



# WILDCAT ANESTHESIA

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# A NEWSLETTER FOR THE UK DEPARTMENT OF ANESTHESIOLOGY



DEPARTMENT PHOTO, September 7, 2022

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# MEET THE NEWSLETTER TEAM

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**EUGENE HESSEL, MD  
PROFESSOR**

## INTRODUCTION

Welcome to the reviving of our department's Newsletter. In 2019, Dr. Gaiser initiated a department newsletter titled "Endeavor". It was very nicely produced, but I believe only three issues were published. With this new effort we are starting out more modestly. It will be published in a PDF format and emailed to all of our department, as well as to resident, fellow and faculty alumni for whom we have e-mail addresses. Our purpose is to inform us all of what is going on in our department and provide an opportunity for all members to share their ideas. The current title of our newsletter is only preliminary. We welcome other suggested titles.

We eagerly welcome suggestions from our readers about what they would like to see included in our newsletter. We especially look forward to contributions from our alumni.

## COMMENT FROM THE CHAIR

Welcome to the new newsletter from the University of Kentucky Department of Anesthesiology. I am extremely proud to announce that Dr. Hessel will be taking the editorial position for this project.

During the last year, the department has witnessed exponential growth. We have successfully taken over Good Samaritan Hospital and increased the number of operating room lines run on a daily basis. For the first time in many years, we are fully staffed with faculty and CRNAs. This growth and expansion reflect the hard work that the anesthesia team has put forth over the last year. I'm extremely proud and happy with the fact that as a team we have been a huge success. We have also successfully implemented Epic to our department and are navigating the funds flow fiscal plan implemented by the hospital. There have been so many other outstanding positive changes made in the department that have contributed to the success, far too many to outline here. I hope this newsletter will provide a forum for new ideas and information coming from within our department, our subspecialties, and other divisions. I remain hugely optimistic about the growth and innovation in our department.



**ZAKI HASSAN, MBBS, MBA,  
FASA  
CHAIR & PROFESSOR**

# 60<sup>TH</sup> ANNIVERSARY

1962-2022

## ALBERT B CHANDLER HOSPITAL

## 60 YEAR ANNIVERSARY OF THE DEPARTMENT OF ANESTHESIOLOGY

EUGENE HESSEL, MD

The University of Kentucky College of Medicine and the Albert B. Chandler Hospital and our Department of Anesthesiology are celebrating our 60th anniversary.

The first medical school class (of 1964) entered in the fall of 1960 and included Byron Young, who later became the long-time chair of the UK Department of Neurosurgery. Dr. Paul Barash was a member of the 4th medical school class (of 1968). Governor Albert Chandler championed the establishment of a Medical School and Medical Center to serve the citizens of Eastern Kentucky and obtained funding for this in the late 1950s. Construction of the medical school and hospital began in about 1960 (see Figures 1, 2). On January 1, 1962 the hospital was opened (see Figures 1, 3) The first patient was a child with a patent ductus arteriosus cared for by **Dr. Jaquelin Noonan**. On April 1, 1962, **Dr. Peter Bosomworth** joined the faculty as the founding chairman of anesthesiology—one of only 9 clinical chairmen in the new medical center. Since that time, we have had 8 other chairs (see Table 1).



FIGURE 2. Construction of the new Medical Center



FIGURE 1. Ground-breaking (Ex-Governor Albert Chandler who obtained funding for the new medical school and hospital, est. 1960) and ribbon-cutting of the new Medical Center (Governor Bert Combs, Spring, 1962)

**Dr. Peter B. Bosomworth** (see Figure 4) was a native of Akron Ohio, and a graduate of Kent State University and University of Cincinnati College of Medicine. He received a Master of Medical Science from Ohio State University where he completed his anesthesia residency. After residency, he joined their faculty, until he was recruited to UK. At that time, at the age of 32, he was the youngest Academic Anesthesia Chair. He published extensively on many topics including risk factors for pulmonary aspiration, management of atelectasis, oculo-cardiac reflex, brachial plexus block, IV local anesthetics, use of crystalloids for blood replacement, the development of a cardio scope ECG recorder, serial changes in heart sounds and pulse during progressive hemorrhage, ketamine, use of vasopressin during anesthesia, medical education, and ethics, often in collaboration with faculty he had recruited to UK. **Dr. Ben Rigor**, later chair of anesthesiology at University of Louisville, was one of his early residents.

After his chairmanship in anesthesia, he continued to serve the Medical Center for the next 30 years. In 1970, he was named the Vice President of the Medical Center, and in 1982, the Chancellor of the Medical Center. In 1995, he became Director of Continuing Medical Education and helped implement tele-medicine in Kentucky. In 2000, he initiated an Integrative Studies Program (see J. Engelberg and P. Bosomworth, *Academic Med*, 2000). His son was a former resident in our department and practices in Lexington. He and his wife Jody established an annual Medical Scholarship at UK. Notably, his work extended beyond medicine and the medical center. He and his wife hosted in their home over 22 foreign exchange students from around the world. Dr. Bosomworth was active in the Boy Scouts of America, supported the Lexington School SMART Program, was a founding member of the Central KY Riding for the Handicapped, and served on the Board of the Lexington Chamber of Commerce and Corporate Chair of the YMCA Black Achievers and on the Urban County Government's Ethics Commission. He certainly set a high standard for all anesthesiologists and future chairs of our department.

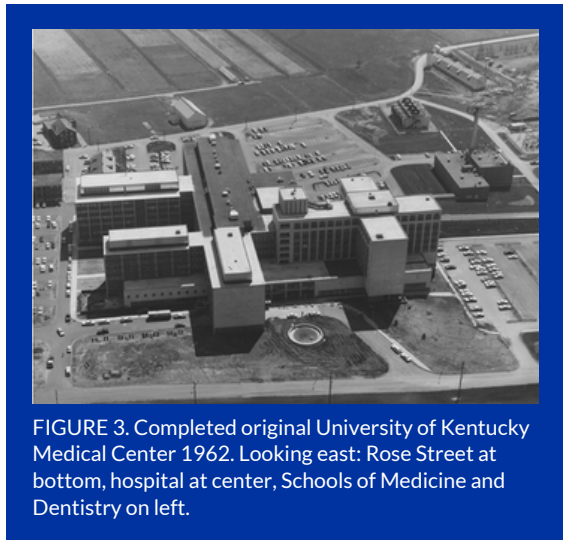


FIGURE 3. Completed original University of Kentucky Medical Center 1962. Looking east: Rose Street at bottom, hospital at center, Schools of Medicine and Dentistry on left.

TABLE 1. Chairs, Department of Anesthesiology

1. Peter B. Bosomworth	1962 - 1970
2. Lloyd F. Redick	1971 - 1974
3. Mark B. Ravin	1974 - 1977
4. Ballard D. Wright	1978 - 1982
5. Edwin S. Munson	1984 - 1986
6. William O. Witt	1987 - 1999
7. Edwin A. Bowe	1999 - 2015
8. Robert R. Gaiser	2016 - 2020
9. Zaki-Udin Hassan	2021 - present

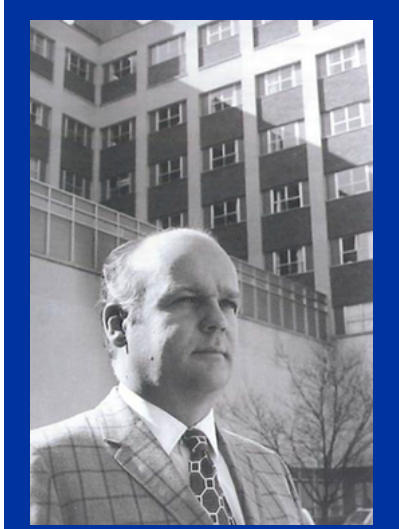


FIGURE 4. Peter B. Bosomworth, founding Chair of the Department of Anesthesiology, April 1962



FIGURE 5. Operating room in the original hospital (now rooms 14-18)

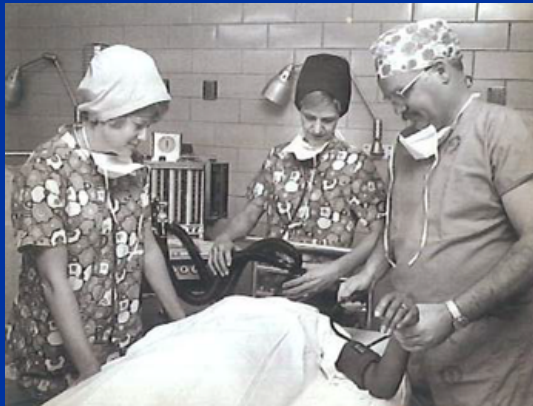


FIGURE 6. Early anesthesia care team. CRNAs Sheila Niergordski and Delphine Nemeth with Dr. Bosomworth



DR. VICTORIA BRADFORD, Director of Safari Anesthesia

Initially the department had only a few faculty, CRNAs, and residents (see Figures 3, 4). However, the faculty were strong clinicians and academicians, and they were able to recruit talented residents. The medical school had active Cardio-thoracic, Pediatric and Obstetrics and Gynecology departments, requiring expert anesthesia care.

