesis in the GPLA program, Dr. Johnson looks forward to building his leadership skills and meeting physicians across the state.

"I look at the GPLA as an opportunity to build bridges of communication and equip myself to service the community as a physician leader," Dr. Johnson said.

Their perspective, needs, hopes and concerns greatly broadened mine

Dr. Lane

Dr. Johnson and Dr. Velimesis are preceded in the GPLA by GSA Past-Presidents Dr. Howard Odom and Dr. Bob Lane who were in the 2009 and 2010 GPLA classes respectively. Sponsored by GSA and the first anesthesiologist to participate in GPLA, Dr. Odom explained that the most valuable outcome of GPLA is the opportunity to learn from classmates, faculty and MAG staff.

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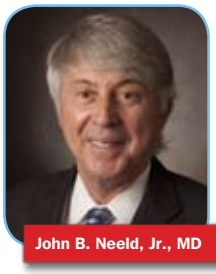
Dr. Odom

My goal is to advocate on behalf of physicians

For more information on the GPLA, please visit www.mag.org/foundation/gpla.shtml

Anesthesiology claims causes: common, and not so

Georgette Samaritan, RN
Senior Risk Management Consultant | MAG Mutual



John B. Neeld, Jr., MD
Board Member Emeritus MAG Mutual

Nationwide, according to a respected insurance industry source, anesthesiology is the 7th most frequently sued medical specialty, and seventh also in total amount of indemnity payments.

The Physician Insurers Association of America is the national organization of medical professional liability insurance companies. Since 1985 the PIAA has compiled claims loss statistics from its member companies and each year issues a comprehensive report based on claims closed and reported.

The chart below, based on PIAA closed claims data, 1985-2010, shows that anesthesiologists are nationally ranked seventh both in terms of number of closed claims and total payments to plaintiffs.[1]

Most prevalent medical misadventures

We in the insurance business avoid the term "malpractice." The usual industry word is misadventure. Anesthesiology is different from most other specialty groups in that the most prevalent medical misadventure reported was "no medical misadventure." This denotes a situation in which there is an absence of allegation of any inappropriate medical conduct on the part of the physician. Drawing on the PIAA data, there was no medical misadventure in 22% of anesthesiology claims closed between 1985 and 2010.

If an anesthesiologist does nothing inappropriate, why is he/she named in a liability lawsuit? The answer comes from a famous Harvard-conducted study in New York by Troyen A. Brennan, MD, et al. Dr. Brennan and his team found that the initiation of lawsuits correlates poorly with the actual occurrence of adverse events (injuries resulting from medical treatment) and negligence. "Among the malpractice claims we studied," Dr. Brennan concludes, "the severity of the patient's disability, not the occurrence of an adverse event or an adverse event due to negligence, was predictive of payment to the plaintiff."[2]

Schedule II Prescribing

Surgical fires—fires that occur on or in a surgical patient—can cause severe disfiguring or disabling injuries; according to Dr. Brennan, they are the kinds of adverse events which can trigger dramatic and expensive liability lawsuits. It appears that many surgical fires go unreported because, fortunately, 95% of them result in no injury. About 20-30 do result in disfigurement or disability each year, and one or two of those (typically involving the airway) are fatal. Lawsuits stemming from these injuries can lead to substantial awards for plaintiffs.

In one case, a jury returned a plaintiff verdict after finding a plastic surgeon and his corporation responsible for causing a fire in the surgeon's ambulatory surgical center.

The young patient was having a mole removed from her right eyebrow. She was sedated for the procedure and was receiving oxygen supplementation via a face mask when the surgeon activated an electocautery device, causing a fire to erupt. The patient alleged the surgeon was negligent in failing to communicate to the anesthesia assistant controlling the oxygen that he was going to use electrocautery so that the anesthesia assistant would know to turn off the oxygen.

