New SLP program will train practitioners, fill job shortages

BY CINDY ABOLE

aboleda@musc.edu

The role of speech–language pathologists today is more exciting than ever. Speech–language pathologists (SLPs) are trained to evaluate, treat and teach patients who have difficulty communicating and/or swallowing. Historically, SLPs worked primarily in schools. Now, approximately 50% of SLPs work in a health care setting like hospitals, rehabilitation hospitals, nursing homes, home health and private practices.

At MUSC, SLPs are recognized members of the rehabilitation team, and their presence is about to expand with the launch of a new degree program in the College of Health Professions (CHP) — the Master of Science in Speech–Language Pathology. The new program, the product of several years of planning, will help to meet the local, state, and national needs for SLPs in the workforce.

In an independent report by Wiley Education Services, more than one-third of the nation’s states have a high demand for SLPs — including South Carolina. Specifically, 35% of SLPs surveyed reported open jobs, and 26% had funded unfilled positions within their health care organizations. In South Carolina, the Bureau of Labor Statistics projected a 19% increase in jobs for SLPs between 2016 and 2026.

That gap caught the attention of leaders and educators at CHP.

For the college’s dean, Zoher Kapasi, PT, Ph.D., the addition of the Master of Science in SLP program signifies the completion of his plan for comprehensive rehabilitation services education at MUSC.

“Our college vision is to improve the health of populations, and this we can do by ensuring that

See Program on page 8

‘Bow Wow Vows’ delight packed church in Valentine’s Day event

BY HELEN ADAMS

adamelsh@musc.edu

The gentle jokes were as plentiful as the wagging tails at the “Bow Wow Vows,” a Valentine’s Day fundraiser for the Charleston Animal Society at MUSC. Jazz and Murph, pet therapy dogs who visit patients at MUSC Health to cheer them up, were “tying the leash for a cause,” the program proclaimed. The bride and groom made their way to the altar in St. Luke’s Chapel on the MUSC campus after a “muttramony pawty” of seven other dogs led the way.

The wedding guests looked delighted throughout the ceremony, snapping phone pics and beaming as the chaplain asked if the dogs took each other as their “fur–ever furry beloved.” The dogs, in wedding attire, seemed to enjoy it too — although the bride and groom looked ready for a nap at times, lying down as the chaplain spoke.
Trustees vote to move projects forward in Indian Land, Williamsburg

Progress was squarely on the agenda for board members during the regularly scheduled meeting of MUSC and MUHA. In addition to receiving updates on academic, research and clinical matters, the MUSC/MUHA Board of Trustees voted to authorize moving forward with two previously announced projects.

Approval was unanimously granted to authorize MUSC Health to purchase 87 acres of land in northeastern Lancaster County for the purpose of building a new MUSC Health hospital in Indian Land, South Carolina. The purchase of the land is not to exceed $10.25 million.

As discussed during the October board meeting, there are no existing beds or emergency services in northern Lancaster County, yet Indian Land is the second-fastest-growing zip code in the state. MUSC plans to file a certificate of need (CON) that asks to relocate roughly 100 inpatient beds from the current 225-bed MUSC Health Lancaster Medical Center to a new community hospital to be constructed in Indian Land. The current MUSC Health facility in the city of Lancaster will remain open and continue to serve the patients and families in that area.

“The Indian Land campus will have a full-service hospital at its core, which will include an emergency department, medical and surgical inpatient care, imaging and outpatient care,” said Patrick J. Cawley, M.D., CEO of MUSC Health. “There will also be physician office space and other health-related services.

“That whole area where the population is booming is a bedroom community of Charlotte,” Cawley stated. “We already have patients and employees who commute to our existing hospital in Lancaster to receive care or to work. The new facility in Indian Land will add greater access and convenience for this expanding community,” he added.

“It’s been shown that to serve patients most effectively, you need to be where they are,” Cawley said. “Patients want to receive their health care closest to home and family. These days, we can build a small hospital and do it in a cost-efficient way so patients don’t have to travel. Plus, with our deep experience delivering telehealth, we can also provide smaller hospitals with a lot of specialty care from a distance.”

Taking unanimous action on another project, the board voted to approve hiring GMK/McMillan Pazdan Smith as the architectural firms for the consolidation and relocation of Williamsburg Regional Hospital and Lake City Community Hospital. The boards of these two facilities have agreed to cease operations when MUSC Health constructs and opens a new hospital facility to serve both communities. For more information about the project, please read the original news release at https://web.musc.edu/about/leadership/institutional-offices/communications/pamr/news-releases/2019/musc-signs-agreement-with-lake-city-community-hospital-and-williamsburg-regional-hospital.