## Growth of the Department

Initially anesthesia was mainly practiced in the operating rooms which were in the original hospital (where currently ORs 14 through 18 are located). In 1990 the “New ORs” (1 through 12) were opened along with the renovated obstetric labor and delivery rooms (“UK Birthing Center”) and in 2011 the operating rooms in Pavilion A were gradually opened.

Besides work in the operating room, labor and delivery, and critical care, our department—like all others—gradually became involved in providing non-operating room anesthesia (**NORA**), which we refer to as “**Safari**” anesthesia. This has progressively expanded and now accounts for about one-quarter of our anesthesia cases each day. “Safari” anesthesia here has been

directed by many different faculty members over the years, currently by **Dr. Victoria Bradford** with the assistance of Drs. Syed Ali and Sarah Hall.

The College of Medicine had long had an affiliation with the **VA Medical Center at Leestown Road** where our anesthesia department provided anesthesia care, including for open heart surgery at that facility. In the 1970s, Dr. Robert Boettner, earlier chair of Anesthesia at Southern Illinois College of Medicine, joined our faculty and became director of anesthesia at the new **VA Medical Center (Cooper division)** when it was built near the Chandler Medical Center in the late 1970s. It remained an essential component of our anesthesia department and residency education until the late 1990s, including an active cardiac surgery program, essential to training in cardiac, thoracic, and vascular anesthesia.



When I arrived in 1984, there were about 12 faculty and 12 residents (6 in each of our 2-year clinical anesthesia residency) and very few CRNAs in our entire department, covering the main operating room, OB and VA (no SAFARI or outpatients). In 1989, there were 20 faculty members. Currently there are over 70 faculty members, 60 residents, and over 80 CRNAs, covering the main hospital and OB, Center for Advanced Surgery (outpatient), and Good Samaritan Hospital.

**Perioperative pain management** has been emphasized in our department for many years. In the early 1980s, **Dr. William Bennett** of our department and colleagues initiated the use of IV PCA for perioperative pain management (see Bennet W. et al. Ann Surg, 1982). Under the guidance of chair **Dr. William Witt**, beginning in 1988, we have led a 24/7 Acute Pain Management Service with pain nurses (headed until recently by **Barb VanDerveer**) and multiple medical directors. These have included Bill Witt, John Hine, Frank McDonald, Paul Walmsley, Doug Kennedy, Diana Hurst George Colclough, Luis Vascello, Jay Grider, Sarah Hines, David Wendell, Paul Sloan, Justin Wainscott, Shelly Ferrell, Lauren Sayer, and currently **Dr. Paul Sloan**.

In 1990, Dr. Witt recruited **Dr. William Martin, PhD**, former chair of UK Department of Pharmacology and discoverer of the role of opiate receptors in pain, to become director of research for our department (see Figure 7) He died prematurely 3 years later. This research department remained very productive for many years and led to the career development of a number of our faculty. In 1991, under the leadership of then Chair Dr. Witt, our department established one of the first fellowships in chronic pain management.

Dr. Martin did his pioneering work on narcotics at the **Federal Medical Center, Lexington (FMC Lexington)** in Georgetown, initially called the "United States Narcotic Farm" (see Figures 8, 9).



DR. PAUL SLOAN, Medical Director of Acute Pain Management

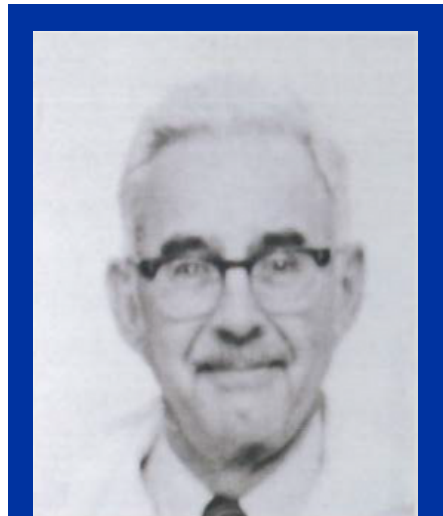


FIGURE 7. Dr. William Martin, PhD



FIGURE 8. Federal Medical Center, Lexington, in Georgetown



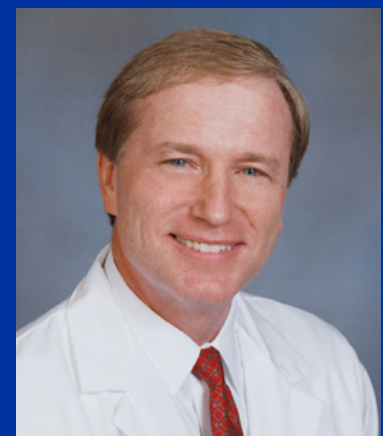
FIGURE 9. Federal Medical Center Hospital

Involvement in **Critical Care** was initiated by our first Chair and his successors; Dr. Ballard Wright especially extended our influence. Formalized presence in intensive care units expanded in early 1990s when **Dr. Michael Rie**, an anesthesiologist from MGH, led our activities in the Surgical ICU, and **Dr. Tom Fuhrman**, a neuro-anesthesiologist in our department, started the anesthesia consulting service in Neurosurgery ICU, later overseen by **Dr. Brenda Fahy**. In 2007, **Dr. Kevin Hatton** along with **Dr. Randall Schell** started the anesthesia critical care service in the CT ICU. In 2011, they initiated our fellowship in adult anesthesia critical care. To date they have graduated 16 fellows.

**Cardiac anesthesia** has always played an important role in our department. The surgeons at the University of Kentucky were among the first to perform cardiac surgery in our state in the early 1960s, led by the noted surgeon Dr. Frank Spencer. Many other nationally recognized surgeons practiced congenital and adult cardiac surgery in our medical center, requiring expert cardiac anesthesia. In 1984, a division of CT anesthesia was formed, and recruitment of subspecialty-trained faculty was initiated, along with formal resident education in this subspecialty. In 2017, under the direction of then Division Chief **Dr. Murphy** and the leadership of **Dr. Dwarakanath**, a fellowship in adult cardiothoracic anesthesia was initiated, and has now expanded to two fellows each year.



DR. SARAH HALL, Director of Pediatric Anesthesia



DR. KIT MONTGOMERY, Director of Anesthesia at Shriners

**Pediatric anesthesia.** The medical center always has had a strong pediatric department greatly strengthened by the appointment of pioneering pediatric cardiologist **Dr. Jaqueline Noonan** in the early 1960s, who later became its chair. This required expertise in pediatric anesthesia and many different directors of this subspecialty have overseen this effort, currently led by **Dr. Sarah Hall**. This division is now fully staffed by fellowship-trained pediatric anesthesiologists. In about 2016, the University contracted with Cincinnati Children's Hospital to provide surgical and anesthesia care for patients with congenital heart disease. Currently three anesthesiologists in our department provide anesthesia care for these patients undergoing cardiac and non-cardiac procedures, and provide training for our residents and fellows.