Specialty	# closed claims	# paid claims	Total indemnity paid
Internal medicine	34,993	8,754	$1,935,138,567
Obstetrics/gynecology	34,649	12,118	$3,520,758,273
Family medicine	29,031	9,215	$1,559,541,627
General surgery	26,549	9,088	$1,758,364,685
Orthopaedic surgery	23,786	6,949	$1,200,688,380
Radiology	14,770	4,299	$927,277,300
Anesthesiology	9,906	3,149	$744,371,202

During the trial, the surgeon blames the anesthesia assistant for not knowing that he was going to use electrocautery. In this case, the jury exonerated the anesthesia assistant, but found the surgeon 100% responsible for the fire. The jury also found that the surgeon concealed from the patient and her parents the true cause of the fire and, as a result, awarded the patient additional money in punitive damages against the surgeon.

Risk management takeaway

There are always lessons to be learned from such tragic events. In the case of cautery fires, it's helpful to remember the "fire triangle." For a fire to occur, three elements must come together at the same time:

A) An oxidizer—something that supports combustion.
B) A fuel source—any flammable material
C) An ignition source—any device that generates heat (usually a cautery).

Three steps are proven in the prevention of operating room fires.

1. Minimize an oxidizer-enriched atmosphere.
   • Replace oxygen with air or discontinue supplemental oxygen 3-5 minutes prior to cautery use.
   • If supplemental oxygen is required, consider use of an endotracheal tube (a closed delivery system).
   • In an open system (MAC), decrease the oxygen delivered to less than 30%; titrate by use of pulse oximetry.

2. Safely manage ignition sources.
   • Communicate about the timing and use of the cautery prior to the procedure.
   • The surgeon should warn the anesthesiologist 3-5 minutes prior to cautery use.

3. Safely manage fuels.
   • Allow sufficient drying time after application of alcohol-based skin prepping agents and before applying drapes to the prepped area.
   • Prevent oxygen build-up by configuring surgical drapes to allow for adequate venting of oxygen.
   • Reduce flammability of sponges, cottonaids or packing materials by using them wet.
   • Do not allow prep solution to pool around the patient.

Conclusion

Nearly all surgical fires can be prevented if the surgical team members are aware of the elements that can lead to a fire and follow practices to minimize risks.

Yet the risks are real. The percentage of cautery fires increased from less than 1% of all surgical anesthesia claims in 1985-2004 to 4.4% of all surgical anesthesia claims between 2004-2008. These figures should serve as warning to surgical teams operating in all settings.

1 Physician Insurers Association of America, Risk Management Review 2011 Edition: Anesthesiology, January 1, 1985-December 31, 2010.

2 Brennan TA, Sox CM, Burstin HR. Relation between negligent adverse events and the outcomes of medical-malpractice litigation. New England Journal of Medicine. 1996 Dec 26;335(26):1963-7.

3 American Society of Anesthesiologists Task Force. Practice Advisory for the Prevention and Management of Operating Room Fires. Anesthesiology. 2008 May:108(5):786-801.

Georgia Health Sciences University: Anesthesiology residents spearhead clinical research

Vikas Kumar, MD
President | GSA Resident Section

Research has become the core component of our anesthesiology department activities at Georgia Health Sciences University (formerly Medical College of Georgia). We continue to be well-represented at national conferences and the tradition continues with more staff actively involved in various research projects.

Drs. Ellen Abellana and Mary Arthur presented an abstract on the use of bronchial blockers in lung isolation at the Society for Cardiovascular Anesthesiologists meeting in Boston, MA this April. Dr. Castresana presented his research on the Integrated Pulmonary Index as a tool to assess a cardiac patient's readiness to be weaned from a ventilator at the Society of Critical Care Medicine meeting in Houston. At last year's ASA meeting, we presented two studies: a single-center review of the impact of oxygenator change on blood component usage in cardiothoracic surgery and a comparison of propofol alone to propofol/ketamine in cardioversion in obese patients. In addition, we had eleven medically challenging cases; among them, hemodynamic support with minimally invasive catheter-based ventricular assist device (Impella) after cardiac arrest during ventricular tachycardia ablation, a morbidly obese ambulatory patient with pulmonary embolism during hysteroscopy, and lung isolation and anesthetic management in a patient with a supracarinal tracheal tear.