The new MUSC Health facility will be constructed in Williamsburg County on land donated for this project. The next step will be to organize the building plans so the CON can be filed. Then the review process begins.

Opening his report to the board with a year-in-review video, MUSC President David J. Cole, M.D., FACS, said, “Our enterprise recorded many remarkable milestones in 2019. This video serves as a highlight reel, reflecting many of the moments that made the year so special for our MUSC family and the communities we serve.” To watch the video, visit https://player.vimeo.com/video/386489121.

Cole also shared a selection of innovations and achievements from across the institution, including:

- The MUSC/ZIAN blink reflexometer (Eye Stat), a portable device capable of discerning concussions, just received FDA approval.
- More than 1,300 MUSC students and 170 volunteers participated in 2019 Interprofessional Day. This is one example of why MUSC is considered a national leader in interprofessional education.
- The South Carolina Hospital Association awarded MUSC Health The Capstone Award, which is given to hospitals and health systems pursuing excellence in delivering highly reliable care, developing a healthy workforce and building healthier communities.
- Established on Feb. 5, 1970, the MUSC Department of Family Medicine is celebrating its 50th birthday, holding the position as the third-oldest department of its kind in the country.
- Opening of the MUSC Health West Ashley Medical Pavilion in December to rave reviews and rapid growth. The team at the new MUSC facility handled 10,416 patient visits in the first month as well as 214 surgical cases.
- The Feb. 22 move-in date is set for the MUSC Shawn Jenkins Children’s Hospital and Pearl Tourville Women’s Pavilion.

During his report, Cole also welcomed and introduced Kate Azizi, the recently arrived vice president for Institutional Advancement. To read about her appointment, visit https://web.musc.edu/about/leadership/institutional-offices/communications/pamr/news-releases/2019/musc-names-kate-azizi-vice-president-for-institutional-advancement.

The MUSC Institutional

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The U.S. Public Health Service Syphilis Study at Tuskegee took place in the 1930s. The Public Health Service conducted a criminal, unethical study to observe the progression of untreated syphilis in black men. The study was conducted without the consent of the participants and required them to attend a clinic every six months, even if they were asymptomatic, to receive free food and shelter. The study was terminated in 1972.

The study was widely condemned and led to the establishment of the Human Subjects Protection Office at the National Institutes of Health, which oversees all research involving human subjects in the United States. The study also led to the creation of the National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, which was established in 1974 to develop guidelines for the protection of human subjects in research.

Another honoree, recent College of Health Professions graduate and doctor of physical therapy Spencer Baron, got an early start on paying it forward by co-founding the MUSC COAST program. It brings middle school, high school and college students to MUSC for a taste of what the CHP program is like and what jobs might be open to them one day.

Baron knows what some of them are going through. “Coming from a family that didn’t really have much and being the first one to go to college – let alone to grad school – and try to get a doctorate. The reality of paving your own path is tough. I’m sure a lot of people here can relate to that.”

Baron graduated cum laude from the undergraduate program at the University of South Carolina, and during his time in graduate school at MUSC, he was involved in multiple efforts to improve diversity on campus.

Like Baron, the College of Medicine’s Black History Month honoree expressed gratitude for the places life has taken her. Sherron Jackson, M.D., described it as a series of blessings. “It started from age 10 with wanting to be a doctor, dreaming of becoming one. Having the blessing of getting into medical school and surviving medical school.”

She became the first African American resident in pediatrics at MUSC and went on to serve as chief resident. She later established a statewide program to screen newborns for sickle cell disease, her area of specialty.

But Jackson’s life also included a difficult period for the family, before her son’s first birthday.

“Unfortunately, in 1987, when Alex was nine months old, we were in an accident — hit by a drunk driver in a head-on collision. I had a closed-head injury and was in a coma for several weeks. Alex had a spinal cord injury. But guess what? Angels covered us,” she said.

“We were healed as much as possible. I was able to come back to work. I was out for a year. And I’ve been working ever since. Alex works for the Navy. He drives his van. He’s an advocate for people with disabilities. He’s an inspiration to all of us, and he’s a tremendous blessing in my life.”

Like Jackson, the College of Dental Medicine’s Black History Month honoree, Gwendolyn Brown, D.M.D., cited her religious faith as she accepted her award. “There were many trials and tribulations I endured, but with faith you persevere and achieve excellence.”