In 1989, our department took over anesthesia care at the Shriners hospital on Richmond road and our residents began rotating there. **Dr. Kit Montgomery** was named director of anesthesia at Shriners. He continues to have an important role in guiding anesthesia care in Shriners hospitals nationally. On April 17, 2017, Shriners Hospital moved across from the main Chandler Medical Center. Outpatient surgery is done in that facility with anesthesia provided by our department, while major surgery for the Shriners inpatient population is performed in our main hospital.

As mentioned elsewhere in this Newsletter, our department recently was approved to start a fellowship in Pediatric Anesthesia, and the first fellow (Dr. Matt Tescula) will begin in July 2023.

**Neuroanesthesia.** Our department has always had a strong interest and expertise in neuroanesthesia to support our busy and innovative neurosurgery department. When I arrived in 1984, **Dr. “Rickie” Gottschalk** was chief of neuroanesthesia. Later on, **Dr. Tom Furman**, and then **Dr. Pieter Steyn** took over, followed by **Dr. Dinesh Ramaiah**, and recently assisted by **Dr. Andrew Poore**. In addition to providing excellent clinical care, this division has always been at or near the top in ranking by the residents in their education.

**Orthopedic anesthesia.** Orthopedic surgery is one of the busiest clinical services in our operating rooms. Virtually all of our faculty participate in providing anesthesia care for these patients. In 2020, **Dr. Allison Zuelzer** returned to our faculty and was appointed director of orthopedic anesthesia and has had a markedly positive impact on our approach to patient care and education in this subspecialty. She co-founded a new Interdisciplinary Orthopedic Trauma Committee, co-developed the UK orthopedic TXA protocol, and the non-operative hip fracture protocol, helped establish the dedicated 2TCU bed for orthopedic geriatric hip fractures, and helped organize the Ortho/Trauma OR Coordinator Consulting group chat on EPIC. She is ably assisted in overseeing this division by **Dr. Brian Abiri**.

**Obstetrical anesthesia.** Obstetric anesthesia has always been a key component of the clinical activities of our department. Our second Chair, Dr. Lloyd F. Redick (1971-1974), moved from UK to head the division of Obstetrical Anesthesia at Duke University and later was president of the Society of Obstetric Anesthesia and Perinatology (SOAP). In 1984, we advocated for epidural analgesia (not widely accepted by our obstetricians at that time). All faculty members provided obstetric anesthesia. In 1999, after 7 years on the faculty at Virginia Commonwealth University, **Dr. Regina Fragneto** became the first fellowship-trained obstetric anesthesiologist to head our division. Under her leadership, the quality and resident education in obstetric anesthesia has grown tremendously. Recently the challenges of COVID-19 in the obstetric population were successfully managed. The management of obstetric patients with severe co-morbidities, especially those with heart disease, has become an area of special skills of this division, which has recently added two more fellowship-trained obstetric anesthesiologists.



DR. DINESH RAMAIAH, Chief of Neuroanesthesia



DR. ALLISON ZUELZER, Director of Orthopedic Anesthesia



DR. REGINA FRAGNETO, Division Chief of Obstetric Anesthesia

**Outpatient Anesthesia.** Until the 1980s, most patients were admitted to the hospital the day before surgery and stayed overnight. This was then replaced with outpatient surgery. Initially these patients were managed in the main operating rooms; however, in January 2004, UK opened a separate out-patient surgery center (“Center for Advanced Surgery” [CAS]) in the adjacent Gill Heart Institute. Dr. Dan Goulson of our department served as the initial medical director, followed by **Dr. Rosalind Ritchie-Dabney** in 2010, who is Chief of Ambulatory Anesthesia here at UK and is a nationally recognized authority on ambulatory anesthesia.

## Growth of the Residency

Little is known about the number of residents in the early days, but I suspect it ranged from two to six. When I arrived in 1984, there were six in each of the two clinical anesthesia years. The internship was not included in our department at that time. In 1988-1989, the clinical anesthesia residency was expanded to three years (Dr. Kit Montgomery was in the residency class that had to add a year to their residency.) Subsequently, the internship year was added under the sponsorship of our department in collaboration with the GME division of our School of Medicine.

Although the department always had a strong residency with excellent residents, the importance of resident education was greatly advanced by department Chair Dr. Edwin Bowe, and facilitated by his appointment of **Dr. Randall “Randy” Schell** in 2004, who turned ours into a model and nationally-respected residency (more about Dr. Schell’s notable contribution to our department and nationally will be included in a subsequent issue of our department’s newsletter.) In about 2000, the number of residents in each class was increased to 8 and, since that time, gradually increased to its present number of 16.

**Role in teaching medical students.** Our faculty have long been involved in interviewing medical school applicants and participating in various preclinical and clinical courses. For the past several years and currently, **Dr. Bob Weaver** coordinates our work with medical students, including the UK Med Student’s Anesthesia Interest group.

In 1995, our department organized and managed the required course for medical students during their senior year on “Clinical Pharmacology and Anesthesiology”, which in recent years become the “Transition to Residency” course. In addition, we offer elective courses in anesthesiology throughout the four years of medical school. Our residents play a key role in introducing students to anesthesiology. Our department also contributes to the education of residents in other specialties.



DR. ROSALIND RITCHIE-DABNEY,  
Chief of Ambulatory Anesthesia



DR. RANDALL SCHELL, former  
Residency Program Director

## Subsequent Chairs

### Lloyd F. Redick (1971-1974)

In about 1965, Dr. Bosomworth wisely attracted fellow Ohioan, Dr. Lloyd Redick, to join our faculty. Dr. Redick received his medical degree from the Ohio State University, internship in Toledo, and anesthesia residency at Bethesda Naval Hospital. He then served at the Great Lakes Naval Hospital before coming to UK. While on our faculty, he published on physiologic changes with TURP, use of self-inflating resuscitation bags, fluid resuscitation and helicopter transportation of trauma patients. After a successful but brief chairmanship, he became professor at Duke in their division of Obstetrics and Gynecologic Anesthesiology, and was the president of the Society of Obstetric Anesthesia and Perinatology (SOAP) in 1992-1993.



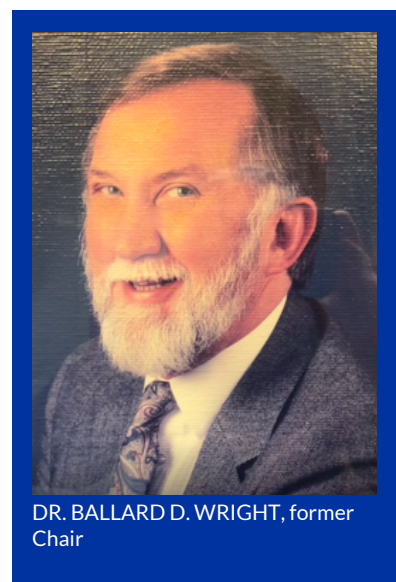
### Mark B. Ravin (1974-1977)

Dr. Ravin began his academic career at Columbia Presbyterian Hospital in NYC in the 1960s and then spent about 2 years at University of Florida in Gainesville before coming to UK. He published extensively ( $\geq 32$  papers in PubMed) before and while on the faculty here at UK, on rheology, autonomic dysfunction, teaching anesthesia (including use of audiovisual aids and teaching models), reversal of neuromuscular blockade with pyridostigmine, pulmonary physiology and evaluation and management of patients with lung diseases, cardiopulmonary bypass, and anesthesia for congenital heart disease and hypophysectomy. He likely retired after leaving UK due to poor health.



### Ballard D. Wright (1978-1982)

Dr. Wright received his medical degree from the University of Kentucky and completed his anesthesia residency at the Wilford Hall USAF Hospital in San Antonio, Texas. He then pursued a research fellowship in anesthesiology at the University Uppsala in Sweden, likely sponsored by University of Kentucky. He then joined our faculty in the mid-1970s, later to become chair. During his chairmanship, he emphasized the role of anesthesiologists in pain management and critical care, and encouraged Dr. William Witt to become an anesthesiologist. After his chairmanship, Dr. Wright then founded the Pain Treatment Center of the Bluegrass.