We will have three case presentations at this year's International Anesthesia Research Society meeting: the use of high frequency oscillatory ventilation in a patient with an injury to the non-operative bronchus during esophagectomy (Drs. Stephen Anderson, Manuel Castresana and Tao Hong); the importance of communication between multidisciplinary teams during an obstetric emergency (Dr. Joseph Rivers); and an EXIT procedure (Drs. Miram Afridi and Ahsan Qadeer). We will be well-represented at this year's ASA annual meeting as faculty and residents have submitted a record number of abstracts, as well as medically challenging cases.

In the realm of basic science, Dr. Steffen Meiler, Vice Chair for research, is an investigator of the NIH-funded Nanomedicine Center for Nucleoprotein Machines. His laboratory focuses on the development of novel gene correction technologies to treat sickle cell anemia (SCA). This platform is conceptually organized around several steps. First, autologous hematopoietic stem cells (HSCs) are harvested from patients with SCA and cultured ex vivo. Then a pair of custom-designed nucleases is delivered to the HSCs together with a repair DNA template. These nucleases induce a DNA double-strand break in the area of the sickle mutation. Prompted by the break to repair itself, the cell "copies and pastes" the normal sequence information from the repair template to correct the sickle cell mutation. Gene-corrected HSCs are administered back to the patient with the goal of enduring engraftment and production of healthy red blood cells. Since this approach utilizes the patients' own HSCs, the risks and complications of an allogeneic bone marrow transplant are avoided. His work was most recently presented at the American Society of Hematology meeting.

Future research in the works include a project related to ETT cuff pressures using liquid media and two studies related to the use of intravenous acetaminophen in bariatric and thyroid surgeries. As the first fellow chosen for GHSU's Anesthesiology Critical Care fellowship, I plan to accomplish at least a few research projects and set the bar high for future fellows.

As you probably know, we are celebrating our 75th anniversary this year as the oldest academic anesthesiology department in the South. We are not only celebrating our history, but our bright future as well. One goal of our institution as a whole is to become an innovative research and biotechnology leader by the year 2020. We look forward to the changes in the coming years as GHSU merges with Augusta State University and truly becomes a research powerhouse.

WE ARE CELEBRATING OUR 75th anniversary
THE OLDEST ACADEMIC ANESTHESIOLOGY department in the South.

GSA Members ...continued from page 9

I look at the GPLA as an opportunity to build bridges of communication

"The GPLA curriculum provides an excellent base for discussion with other physicians about individual and shared issues. Meetings throughout the year in different venues gave fresh motivation to gain all I could from the assignments and learning exercises," Dr. Odom said.

Also sponsored by GSA, Dr. Lane agrees that one of the greatest aspects of GPLA is the ability to learn from other physicians.

"GPLA provided an incredible opportunity to network with a strong group of physicians that I would not have ever spent time with in my practice, because our paths would not normally cross. Their perspective, needs, hopes and concerns greatly broadened mine," Dr. Lane said.

Dr. Velimesis, Dr. Johnson and all other members of the GPLA 2012-2013 Class will have the opportunity to expand upon their goals through a leadership project that each GPLA physician completes before graduation. Examples of this project include planning a membership drive or presenting a health awareness program for their local community.

In addition to the leadership project, participants engage in six program sessions, designed to benefit and educate physicians who want to improve health care delivery for their patients, communities and the medical profession. These sessions include programs on "Media, Communication and Collaboration in the Medical Environment," "Decision Making and Conflict Resolution" and "Leadership Development and Government Relations," as well as an "advocacy day" at the State Capitol.

Research

Emory University: Mentors guide research track

Justin Drummond, MD
Vice-President, GSA Resident Section

As the end of the academic year draws near, Emory residents are hard at work in both the lab and clinical setting to collect data for their respective research endeavors. The dedication and effort that Emory residents not only illustrate in the perioperative setting, but also in what they have undertaken to improve our field and better understand the medical unknown, is evident in the body of work over the last year.