Brown was the only African American woman in her class in dental school and one of just seven women — out of 52 students. Her trials and tribulations included incidents like one that occurred in one of her first courses.

“The first day of gross anatomy lab, I shared a cadaver with three Caucasian males who were alternates. Back then, alternates were people who were not actually in the class yet but were allowed to take gross anatomy. They accused me of having their spot in the class.”

At one point, she wanted to quit. Her mother talked her out of it. “I realized I had to dig deep and show up and show out.”

Brown became the fourth African American woman to graduate from MUSC’s dental medicine program. She’s now its director of diversity and dental director of a special needs center and works to expose young people to the field of dentistry.

The College of Graduate Studies’ honoree, researcher and assistant professor Catrina Robinson, Ph.D., also works to make MUSC more diverse. She has mentored people ranging from high school students to postdoctoral research fellows. She traces her interest in science to something that hit very close to home.

“I was born and raised in Tuskegee, Alabama. My great–grandparents were part of the syphilis study,” Robinson said.

The U.S. Public Health Service Syphilis Study at Tuskegee took place in the 1930s. The Public Health Service worked with the Tuskegee Institute to study what happened when syphilis went untreated in black men.
Moosk people’ return to Puerto Rico in quake’s aftermath

By Helen Adams
adamshel@musc.edu

Some Puerto Ricans have a nickname for the psychologists from MUSC who have come to help in the aftermath of recent earthquakes and 2017’s Hurricane Maria.

“The call us ‘moosk people,’” said Rosaura Orengo-Aguayo, Ph.D., with a laugh. “M-U-S-C.”

Those MUSC people have been regular visitors since 2017, training Puerto Rican teachers, psychologists and others in how to best help children who have been exposed to traumatic situations. It’s funded through a grant from the Substance Abuse and Mental Health Services Administration and the National Child Traumatic Stress Network.

Orengo-Aguayo, who grew up in Puerto Rico and now serves as an assistant professor in the Department of Psychiatry and Behavioral Sciences at MUSC, is helping to lead the effort along with Regan Stewart, Ph.D., and Michael de Arellano, Ph.D.

Puerto Rico has been rocked by more than 120 earthquakes since December 2019. It’s on the edge of the Caribbean tectonic plate, which is colliding with the North American plate. The U.S. Geological Survey estimates that aftershocks from the 6.4 magnitude quake that hit Jan. 7 will last for years.

Orengo-Aguayo said the quakes have shaken up the children she recently met in a displacement camp for families afraid or unable to return to homes they fear will come tumbling down around them. “This has intensified memories of Maria, which is very common in trauma. Like yes, these earthquakes are scary, but now I remember that my mom was trapped due to flooding in the hurricane.”

Hurricane Maria did more than $100 billion worth of damage to Puerto Rico. Almost 3,000 people died in its aftermath. Orengo-Aguayo and colleagues from MUSC, Puerto Rico and the National Child Traumatic Stress Network published a study that found about one in 14 kids in Puerto Rico reported symptoms of post-traumatic stress disorder after Maria.

The earthquakes certainly aren’t helping, Orengo-Aguayo said. They started a little over a month ago in southwestern Puerto Rico. The 6.4 quake was the biggest the island had seen in more than a century.

Some Puerto Rican children are now veterans of natural disasters, with their own versions of war stories and vigilance. “The kids in the camp were comparing,” Orengo-Aguayo said. “They said, ‘This isn’t like Maria. It’s still happening, and we need to do this and this for safety.’ They’re drawing parallels. The kids were saying, ‘Well, we have our hurricane backpack. But our earthquake backpack is different, because it needs to have this and this and this.’”

A handwritten note marks a Puerto Rican house that’s unsafe to live in after a series of earthquakes and aftershocks. Some people are still sleeping outside because their homes are too damaged to live in — or because they’re afraid another earthquake will cause houses to collapse around them. U.S.G.S photo.

About 200,000 Puerto Rican children haven’t been to school for weeks. The 6.4 magnitude quake forced the permanent closing of dozens of schools.

Orengo-Aguayo sees helping those children, by teaching adults how to care for them in the wake of trauma, as part of her calling. “When I was in the seventh grade, I’m not kidding, I just felt like God was calling me to preach his word. I always thought I’d end up a preacher or something like that — a missionary. And somehow, I think through the secular field of psychology, I found out that our purpose is also the healing of others.”
Meet Ronica

Ronica (Ronnie) L. Wilson

Department; How long at MUSC
MUSC Health–Meduflex; 12-plus years

How are you changing what’s possible at MUSC
I make sure I treat patients and staff the same way I would want to be treated. Respect goes a long way.