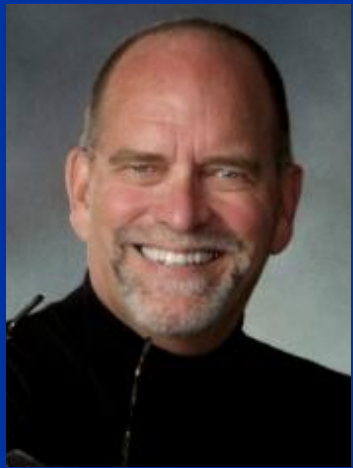




DR. EDWIN S. MUNSON, former  
Chair

### Edwin S. Munson (1984-1986)

Dr. Munson began his distinguished career as a resident at University of California in San Francisco, under Drs. Hamilton and Eger in the early 1960s, and participated in many of their pioneering studies of inhalation anesthetics and high altitude physiology. He then joined the faculty at the University of Florida in Gainesville and rose to the rank of Professor of Anesthesia and Neurosurgery and chief of anesthesia at their VA Medical Center, before becoming our chair in 1984. He published over 92 papers covering inhaled anesthetics, toxicity of local anesthetics, neuroanesthesia, quality of anesthesia textbooks, among many other topics. Here he introduced continuous monitoring of expired carbon dioxide in each operating room. He recruited me to head a division of cardiothoracic anesthesia and appointed Richard Lock as our first CTA fellow (and last for the next 30 years). He left to join the faculty in Toledo, Ohio, but died soon thereafter.



DR. WILLIAM O. WITT, former  
Chair

### William O. Witt (1987-1999)

After a somewhat “down” 14 year period for our department, the exuberant and motivational “Bill” Witt resuscitated the stature of our department within the Medical Center and nationally.

Dr. Witt was born in Minnesota and received his bachelors and medical degree from the University of Minnesota. He was a surgery intern at UK, but was encouraged to go into anesthesia by Dr. Ballard Wright. He had his first year of anesthesia residency at UK and completed his residency at University of Colorado, where he joined the faculty for one year doing

pain and cardio-thoracic anesthesia. He then joined our anesthesia faculty in 1980, initially overseeing cardiac anesthesia. He served as acting chair between 1986-1987, until he was selected as Chair.

He recruited many new faculty, established the acute pain service, served as director of the Pain Management Center, and initiated our fellowship in pain management (one of the first in the country). He established a Pain Research Laboratory, recruiting **Dr. Martin** as its first director. He allowed me to direct the anesthesia residency and expand the residency didactic education program. With **Dr. Kit Montgomery**, he initiated the required Anesthesia and Clinical Pharmacology course (MD 842) for the all senior medical students in 1995, which in recent years has become the Transition to Residency course (MD 840) under the leadership of **Dr. McLarney**. One of his most important contributions to our department was his recruitment of **Dr. Edwin Bowe**, who subsequently succeeded him as chair.

Dr. Witt was very involved in many other activities in the hospital and Medical Center, serving as medical director of the department of respiratory therapy, director of hyperbaric medicine on the CME committee, the board of directors of the Kentucky Medical Services Foundation (KMSF), and in the Faculty Senate. He became emeritus professor in 1999 and continued an active career in interventional pain management, achieving national prominence as an innovator.

### Edwin A. Bowe (1999-2015)

Dr. Bowe developed the preeminence of our department in resident education. He graduated from Trinity College in Hartford, Connecticut, and from the University of Missouri-Columbia School of Medicine. He received a combined residency in pediatrics and anesthesia at the University of North Carolina (UNC), and a fellowship in pediatric intensive care at the Hospital for Sick Children in Toronto, Canada. Thereafter he became an assistant professor in pediatrics and anesthesiology at UNC (1979-1982). In 1982, he joined the division of anesthesiology at the University of South Carolina School of Medicine in Columbia, rising to become professor and chief of the division.

In July 1996, he was recruited by Dr. Witt to UK where he served as medical director of operating room services, until he became chair in July 1999. His tenure featured four notable characteristics: excellent patient care, outstanding resident education, support of the faculty, and establishing collaborative relationships with surgery, hospital administration and the College of Medicine. He moved his office into the operating room area of the hospital, a practice followed by all of his successors. He himself would often come in early to provide anesthesia for children and take neonatal call. His emphasis on resident education was amplified when he recruited **Dr. Schell** to become program director in 2004, and the additional recruitment of **Amy Dilorenzo, PhD**, leading to national prominence of our resident education program, increase in number of applicants, and growth in number of residents. Their philosophy and methods of education are elaborated upon in their well-received book *“Education in Anesthesia”* (Cambridge Press, 2018). Dr. Bowe was awarded a 5 Star Abraham Flexner Master Educator Award in 2019.

He was a major contributor to the Self-Education and Evaluation (SEE) Program of the American Society of Anesthesiologists (ASA) from 1995-2003 and served as editor-in-chief of the ASA Anesthesiology Continuing Education (ACE) program from 2003-2016, recruiting a number of our faculty to participate in these activities. He was an examiner for the American Board of Anesthesiology from 1995-2014.

He also served in many capacities in our medical center: on the KMSF board of directors, the UK HealthCare clinical board, the Council of Chairs, Medical Staff Executive Committee, Operating Room Executive Committee, and the SCIP taskforce.



DR. EDWIN A. BOWE, former Chair



DR. ROBERT R. GAISER, former Chair

### Robert R. Gaiser (2016-2020)

Dr. Gaiser was recruited to be chair after an illustrious career at the University of Pennsylvania and nationally.

He received an undergraduate degree in engineering at University of Pennsylvania and medical degree at Columbia University, and an anesthesia residency at MGH, followed by a fellowship in obstetric anesthesia at the University of Pennsylvania. He then joined their faculty, became director of Obstetric Anesthesia, director of resident education and finally their Residency Program director for 15 years before coming to our university. In addition to being a question editor for the in-training examination and an oral board examiner for the American Board of Anesthesiology, he has served in many important capacities in the American Society of Anesthesiologists, the Society of Obstetric Anesthesia

and Perinatology (past president), the Association of University Anesthesiologists, the Accreditation Council for Graduate Medical Education, and the American Board of Medical Specialties. He has published many papers and is on the editorial boards of a number of medical journals. As our chair, he initiated the mission statement **“Great Care for Patients: Great Education for All”**, encouraged academic activities, growth of the residency, the faculty and number of CRNAs, and led us through the early difficult stages of the COVID-19 epidemic. In 2022, he returned to the East Coast to become Core Program Director at Yale University School of Medicine.



DR. ZAKI-UDIN HASSAN, current Chair

### Zaki-Udin Hassan (2021 to present)

Dr. Hassan had been a member of our department since 1996, when he started his residency here (he was chief resident). Prior to that, he received his medical degree (MBBS) from the Charing Cross and Westminster Medical School of the University of London, followed by four years of Internal Medicine training and two years of training in anesthesia and intensive care. After completing an additional 4 years of anesthesia residency here at the University of Kentucky, he completed a fellowship in pain medicine and additional training in liver transplant anesthesia (University of Miami) and in cardiothoracic anesthesia. He has also received an MBA.



He provided cardiothoracic anesthesia for 11 years and has been the director of liver transplant anesthesia since 2004. In about 2001, he began his work on Human Patient Simulation, leading to the establishment in 2014 of the UK HealthCare Simulation Center, of which he is the medical director. In 2012, he became director of the ASA-endorsed Simulation Network and MOCA simulation education course. He has been an interviewer for the College of Medicine admission and directs the MBA program for anesthesia residents. He is a member of the Kentucky Medical Services Foundation board of directors, the finance committee, and the Practice Plan Committee. In his short period as chair, he has overseen the growth of our department's faculty and CRNAs, expanded services throughout the medical center, the successful implementation of EPIC, taking over anesthesia care at the Good Samaritan hospital, and clearly identified an organizational plan for our department (see page 18), to name just a few of his accomplishments.

## Interim Chairs

**John Plumlee** joined our faculty in 1969, after being on the faculty for five years at the University of Missouri (Columbia) and remained on our faculty until 1988s. During this time, he played an important role in the functioning of our department and served as acting chair on at least two occasions during searches for new chairs.

Bill Witt also served as interim chair between 1986 and when he was appointed chair in 1987; and as most of you know, **Dr. Randall Schell** served as acting chair recently between 2020 and 2021.