...the guidance of strong mentors and motivated residents!

Residents are able to create a research topic with the guidance of a mentor during a six-month research track, which several choose to do each year. In fact, Anna Woodbury, MD, is currently investigating honokiol (component of Magnolia grandiflora that is used in traditional Japanese medicine) in neuroprotection and prevention of pain-related neuronal cell death and psychiatric disorders in neonates within the labs of Dr. Wei and Dr. Yu. Dr. Woodbury has been active in presenting this material, among other research, at the ASA in Chicago this past year and GAARRC in Peurto Rico for April 2012.

Jill Maslowski Jani, MD, is currently researching the relationship between coagulopathy and outcomes in pediatric trauma patients requiring surgical intervention within Children's Healthcare of Atlanta (Egleston) system. Additionally, Matt Whalin MD has been working on an animal model of chemotherapy-induced neuropathic pain as a collaborative project between cancer pain specialist Dr. Michael Byas-Smith and the laboratory of Dr. Shan Ping Yu and Dr. Ling Wei.

In an effort to improve our understanding of fatigue, Marcus Lehman MD and his mentor Peter Sebel MD have undertaken a study involving the perioperative physician population at Grady Memorial Hospital. They are currently analyzing the physician's response to overnight work on call in comparison to their normal work days through a series of psychomotor tests commonly used in other industries for fatigue research. Dr. Lehman hopes to draw attention to the relationship of specific human factors to potential sources of error in our high-vigilance industry. It also highlights the importance of physician wellness in creating an error-free, consistent, and effective perioperative team.

Continuing the academic environment, in March of 2012, residents presented group projects under the topic of system-based practice with areas of interest including: waste and pollution in the OR, the effects of protocol sheets for antibiotic redosing, and OB disaster group training – to name just a few. In all, this year has been a success in research under the guidance of strong mentors and motivated residents!

Transition

Steve Walsh, MD

Dr. Walsh takes reins

Steven M. Walsh, MD was elected President of the Georgia Society of Anesthesiologists on January 21, 2012 at the organization's annual meeting in Atlanta. Dr. Walsh has been a member of the GSA since 1985. He has served the organization as a member of the Practice Management Committee, a vice chair and chair of Governmental Affairs Committee, and as an officer on the organization's Executive Committee.

In addition to his involvement with the GSA, Dr. Walsh has served his county medical society as a member of the board of directors for eight years and as the Medical Association of Atlanta president in 2007. In 2009 Dr. Walsh was elected treasurer to the Medical Association of Georgia and is currently serving his second term of that office.

Although born in Quincy, Massachusetts, his father later moved the family to Atlanta. He completed medical school at the Medical College of Georgia and residency at the Medical University of South Carolina. In 1985 he moved to Roswell, Georgia to begin a private practice in anesthesiology. In addition to the challenges and rewards of clinical practice, he enjoys the responsibilities of practice management. As a managing partner of North Fulton Anesthesia Associates, PC, the practice has grown to 30 members who together provide the MD, CRNA, ANP, RN, Tech, and Administrator anesthesiology practice services for the group.

Dr. Walsh and his wife, Jane K. Walsh, live in Roswell. Mrs. Walsh is a trained registered nurse, a massage therapist, and master gardener. Together they enjoy learning and promoting Georgia native plants for both the beautification and support these plants provide to the native ecosystem.

In Memoriam: Anesthesia Icon Steinhaus

Dr. John Edward Steinhaus, a former President of both the Georgia and American societies of anesthesiology, died Friday, February 17, 2012 in Emory University Hospital of complications from a fractured hip. His wife, children, and their families were with him continually during the two-week hospitalization.