Family and pets
Son, Kywin; daughter, Kamora; and family dog, Laylaa

Feb. 29 is your Leap Year birthday.
How will you celebrate it
I celebrate it on Feb. 28 and March 1. When Feb. 29 is on the calendar, I still celebrate all those days. It’s special when I see my birthday on the calendar since it occurs once every four years.

Projects you would like to accomplish
I’m currently starting up my own wine business — 84 Grand LLC. Like me on Facebook (same name) and follow me on Instagram.

Greatest moment in your life
Having my mom and kids see me graduate from college — twice!
MUSC, Medtronic celebrate a year of progress and innovations

By Cindy Abole

aboleca@musc.edu

While today’s health care industry continues to evolve, health care leaders actively seek ways to create clinical interventions that improve health outcomes and provide value-based care to patients. Simply defined, value-based health care strives to deliver the best patient outcomes for the lowest possible cost.

Why is value-based health care needed? In the Palmetto state, more than 3 million residents are affected by at least one chronic disease, like diabetes or high blood pressure. It’s estimated that the lives of more than 21,000 people could be saved annually through better chronic disease management and prevention. Building a value-based health care (VBHC) system is one way to achieve these life-saving changes.

But how does an academic medical center and comprehensive health system like MUSC transition from a traditional yet unsustainable fee-for-service health care model to a long-term value-based patient care model? MUSC senior leadership recognized that this was no simple question and an even more complex undertaking.

So to formulate a plan and take action, MUSC turned to the expertise of a like-minded health care industry partner that could apply its experience in value-focused financial business models and help to standardize processes that could transform the delivery of care for South Carolina residents.

Last February, MUSC entered into an important VBHC partnership with Medtronic, a global leader in medical technology, services and solutions. The goal was to help drive this pioneering transformational change to improve patient care and lower costs.

This five-year VBHC partnership blends Medtronic’s technology expertise and MUSC’s clinical and academic expertise to create a coordinated health care model that will improve the evidence-based adoption of solutions that deliver value while sharing financial accountability. The VBHC model identifies health problems earlier, then streamlines and improves patient care while reducing overall costs.

The partnership is focused first on how medical technology and services can affect four specific areas – enhanced respiratory monitoring, heart failure, vascular disease and improved care for patients requiring breathing support.

MUSC President David J. Cole, M.D., FACS, is pleased with the progress of the partnership over the past year as well as the energy and efforts invested by the teams involved to align the organizations toward the goal of providing high-value, lower-cost health care.

Cole said that the first year working with the Medtronic team has laid a strong foundation for moving value-based health care from the drawing board to operational mode.

“Through this relationship, we are working to leverage our clinical and academic expertise in alignment with Medtronic’s excellence in technology and operations, bringing all these resources to bear to solve issues of critical importance to both of our organizations.”

David J. Cole, M.D.

According to Kuklenski, MUSC and Medtronic followed Medtronic’s Advantage Ecosystem process that guides the strategy, data, legal, governance and operational aspects of the partnership. Governance committees for data, quality, finance and academic were formed to oversee how programs are selected, built and measured.

“The value-based health care partnership is process driven, with an infrastructure that requires collaboration, communication and trust,” she explained. “Each of the four VBHC programs has high compliance to a robust standardized clinical intervention process engineered for repeatability and scale.”

She further explained that the inclusive and entrepreneurial Medtronic-MUSC culture has developed over time.

“The overall MUSC and Medtronic alignment, willingness to engage and access to resources have been a positive influence on the partnership and progress. The processes we use to create value-based programs are powerful.
MUSC Stroke Center marks milestone in innovative patient care

By Leslie Cantu
cantu@musc.edu

MUSC Health’s Comprehensive Stroke Center team is celebrating a big milestone — the 1,000th patient treated with the ADAPT procedure.

ADAPT, which stands for “A Direct Aspiration first Pass Technique,” is a way of treating strokes that MUSC Health pioneered in 2013.

“It’s faster, more effective and less costly than the alternative,” said Alejandro Spiotta, M.D., director of the Division of Neuroendovascular Surgery.

So fast, in fact, that Spiotta and his team recently set what he believes is a world record — removing a blood clot in 3 minutes, 23 seconds. They beat the previous record, set by MUSC Health’s Jonathan Lena, M.D., by 14 seconds.