## Author Comment

This history of our chairmen has been revealing to me. All have made important contributions and major advances in our department and its national recognition for excellence in patient care, education, and innovation.

I am sure I have made some errors and omissions in composing this brief history. Therefore, I would encourage and welcome any readers who do find errors and/or have additional information they would like to add, to please contact me at [ehessel@uky.edu](mailto:ehessel@uky.edu).

**Chair**  
Zaki-Udin Hassan

**Vice Chair, Administration**  
Victoria Bradford

**Chief CRNAs**  
Anderson, Buckler, Runkle

**Vice Chair, Clinical Affairs**  
Dung Nguyen

**Assistant Vice Chair, Clinical Affairs**  
Brian Abiri

**Vice Chair, Education**  
Laura Pinault

**Residency Program Director**  
Laura Pinault

**Associate Program Director**  
Karl Hillenbrand

**Associate Program Director**  
Bob Weaver

**Director, Educational Development**  
Amy DiLorenzo

**Specialist Support Program Director**  
Regina Fragneto

**Vice Chair, Research**  
Kevin Hatton

**Division Chief, Acute Pain**  
Paul Sloan

**Division Chief, Cardiothoracic**  
Sanjay Dwarakanath

**Fellowship PD, Cardiothoracic**  
Johannes Steyn

**Division Chief, Chronic Pain**  
Michael Harned

**Fellowship PD, Pain Medicine**  
Michael Harned

**Associate Fellowship PD, Pain Medicine**  
Christopher Mallard

**Division Chief, Critical Care**  
Kevin Hatton

**Fellowship PD, Critical Care**  
Bjorn Olsen

**Associate Fellowship PD, Critical Care**  
Jason Huston

**Division Chief, Neuroanesthesia**  
Dinesh Ramaiah

**Assistant Division Chief, Neuroanesthesia**  
Andrew Poore

**Division Chief, OB**  
Regina Fragneto

**Division Chief, Pediatric**  
Sarah Hall

**Fellowship PD, Pediatric**  
Bob Weaver

**Quality & Safety Program Officer**  
Syed Ali

**Medical Director, Int Pain**  
Michael Harned

**Medical Director, Pre-Op**  
Tom McLarney

**Medical Director, Shriners**  
Kit Montgomery

**Director, CAS**  
Rosalind Ritchie-Dabney

**Director, GSH**  
Justin Wainscott

**Co-Director, GSH**  
Matt Baker

**Co-Director, GSH**  
Joe Cassis

**Director, SAFARI**  
Victoria Bradford

**Co-Director, Adult SAFARI**  
Syed Ali

**Co-Director, Pediatric SAFARI**  
Sarah Hall

**Director, APP PD & Education**  
Tamra Langley

**CCM APP Supervisor**  
Maggie Rivers

**Inpatient Pre-Op APP Supervisor**  
Amanda Carney

**Director, Community Affairs**  
Dung Nguyen

**Director, Diversity & Inclusion**  
Regina Fragneto

**Director, Liver Transplant**  
Zaki-Udin Hassan

**Co-Director, Liver Transplant**  
Yan Pokrovskiy

**Director, Simulation**  
Zaki-Udin Hassan

**Co-Director, Simulation**  
Shira Gambrel

**Assistant Program Director, Simulation**  
Aric Johnson

**Assistant Program Director, POCUS**  
Nathaniel Linville

**Board Runners**  
Brian Abiri, Brad Dwan, Shira Gambrel, Zaki-Udin Hassan, Jon Holzberger, Dung Nguyen, Andrew Poore, Dinesh Ramaiah, Johannes Steyn

**Clinical Specialty Liaisons**

<b>AI &amp; Machine Learning</b> Dan Wambold	<b>Bariatric</b> Bryan Hardin	<b>COVID-19</b> Brian Abiri	<b>Data Mining &amp; Informatics</b> Tom Murphy
<b>Dental/OMSF</b> Greg Rose	<b>ENT</b> Bryan Hardin	<b>Geriatrics</b> Anne Sloan & Allison Zuelzer	<b>GI/ERAS &amp; Hepatobiliary</b> Brad Dwan & Yan Pokrovskiy
<b>Gyn Onc</b> Amy Zhang	<b>Orthopedics</b> Allison Zuelzer	<b>Plastics</b> Allison Click	<b>Social/Media</b> Melinda Eshelman
<b>Thoracic</b> Andrew Weaver	<b>Trauma</b> Shira Gambrel	<b>Urology</b> Katya Fain	<b>Vascular</b> Johannes Dorfling

# Quality Improvement and Patient Safety

**2022 Winter Newsletter**



**Syed Z Ali, MD, FASA, Department Quality and Safety Program Officer**

In each issue of our newsletter, we will report on our activities in Quality Improvement and Patient Safety.  
If you have questions or comments, please send an e-mail to [syed.ali@uky.edu](mailto:syed.ali@uky.edu)

## CONTENTS

1. WHAT IS QUALITY IMPROVEMENT (QI)?
2. ANESTHESIOLOGY RESIDENTS' QI PROJECTS
3. WHAT IS SWARMING?
4. EXAMPLE OF PATIENT SAFETY (PS) EVENT
5. WHERE DO I REPORT AN INCIDENT?

# 1. WHAT IS QUALITY IMPROVEMENT (QI)?

Quality is defined by the **National Academy of Medicine** as “...the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge.”

The **Centers for Disease Control** and Prevention defines quality improvement as “...a continuous and ongoing effort to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality in services or processes which achieve equity and improve the health of the community.”

The U. S. **Department of Health and Human Services** defines quality improvement as “...systematic and continuous actions that lead to measurable improvement in health care services and the health status of targeted patient groups.”

Quality improvement is the framework used to systematically improve care. Quality improvement seeks to standardize processes and structure to reduce variation, achieve predictable results, and improve outcomes for patients, healthcare systems, and organizations. Structure includes things like technology, culture, leadership, and physical capital; process includes knowledge capital (e.g., standard operating procedures) or human capital (e.g., education and training).

## How do quality measurement and quality improvement work together?

Healthcare providers gain insights and improve outcomes through quality measure benchmarking. Benchmarking allows us to identify best practices in care. By analyzing variation in quality measures, we can identify research opportunities that advance professional knowledge, which informs the creation of future best practices.<sup>1</sup>

Similarly, quality measure benchmarks can be used to accurately track quality improvement progress.

## How does CMS use quality measurement and improvement?

Centers for Medicare & Medicaid Services (CMS) uses quality improvement and quality measurement to achieve the goals and priorities of the Meaningful Measures Framework.

The purpose of the Framework is to improve outcomes for patients, their families and providers while also reducing burden on clinicians and providers.

The mechanism of quality improvement is *standardization*.

1. First, behavior is made **systematic** so that the same inputs result in the same outputs within the bounds of uncertainty (randomness).
2. Second, behavior is **aligned with evidence on sound practices** (e.g., guidelines and systematic reviews). The Plan-Do-Study-Act (PDSA) Cycle is a systematic series of steps to identify the patient, process or system characteristics associated with “non-standardized behavior”. Through each repetition of the PDSA Cycle, behavior becomes more systematic and more aligned.<sup>2</sup>

## References

1. Califf, R. M., Peterson, E. D., Gibbons, R. J., Garson, A., Brindis, R. G., Beller, G. A., & Smith, S. C., (2002). **Integrating quality into the cycle of therapeutic development**. *Journal of the American College of Cardiology*, 40(11), 1895-901.
2. Langley, G. J., Moen, R., Nolan, K. M., Nolan, T. W., Norman, C. L., & Provost, L. P. (2009). **The improvement guide: A practical approach to enhancing organizational performance** (2nd ed.). Jossey-Bass.

# 2. ANESTHESIOLOGY RESIDENTS' PROJECTS

ANNUAL FINAL QI PROJECT PRESENTATIONS – MAY 26, 2022 5:00 – 7:00 PM

Special acknowledgement and very great appreciation to **Dr. Amy DiLorenzo**, Assistant Dean, Graduate Medical Education, and Assistant Professor & Director of Educational Development in the Department of Anesthesiology – for her valuable and constructive role in **planning, development, support, and assistance** during the QI projects.