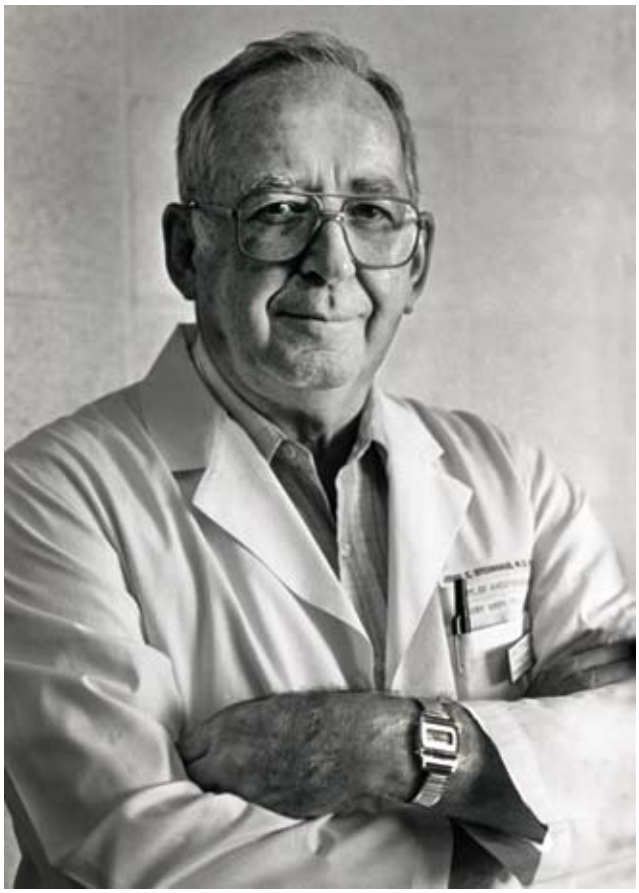
Dr. Steinhaus served as President of the Georgia Society of Anesthesiologists, 1961-62. He was Chairman of the Department of Anesthesiology at the Emory University Medical School from July 1958 until 1983 -- retiring from practice in 1987. He was a beloved teacher, colleague, and professional leader as testified by many.

His academic career included extensive research in the pharmacology of anesthetic drugs, including lidocaine. Dr. Steinhaus played an active role in medical organizations, serving as President of the American Society of Anesthesiologists, the Association of University Anesthetists, the Anesthesia History Association and the Anesthesia Foundation. His participation in the three university studies of anesthesia personnel led to a new program for training of Physician's Assistants in Anesthesia.

He earned a BS (summa cum laude) and an MS (Bacteriology) from the University of Nebraska before medical school at the University of Wisconsin. He left Wisconsin to serve at the Veteran's Hospital for tuberculosis in Saranac, NY and then went to Marquette as a professor in pharmacology. He then returned to the University of Wisconsin where he earned a PhD in pharmacology and completed a residency in anesthesiology.

John is survived by his wife, Mila Jean Pinkerton Steinhaus, his children Kathryn P. Steinhaus, Carolyn P. Steinhaus, Barbara P. Steinhaus, William P. Steinhaus, Elizabeth P. Steinhaus, 9 grandchildren, 3 great grandchildren and 3 great great grandchildren.

Having lived in Atlanta since 1958, he and his wife were active in the community serving as leaders at Central Congregational Church, the PTA's of Kittredge Elementary and Briarcliff High School and the Victoria Estates neighborhood Association.



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GSA Springs ...continued from page 2

Secretary Jet Toney performed three decades earlier." We are excited about Kristin's expertise and certainly impressed by her quick leap into the activities of the GSA. For more information on Kristin's background please visit our website, www.gsahq.org. Heather will continue her career at the American Cancer Society. Heather will be greatly missed by the GSA family, but we wish her great success and thank her for her faithful service to the GSA.

Especially in this election year, I encourage you all to make your PAC contributions soon. Thanks to those who already have done so. Shamefully admitting to be one of those procrastinator types, I just recently pushed that payment submit button online – really, it was easy – less than a minute. It is with the full support of all its members that the GSA can most effectively impact policy and the future of how we will practice and care for our patients in Georgia. Let the full voice of the GSA be heard (the CRNAs and "Doctor Nurses" certainly will…).

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