Now, those times are unusual. Typically the procedure takes less than 20 minutes, which is still quite a bit faster than the 35 minutes or so that it took in 2013, when MUSC Health began using the procedure regularly. Times have decreased because the neuroendovascular surgery team — the techs, nurses and doctors — has streamlined its processes and because industry has responded by producing catheters specifically designed for this procedure, Spiotta explained.

When someone arrives at the hospital with a blood clot blocking a large blood vessel in the brain, one of the treatment options is a thrombectomy — physically removing the clot. Traditionally, doctors have done this by using a stent retriever that grabs the clot and pulls it out.

MUSC Health doctors were attempting such a procedure in 2013, but the clot had eluded their first attempt. As the tech prepped for the second try, the doctors decided to try to aspirate the clot mechanically — basically, they sucked it out through the catheter like a vacuum hose.

“It was that ‘aha!’ moment,” Spiotta said. The aspiration technique had been used before as a backup but hadn’t been considered as the go-to procedure.

Soon, MUSC Health doctors began using aspiration rather than stent retrieval. They also began conducting trials and publishing their results to spread the word about the procedure.

Unlike a heart or cancer surgery, the results from a thrombectomy are pretty much instantaneous.

“If you were to see it, it would shock you. Because someone’s coming in totally paralyzed, can’t talk, they’re totally unaware,” Spiotta said. But within minutes, the clot may be removed and brain function is restored.

During a stroke, a blood clot blocks blood flow to the brain, meaning part of the brain is dying. If blood flow isn’t restored, the person could physically survive but be unable to speak or understand language in a normal manner or even feed or care for him- or herself. But all that changes once the surgeon sucks out the clot, Spiotta said.

“Within minutes they’re thanking you on the table, and they can go home the next day. It’s highly impactful, and it has never ceased to amaze me, even after our 1,000th procedure.”

Another difference from other surgeries is the time of day. It seems like strokes never happen on a weekday afternoon, Spiotta joked. Instead, team members get jolted out of bed to attend to patients.

“That’s a lot of people waking up at night by a phone call saying, ‘Get your butt in the hospital.’ It’s a big sacrifice, but one that all of our team members are willing to make.”

Illustration by Emma Vought

A timeline of the various procedures and tools used in thrombectomies. Dr. Spiotta noted that while MUSC Health has conducted 1,000 ADAPT procedures, “It’s not like we’ve done 1,000 of the same case. Over 1,000 cases here we’ve gotten faster, safer. It’s an evolution.”

Photos by Alejandro Spiotta/Graphic by Leslie Cantu

This collage shows just some of the team members who helped MUSC Health reach the milestone of 1,000 ADAPT procedures.

See Stroke on page 11
The program will have a medical emphasis and evidence-based education foundation where students will learn by doing, according to Heather S. Bonilha, Ph.D., division director for the Speech-Language Pathology program. It will offer a wide range of clinical training experiences rarely offered in master’s degree programs of this kind.

SLPs work with people of all ages—from birth to the elderly—and MUSC students will have many opportunities to work with the full breadth of patients, from those recovering from stroke or traumatic brain injuries to those living with swallowing disorders in both inpatient and outpatient settings. The medically focused curriculum will include unique academic and clinical opportunities in areas such as:

- Head and neck cancer.
- Pediatric dysphagia (e.g. care of newborns with swallowing issues).
- Cranial facial anomalies and genetic disorders.
- Tracheostomy and ventilator dependence.

Even for students who ultimately choose not to work in health care, the MUSC SLP curriculum provides important training and experience. All SLPs, Bonilha explained, need to understand the medical complexities of communication and swallowing disorders.

“This is knowledge and clinical training that practitioners will need to know, especially if they plan to work in a medical care setting. But, it can also be important to students who chose to work in a school-based setting, as more children who attend school live and function with complex medical conditions.”

The courses will be taught in an interactive learning environment with very little classroom lecturing. A focal point of the program is that students will be practicing and demonstrating their learned clinical skills and knowledge through independent and group work, clinical experiences, patient interactions and simulations. From day one, in their first rotations, students will train in the hospital, beginning their practice as clinicians in training, according to Bonilha.

Currently in the Palmetto state, three graduate programs train and educate SLPs—the University of South Carolina, South Carolina State University and Francis Marion University. Each program provides a specialized curriculum and clinical experiences within the field of SLP. MUSC’s status as an academic medical center provides a unique educational environment to allow for a medical focus.