- Team 1: **“Can pediatric endoscopy patient and family experience be improved for autistic children using a perioperative survey?”** Presented by: Dr. Justin Talwar  
*Faculty Mentor: Dr. Bradford*
- Team 2: **“Pre-Operative Hand Hygiene”** Presented by: Dr. Reid Cauthen  
*Faculty Mentor: Dr. Smith*
- Team 3: **“POCUS Project: Implementing a Curriculum for Residents”** Presented by: Dr. Kevin Priddy  
*Faculty Mentor: Dr. Firestone*
- Team 4: **“Ensuring Correct NPO Times in Pediatric Patients”** Presented by: Dr. Logan Hollman & Dr. Joseph Wells  
*Faculty Mentor: Dr. Hall*
- Team 5: **“POCUS Utilization on PACU Rotation”** Presented by: Dr. Peter Yarger  
*Faculty Mentor: Dr. Dwan*

- Team 6: **“What’s the Holdup: Disposition of Extubated Interventional Services Patients After Procedures”** Presented by: Dr. Matt Tescula  
*Faculty Mentor: Dr. Linville*
- Team 7: **“Improving Arterial Line Kits to Reduce Waste in the OR”** Presented by: Dr. Alison Murphy  
*Faculty Mentor: Dr. Fain*
- Team 8: **“Development of EPIC Event for Anesthesia Provider Breaks and Lunches”** Presented by: Dr. Ryan Haas  
*Faculty Mentor: Dr. Cassis*
- Team 9: **“Optimizing Cricoid Pressure”** Presented by: Dr. Taylor Ipsen  
*Faculty Mentor: Dr. Rose*
- Team 10: **“Pre-Huddle Checklist: A Tool to Improve Communication and Efficiency”** Presented by: Dr. JoJo Johnson  
*Faculty Mentor: Dr. Fragneto*
- Team 11: **“Emergency Airway Transport Kits”** Presented by: Dr. Wes McGraw  
*Faculty Mentor: Dr. Hillenbrand*

CONGRATULATIONS TO THE FOLLOWING TEAMS !

**Top Resident QI Project Awards 2022**

**“Emergency Airway Transport Kits”** 

Team: Dr. Catherine Janszen, Dr. Chase Johnson,  
Dr. Alvin Wu, Dr. Keaton Dubois, Dr. Wes McGraw  
Faculty Mentor: Dr. Karl Hillenbrand

~

**“Pre-Huddle Checklist: A Tool to Improve  
Communication and Efficiency”**

Team: Dr. James Conwell, Dr. Madison Phillips, Dr.  
Walter Johnson, Dr. Ryker Saunders, Dr. Spencer  
Fogelman  
Faculty Mentor: Dr. Regina Fragneto



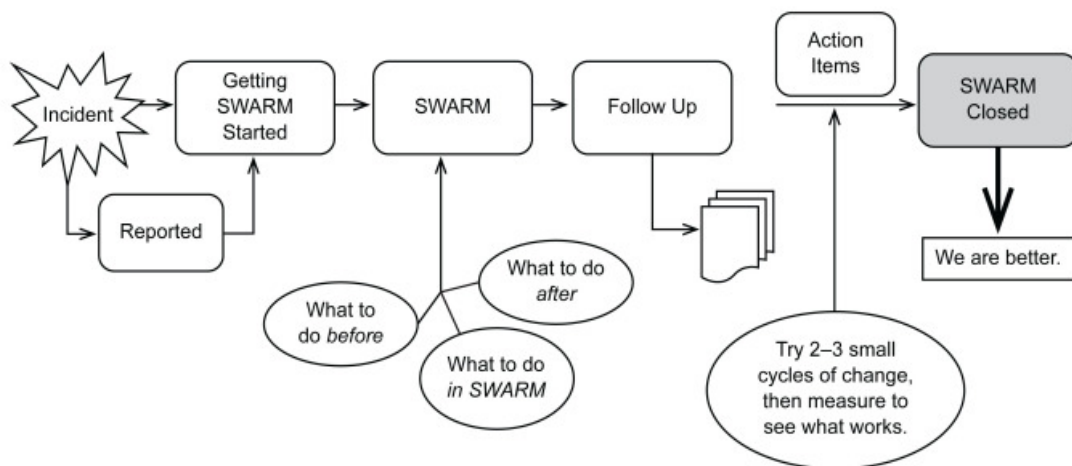
### 3. WHAT IS SWARMING?

When errors occur with adverse events or near misses, root cause analysis (RCA) is the standard approach to investigate the “how” and “why” of system vulnerabilities. However, even for facilities experienced in conducting RCAs, the process can be fraught with inconsistencies; provoke discomfort for participants; and fail to lead to meaningful, focused discussions of system issues that may have contributed to events.

SWARM is a process to conduct root cause analysis when errors or systems problems occur in a respectful, blame-free environment to seek understanding, identify problems, and create solutions.

In 2009 University of Kentucky HealthCare Lexington developed a novel rapid approach to RCAs— colloquially called “SWARMing”—to establish a consistent approach to investigate adverse or other undesirable events.

#### SWARM Process



In SWARMS, which are conducted without unnecessary delay after an event, an interdisciplinary team undertakes thoughtful analysis of events reported by frontline staff. The SWARM process consists of five key steps: (1) introductory explanation of the process; (2) introduction of everyone in the room;

(3) review of the facts that prompted the SWARM; (4) discussion of what happened, with investigation of the underlying systems factors; and (5) conclusion, with proposed focus areas for action and assignment of task leaders with specific deliverables and completion dates.

## Reference

“SWARMing” to Improve Patient Care: A Novel Approach to Root Cause Analysis. The Joint Commission Journal on Quality and Patient Safety. Volume 41, Issue 11, November 2015, Pages 494-501

# 4. EXAMPLE OF PATIENT SAFETY (PS) EVENT

A hypothetical patient on ICU had an insulin infusion held because of falling blood sugars, resulting in severe hypoglycemia requiring correction with dextrose solution. SWARM ACTION ITEM: education of team about continuous glucose monitoring to prevent hypoglycemic episodes. If you would like more information about recent SWARMS, please contact Dr. Ali.

SWARM provides consistent evidence of the hospital’s commitment to transparency and to a non-punitive, systems-based approach to quality and safety. Ensuring the sustained success of SWARMS requires an ongoing commitment to identifying events of safety problems and errors and to overcoming staff’s fears about whether reporting and discussing these events in an open forum is safe and productive.

*If a patient safety (PS) event occurs that you believe warrants further investigation, please utilize the incident reporting system to trigger further evaluation, or you can contact your supervisor or the Department Quality and Safety Program Officer (DQSPO) with further questions.*

The information contained in incident reporting system has been compiled as part of UK HealthCare’s Patient Safety Evaluation Systems with the intent to submit to UK Healthcare’s PSO, is deemed to be Patient Safety Work Product, and is privileged and confidential.



## 5. WHERE DO I REPORT AN INCIDENT?

One of the ways that the University of Kentucky Health Care system works to provide a safe environment for all patients, visitors, and employees is through the incident reporting system. Reportable events regarding patients, visitors and employees are to be entered by UK staff into the incident reporting system. Occurrences should be reported at the time of discovery to ensure that the information is accurate and complete.