One particular area of strength is the engagement of skilled clinicians to serve as affiliate clinical faculty in the program. Bonilha is excited to involve more than 25 MUSC SLPs who will serve as clinical educators and leaders. Clinical SLPs will be integrated with CHP’s faculty to provide clinical insights, knowledge and skills in specialty areas and continuity between the didactic and clinical coursework.

“We have an amazing cohort of high-level, experienced clinicians. They are skilled experts with years of experience who have previously worked with students through educational experiences in their clinics. Others have didactic teaching experience and most participate in research. We have a wealth of people who are an untapped resource that we can engage to educate students,” Bonilha said.

Kapasi is also supportive of this.

“The SLP program helps us to further integrate our college with MUSC Health, which we believe is critical in fulfilling our college’s vision to improve the health of our population,” he said.

Students will also be enriched by the many interdisciplinary experiences available, such as working with peer occupational therapy and physical therapy students, as well as other health professionals, at the student-run nonprofit CARES Therapy Clinic and in other educational experiences.

As Bonilha begins to promote the new program around the Lowcountry, she and her team plan to identify and reach out to practicing SLPs working in various communities to connect and involve them with the program. This could involve supervising students, presenting as guest lecturers, speaking at career days, serving as potential alumni board members and the like. More importantly, she’s seeking input to help to guide the program as it becomes more established.

Through this, Bonilha hopes to identify important needs in the community so that she can connect SLP students and involve them. “It’s important for students, as well as us educators, to be involved — helping and contributing to the community,” she said.

The program, whose application for accreditation is currently under review by the Council on Academic Accreditation in Audiology and Speech-Language Pathology of the American Speech-Language–Hearing Association, will begin in Fall 2021 with a cohort of 40 students. Applicants must have a bachelor’s degree in SLP or a bachelor’s degree in another area plus four SLP prerequisites.

Applications will be accepted July 15 through January 1, 2021.

“We’re looking for students who are passionate about speech–language pathology who will be comfortable with the program’s interactive classrooms, clinically–focused instructional methods, and immersion in medical experiences. The profession needs both medical SLPs and school-based SLPs with a solid foundation of medical knowledge. At MUSC, we’re well–positioned to provide this,” Bonilha said.

For information, visit https://chp.musc.edu/academics/speech-language-pathology.
Giving Back program awards funds to programs

BY JOSEPH MITCHELL
hayesmi@musc.edu

Providing patient-centered care — the highest quality, compassionate patient care — remains at the forefront of MUSC’s tripartite mission. One special way to be able to continue providing excellent patient care is through MUSC’s Giving Back program.

This program, launched in 2011, is a way for grateful patients and families to direct gifts to the hospital in an effort to improve care for patients and families across the enterprise. Patients donate funds to the program.

This year, the hospital received 22 applications and awarded eight grants, totaling $10,653.

The 2020 winners include a diverse group of program and areas: Arts in Healing, Pediatric trauma, Pediatric specialties, Women’s Health, Transplant, 5 East Ashley River Tower, Pediatric Surgery and Pediatric Specialties.

Each of these programs makes a difference at MUSC and allows care teams to meet the needs of patients in greater ways. This year, some programs received funding for the first time and others are able to expand their reach.

Stephanie Taylor, director of diversity and inclusion for MUSC Health, leads the program. She expressed the importance of a positive patient experience.

“The program is devised so that patients use their personal experiences to give back to the programs they were part of. These patients not only help preserve the specific programs they are passionate about, but they also allow for the programs to get better and help even more patients and their families.”

Taylor is also looking forward to the future of the program. Her wish is simple but important.

“I hope that more areas in the hospital become familiar with the program because I want all patients to benefit from the program. I hope we can extend our reach.”

The recipients of the grants spoke about the impact the program has had. Sandra Buck, R.N., of pediatric urology, is grateful for the funding that helps the children she and her team provide for. This year, they purchased voiding watches to help children who experience enuresis — a condition in which children lack bladder control. This device helps monitor the children and alerts them to use the restroom.

This was the second grant her area has received. The first was in 2017.

Buck was thrilled with how much of a difference the funding will make this year.

2020 MUSC Giving Back Award Recipients
- Arts in Healing: $2,000 — Music therapy instrument cart
- Pediatric trauma: $1,995 — Buckle Up training seat
- Pediatric specialties: $1,800 — Voiding improvement program
- Women’s Health: $1,684 — Centering Pregnancy
- Transplant: $1,350 — Medication adherence/safety
- 5 East ART: $724 — White noise
- Pediatric surgery: $700 — Adolescent bariatric chair
- Pediatric specialties: $400 — Sensory toys

“We asked for $1,800 in hopes of purchasing 100 watches. To my surprise, we were funded the whole amount.”

Katie Hinson received funding for the Arts in Healing program, which helped her purchase a steel tongue drum, a digital sound guitar and microphones. Hinson shared how happy she and her team were when they learned they were winners.

“Our team was ecstatic when hearing that we were selected for the Giving Back grant, especially since our department’s funding comes from the generosity of philanthropy and grants.”

Even in the early stages of utilizing the newly awarded funds, programs are already seeing the positive impact. Laura Duke, R.N., along with Jennifer Carullo, R.N., leads the Centering Pregnancy program. The goal of the project is to train pregnant women how to perform CPR and choking-relief tactics. The funding helped purchase CPR supplies, infant manikins, face shields, replacement lungs and wipes.

“We had our first infant CPR class in October with our Centering Pregnancy Group, and they all were very grateful for the information and the opportunity to practice. They said it made them feel more confident to care for their baby in an emergency, which is exactly why we wanted to provide this class for them,” Duke said.

They hosted their second successful class this past November.

Julie Noel, R.N., has also seen exciting improvements from their grant. She and her team purchased bariatric patient chairs for the MUSC Health pediatric surgery area. The chairs will serve to help patients maintain

See FUNDS on page 11

MUSC Health’s Arts in Healing team, Tammy Flovin, from left, Tristan Grimes, Meredith Horwatt and Katie Hinson, were among eight groups awarded grants totaling more than $10,000 to support programs that improve the patient care experience.

Updated one story home on tidal creek with dock! An inviting foyer welcomes you to this home and leads to the large family room. The family room features a fireplace with gas logs and opens to the spacious eat-in kitchen and the formal dining room. Off the family room is the sunroom and deck offering gorgeous views of the creek and dock. The kitchen offers a center island and a raised bar with room for several bar stools. Full kitchen remodel in 2017, including upgraded flooring, granite countertops, mosaic tile, & new appliance suite. The spacious master suite has vaulted ceilings is situated at the rear of the home for privacy. The master bathroom offers dual vanities, a garden tub, a separate shower, and a walk-in closet. There have been numerous recent upgrades to this home including: New 140+ mph wind rated architectural shingle roofing in 2017. New Trane HVAC system in 2019. Designer paint in 80% of the house in 2018. Updated lighting & ceiling fans in 2019. New carpet in all bedrooms in 2018, new carpet in sunroom 2020. New porcelain tile flooring in bathrooms in 2020 and Grohe faucets in all bathrooms in 2018.

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objective tools designed to help MUSC identify and use the right solution for the right patient at the right time.”

For the enhanced respiratory monitoring program, Medtronic has considerable expertise deploying this technology across the country, according to Nathanael Hevelone, director of health analytics for Value-Based Healthcare Partnerships at Medtronic. MUSC and Medtronic are conducting enhanced respiratory monitoring designed to identify patients who would most benefit from this monitoring technology by building alerts into MUSC’s electronic medical record to notify clinical staff that monitoring is recommended.

“Automating this evidence-based data into care decision support helps MUSC track both adherence to the care pathway and outcomes over time in this group of patients. It also lets everyone with a stake in the partnership make a true assessment of the value of technology,” Hevelone said.

To reduce respiratory complications in patients receiving intravenous opioids for pain relief, teams are evaluating solutions that can help patients manage pain while reducing risks for unintended difficulties, such as breathing problems. According to Danielle Scheurer, M.D., MUSC Health System chief quality officer, that goal can be complex.

“MUSC is working with Medtronic to standardize a care pathway in patients requiring intravenous opiates, whereby high-risk patients are placed on enhanced monitoring protocols. With such targeted monitoring and intervention, we plan to reduce the risk of unintended complications related to pain medications among hospitalized patients,” said Scheurer.

Another of the partnership’s areas of concentration, congestive heart failure, is among the most difficult-to-manage chronic conditions in South Carolina. Applying their expertise to this condition, MUSC and Medtronic teams are working together to risk-stratify these patients to provide targeted evidence-based interventions designed to improve their quality of life.

Ryan J. Tedford, M.D., associate professor of medicine and medical director of cardiac transplantation at MUSC Health, has worked closely with Medtronic teams, using this pathway tool to identify patients who are in need of advanced heart failure therapies or consultation in addition to those at highest risk for readmission.

“This tool will be key as we delegate resources and implement clinical pathways to reduce cost and improve outcomes,” said Tedford.