TO REPORT AN INCIDENT from hospital network:

### QUICK LINK

**CAREWEB ACCESS, THEN REPORT AN INCIDENT:**

<http://www.hosp.uky.edu/careweb/carehome.asp?PageName=General&Section=>

### QUICKER LINK

**DIRECT ACCESS TO INCIDENT REPORTING:**

<http://careweb.mc.uky.edu/psn/>

### QUICKEST LINK

**EPIC ACCESS VIA DROP-DOWN TOOL BAR ICON ON TOP:**

<http://prdeqsweb02.mc.uky.edu/Datix/live/index.php>

**“Coming together is a beginning, keeping together is progress, working together is success.” - Henry Ford**





**LAURA PINAULT, MD**  
**ASSOCIATE**  
**PROFESSOR**

## **MESSAGE FROM THE RESIDENCY PROGRAM DIRECTOR**

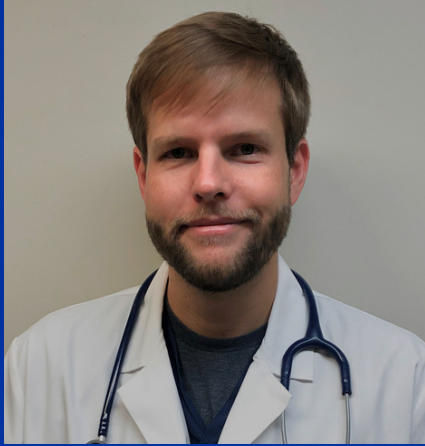
There is a lot of news to share about our residency program! First, I was warmly welcomed as incoming Program Director as of September 1st, 2022. Thank you to Dr. Regina Fragneto for her work as interim Program Director prior my arrival! We are in the midst of another busy residency recruitment season and hosted two very successful virtual Open Houses (August 23rd and September 13th) for prospective applicants. I appreciate the help of resident panelists who promoted our program at the Open Houses: Drs. Hollman, Tescula, Phillips, Guidugli and Zegar. Additionally, Dr. Fragneto, Dr. Sara Keshtvarz and Dr. Hal Marmolejos represented our program at the

Student National Medical Association Virtual Residency Fair on August 27th. We are conducting another entirely virtual interview season, beginning with the first interview day on October 28th (UK student day). We continue to have strong interest in our specialty and program, with over 1500 applicants this year! At the ASA conference in New Orleans, we hosted a table at the “Meet and Greet with Residency Programs” session. A large contingent of our residents presented Medically Challenging Cases. Zachary Martin, PGY-2, represented KSA as our resident delegate to the ASA.

I would like to highlight all the residents who participate in leadership roles and committee work for our department and institution, starting with our Chief Residents: Logan Hollman, Ryker Saunders and Matthew Tescula. They have been doing a phenomenal job with complex resident scheduling matters and leadership role modeling for residents. We have created a Resident Council to promote collaborative solutions for our program, which is comprised of peer-elected representatives from each PGY class: our Chief Residents, Tyler Guidugli PGY-3, Dylan Livingston PGY-2 and Kelci Beardsley PGY-1. Representing our program on the GME Program Committee are James Conwell PGY-4, Tyler Guidugli PGY-3, and Madison Phillips, PGY-3. We also have resident representation on the GME Appeals Subcommittee from Walter Johnson PGY-3.

Dr. Jasveen Chadha recently graduated and started as a UK faculty member in September, 2022. Dr. Elwood Miller and Dr. Nadia Romero will be finishing training soon - congratulations to them! Dr. Miller will be doing locums work and Dr. Romero will join a private practice with Norton Healthcare in Louisville.

As the academic year progresses, one focus will be coordinating more excellent in-person learning sessions for residents, with a goal of once monthly large group learning sessions, GCC on Wednesdays, Lunch and Learn on Thursdays and ITE review sessions upcoming. The faculty contributions to these teaching efforts are notable and greatly appreciated! Looking forward to a great academic year!



**BOB WEAVER, MD**  
**ASSISTANT PROFESSOR**

## **NEW PEDIATRIC FELLOWSHIP**

We are ecstatic to announce that we have started an accredited pediatric anesthesiology fellowship and have matched our first fellow, Matt Tescula! He will begin fellowship next July. Thank you to everyone who has made this possible, especially Amy DiLorenzo and Tori Bloom for their mentoring and help during the application process, Dr. Hassan for his support at the College of Medicine level, and the entire pediatric division for the enthusiastic support in making this a reality. We are accredited for one fellow per year and are working hard to make sure that the experience meets the excellent standards of our department.

## **UK AT THE ASA ANNUAL MEETING**

**EUGENE HESSEL, MD**

About 16 residents and 14 faculty member attended the annual meeting this year. Eleven residents presented 12 posters. Dr. Sarah Hall presented two additional posters on behalf of residents who were unable to attend and a third of her own. Dr. Dwarakanath gave a presentation at the panel on "Heart Failure - Curbside Consult with the Experts." Dr. Grider presented at the "Cost of Intervention Pain Medicine" panel as well. Dr. Richie-Dabney presented on the "The Processed EEG Monitor: Beyond Awareness" panel. Dr. Striker gave a live recording of a podcast on "ASA Central Line advisory: Role and Value of Professional Societies for Physicians and Patients". Several of our faculty including Drs. Ali and Dwarakanath served as monitors at poster sessions. Dr. Fragneto served as the KSA delegate and Dr. Zachary Martin as resident delegate to the House of Delegates.

## **MEDICAL STUDENTS IN OUR DEPARTMENT**

**BOB WEAVER, MD**

We continue to expand our ability to provide clinical opportunities to our medical students by being able to offer a two electives in May following the second year of medical school.

We also now have been able to offer a two-week perioperative medicine selective for some students during their third-year internal medicine clerkship as an option of one of the subspecialty clinics. A special thank you to Dr. McLarney and the rest of the preoperative clinic group for helping make this a reality.

We also have every third-year medical student at the Lexington campus join us in the OR for one day during their surgical clerkship.

Through these efforts to expand opportunities for early exposure to the specialty, we have seen interest in our fourth-year medical students rise consistently over the past three years from a nadir of three students in the 2021 graduating class, to now fifteen students applying from the current fourth year class. Thank you to everyone for showing how great our specialty is and being such great ambassadors and clinical teachers.

## DIVERSITY, EQUITY & INCLUSION IN THE UK DEPARTMENT OF ANESTHESIOLOGY



REGINA FRAGNETO,  
MD, FASA  
PROFESSOR



CINDY HSIEH  
MELTON, CRNA

Our department is dedicated to providing the best possible care to our diverse patient population, educating our department members about health inequities, and striving for diversity within our department membership. A departmental DEI Committee was developed more than 2 years ago. All members of our department are welcome to serve on the committee and we currently have active members from all areas of the department – residents, faculty, CRNAs, APPs, and administrative staff. The committee meets approximately quarterly to plan activities that will promote DEI efforts in our department. A departmental Diversity & Inclusion Ambassador (Regina Fragneto) has also been appointed by the College of Medicine. The departmental ambassadors meet monthly to discuss and share knowledge and initiatives to improve the DEI environment within all the College's departments.

Since the inception of our DEI Committee, much has been accomplished. Book and movie discussions addressing issues of racism and equity, including a discussion of the movie *Hidden Figures*, have taken place and been open to all department members. A previously popular departmental event – International Potluck – was resurrected. Although not as well attended as we had hoped this past spring, we plan to continue this event after surveying department members as to best time and location as well as rebranding it as a Cultural Potluck. Stay tuned for more information and we hope you will plan to attend and enjoy lots of great food.

From an educational standpoint, over the past two years, several presentations related to DEI have been given at GCC. There have been presentations about health inequities among various patient populations and the role of a diverse health care workforce to improve outcomes. A role-playing activity demonstrating microaggressions towards diverse health care staff has taken place. Visiting speakers have discussed racism in America and its effect on health care and unique aspects of caring for our patients from rural Appalachia. At the beginning of most GCCs slides addressing DEI themes are projected to increase awareness. Dr. Habib Srour leads this initiative and he is always looking for more content to include in our repository. You can submit content for potential inclusion at

<https://medicine.ukhc.org/Anesthesiology/anesdiversity/SitePages/Home.aspx>

Feel free to reach out to the leaders of our DEI Committee with questions or ideas for future activities and initiatives.

## AN UPDATE FROM OUR CHIEF CRNAS

Our team of CRNAs continues to grow. Over the summer we welcomed five new graduates and two seasoned practitioners to our team. Chase Buck, Courtney Federspiel, Madelyn Hall, and Audra Lee joined our team of CRNAs after recently completing the DNP nurse anesthesia program at Northern Kentucky University, where Chase was their class president. All four entered graduate school at NKU after working as nurses in our ICUs – Chase and Maddie in the TICU/SICU, and Courtney and Audra in the CTVICU.

Jason Stouse recently completed the DNP nurse anesthesia program at Murray State University. Before graduate school, Jason worked as a team leader/charge nurse, cardiac care coordinator, and staff nurse in the CVICU here at UK HealthCare. Prior to that, Jason was part of our anesthesia team in the ORs as an anesthesia tech. Wade Covington joined us back in June. Since graduating from CRNA school at Lincoln Memorial in 2018, Wade has been practicing anesthesia in private practice in Chattanooga, Tennessee. Justin Neidig comes to us from Baptist Health in Lexington, where he has been working since graduating from Middle Tennessee School of Anesthesia (MTSA) in 2018. Before graduate school, Justin worked as a nurse here at UK in the PICU and CVICU, and at Cincinnati Children's hospital in the PICU. This fall we welcomed Brooke Wilczak, a recent graduate from the Murray State University DNP program. Prior to entering graduate school, Brooke had three years of nursing experience and five years of experience as a surgical tech. We also had several experienced practitioners join our team in October. James Bilan worked with Commonwealth Anesthesia since graduating from MTSA in 2014. Before entering graduate school, James was an RN in our CTVICU. Mark Gordon was at St. Joseph Hospital since 2009, first as an RN in the Med/Surg ICU, then as a CRNA after completing the graduate program at the University of Cincinnati in 2013.

In December, we are thrilled to have Kristen Stafford return to her full-time role and we will have three more new graduates join us in January. Megan Calhoun will finish her DNP at MTSA in December. She has nursing experience in various ICU setting in Texas, Nebraska, and South Carolina. Tyler Wellman and Brennan Fraley are both finishing up graduate school at Lincoln Memorial University next month. Before entering the anesthesia program, Brennan worked in the ICU at the Henry Ford Hospital in Detroit and Tyler was an ICU nurse for six years, including several years here at UK in our Trauma/Surgery ICU.



GREG BUCKLER,  
CHIEF CRNA



CHELSEA RUNKLE,  
CHIEF CRNA



MARSHALL  
ANDERSON,  
CHIEF CRNA

# THE STATE OF RESEARCH IN THE DEPARTMENT

KEVIN HATTON, MD, PHD, FCCM  
PROFESSOR

As Vice-Chair of Research, it is my pleasure to provide an update on the research activities within the Department of Anesthesiology. Over the past few years, clinical and translational research has been an exciting area of growth for our department. We now have faculty whose research are funded from multiple Institutes within NIH, including the National Institute of Neurological Disorders and Stroke (NINDS) and the National Institute on Drug Abuse (NIDA). Faculty research is also funded by smaller but also important state and local grants. These are all competitive grants and demonstrate the on-going multi-faceted research work being performed by faculty within our department.

To support the next generation of researchers, our department offers a wide array of research support including access to the experts, tools, and analytics that drive modern clinical and translational research. Using this, many residents and students have engaged in research that has been presented at the ASA, IARS, PGA and other national meetings. The annual KSA meeting is also an excellent opportunity to see and engage with our residents and students about their research work.

Our next research initiative is the development of the UK Perioperative Outcomes and Research Center, primarily housed within the Department of Anesthesiology, that will provide research support for faculty, fellows, residents, students, and many others to improve the perioperative health and experience for patients throughout the Commonwealth of Kentucky. Support will eventually include capabilities for biobanking, complex research protocol development and implementation, and platforms for artificial-intelligence and machine-learning algorithm development and validation.

DR. KEVIN HATTON, during the HOBIT study



# ANNOUNCEMENTS

Department members are invited to the Annual Department of Anesthesiology Holiday Party on Saturday, December 10, 2022 from 6pm to 10pm.

Theme: The Great Gatsby  
Where: Round Barn 1200 Red Mile Rd.,  
Lexington KY 40504

Dinner provided. Cash bar.

Live music, photographer, prizes and awards for best dressed, and readings of "Funny Colleague Tweets"



Dr. Regina Fragneto is launching an OB Anesthesia Journal Club. The first session will be December 2nd at 6-6:45am in MN-363. All are welcome. Contact Dr. Fragneto at [fragnet@uky.edu](mailto:fragnet@uky.edu) for more details.

Did you know the Ronald McDonald House Family Room in the Kentucky Children's Hospital serves more than 15,000 guests per year, allowing families to be just a few steps away from their children in the NICU or PICU? The room is staffed entirely by trained volunteers and stocked with donations of snacks, water, and coffee. During this holiday season, the UK Department of Anesthesiology is pleased to support the Ronald McDonald House of the Bluegrass by collecting snacks for the Family Room. The most urgent need currently is for individually wrapped snack items (see page 33). Please bring items to the collection box in Room N-232 or to Amy DiLorenzo in N-226. Contact [Amy.DiLorenzo@uky.edu](mailto:Amy.DiLorenzo@uky.edu) with any questions. Thank you in advance for your generosity!

# Wish list



RMHC<sup>®</sup>  
of the Bluegrass

RONALD MCDONALD HOUSE CHARITIES<sup>®</sup> OF THE BLUEGRASS

## TOP NEEDS:

- Peanut Butter Crackers
- Cheese Crackers
- Individual Bags of Chips
- Individual Tuna Kits
- To Go Containers
- Juice boxes
- Applesauce Cups
- Barilla Microwavable Meals
- Fruit Bars
- Hormel Completes Single Serve
- Microwavable Meals
- Individual bags of chips
- Individual Cookie Packs
- Individually wrapped Snack Cakes
- Beef Jerky Individually Wrapped

## ADDITIONAL NEEDS:

- 4 Gallon Trash Bags
- Amazon Gift Cards
- Individual Packs of Animal Crackers
- Apple Gift Cards
- Individual Bottles of Juice
- Individual Bottles of Water
- Breakfast Bars
- Individual Boxes of Cereal
- Crystal Lite Water Flavor Packets
- Individual Cups of Chef Boyardee
- Granola Bars
- Gallon Zip-loc Bags
- Healthy Choice Shelf Stable Microwavable Meals
- Individual Bags of Cheez-its
- Dental Floss
- Disinfectant Wipes
- Feminine Hygiene Pads
- Fruit Cups
- Little Debbie Snack Cakes
- Lysol Spray
- Magic Erasers
- Microwavable Soup Cups

Many more items can be found on our Amazon.com Wish List. Just search for "Ronald McDonald House Charities of the Bluegrass" on Amazon.com Wish Lists.

### **CURRENT AS OF 9/28/2022**

For infection control and the safety of our guest families, we are NOT able to accept USED or PREVIOUSLY OWNED ITEMS. This includes stuffed animals, books, magazines, car seats, electronics, clothing, furniture, etc. This policy includes stuffed animals that have not been played with but have been on display on shelves in a home (ex: Beanie Baby collections). We CAN accept newly purchased stuffed animals with tags still attached as long as the item has not been recalled. Please do not wrap gifts for children.



# ANNOUNCEMENTS

Dr. Hayley Holbrook, PGY-1 Anesthesiology resident, has been nominated for a UK Healthcare STAR (Special Thanks and Recognition) Award. The STAR award is a "web-based recognition system to create a culture of daily appreciation." Dr. Holbrook received an award from our nursing colleagues for being a consummate professional who is respectful, kind, and timely in her responses to nursing needs. She is recognized for being a great team player. Excellent work, Dr. Holbrook!

## **New Anesthesia Subspecialty Fellows for 2023**

### **Pain Medicine Fellows for 2023**

Jake Huntzinger, MD – Anesthesiology Resident at Medical University of South Carolina

Caleb Kennon, MD – UK Anesthesiology Resident

Tim Morgan, DO – Anesthesiology Resident at Mayo Clinic in Florida

Jennifer Murphy, DO – UK PMR Resident

### **Pediatric Anesthesiology Fellow for 2023**

Matt Tescula, DO – UK Anesthesiology Resident

### **Adult Cardiothoracic Anesthesia Fellows for 2023**

Kathleen McGreevey, MD – Anesthesiology Resident at University of Oklahoma

Ryker Saunders, MD – UK Anesthesiology Resident

Submit your ideas for the newsletter's title to Dr. Hessel at [ehessel@uky.edu](mailto:ehessel@uky.edu) and keep an eye out for the opportunity to vote on the top contenders in the coming months!