Led by MUSC director of vascular surgery Ravi Veeraswamy, M.D., and Elizabeth Genovese, M.D., the vascular program partnership has tremendous energy and momentum. The team is working on methods to detect vascular disease earlier in patients to prevent serious effects like lower limb amputations and abdominal aortic aneurysm ruptures. There has been transformative work and close collaboration between MUSC and Medtronic related to identifying patients at risk and working to get these patients the appropriate interventions. This program has the potential to affect care for patients across South Carolina greatly.

Matt Turner, chief data officer and associate chief information officer with MUSC Information Solutions, is excited about the meaningful work coming from the heart failure pathway project.

“Our teams are focused on early identification techniques that may predict treatments or therapies that will reduce unnecessary readmissions and improve the quality of life for heart failure patients. Timely monitoring of a rich data fabric for this disease will be critical to driving these improvements.”

The fourth program of the partnership aims to understand and reduce variation and improve care around tracheostomy and mechanical ventilation. MUSC and Medtronic have undertaken detailed data analysis to get a clearer picture of where the variation stems from to guide the next steps.

Coordinating data technology between MUSC’s health system and Medtronic to create data-driven programs requires transparency and teamwork, Turner added. In fact, he said, data serves as a cornerstone in all of the projects.

“Our collaboration with Medtronic has produced a data platform designed to enable safe and secure data exchange and drives clinical programs forward. Both MUSC and Medtronic experts agree upon data elements and metrics of success for each clinical program, and the team developed a reliable data asset that can be utilized for the lifecycle of the project. This level of transparency between partners allows for deeper and more meaningful integration.”

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The researchers did not tell the men about the real purpose of the study and did not give them adequate treatment. It came to light in the early 1970s after a news report led to public outcry.

A class action lawsuit led to a $10 million settlement in 1974.

“It’s what inspires me to do great research and train the next generation,” Robinson said.
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willing to take day in and day out to help the patients we serve,” he said.

He emphasized that it’s the large team working together that makes this possible. The process begins at outlying hospitals with stroke neurology, then in the Emergency Department, proceeds to the hybrid imaging suite/operating room, then progresses to the neuro intensive care unit and finally ends with the research team that collects and analyzes data.

The team celebrated with a luncheon earlier this month, and Spiotta put together a video that he shared on social media, showcasing the scores of people who helped the program get to this point.

“We definitely think it’s a big deal,” he said.

 Spiotta said team members take pride in knowing that they’re changing stroke care in South Carolina and beyond.

“We really set the benchmarks of how fast the procedure should be, how many attempts to get the artery open, what’s the exact technique,” Spiotta said. “So we really set the benchmark because we’ve done so many, and we’re the first ones to do it.”

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their dignity during visits. Noel noted differences she has already seen.

“The bariatric program patients and their families have appropriate and comfortable seating. The team has observed the conversation and hesitation of where to sit has been minimized with the purchase of these chairs. Prior to the purchase of these chairs, the clinic did not have appropriate chairs to host these patients and their families safely, fittingly and suitably.”

Aynsley Birkner, Pediatric Injury Prevention coordinator, explained the importance of the grant to the Buckle Up Training Seat program, which allowed the program to purchase a training seat that will help prevent injuries in children.

“With the help of the simulator training seat, services can be brought to the patient, and car seat installation demonstrations can be offered at the bedside. With this tool, our goal is to reach 70% of patients and families that request CPS consults.”

Erica German, R.N., shared how the White Noise on 5 East project is going to help patients in Ashley River Tower receive much-needed rest while they are recuperating at MUSC. Proper rest is an important part of the healing process, she explained.

“Especially since the quietness of the hospital is a measurable HCAHPS score,” German explained of the Hospital Consumer Assessment of Healthcare Providers and Systems, “I’m hoping the results will be good, and I can propose my project to go hospitalwide. If my initiative goes hospitalwide, I know more patients will be resting better and have a more pleasant experience at night.”

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Advancement team announced that they have successfully secured more than $73 million in new gifts and pledges so far this fiscal year, compared with the more than $25 million at this same time last year. With its annual philanthropy goal set at raising $63 million in fiscal year 2020 (July 1, 2019 to June 30, 2020), the office has far exceeded its target. Cole recognized Linda Cox, who served as the interim leader of the philanthropy team for more than 18 months.

The MUSC/MUHA Board of Trustees serve as separate bodies to govern the university and hospital, holding two days of committee and board meetings six times a year. For more information about the MUSC Board of Trustees, visit https://academicdepartments.musc.edu/leadership/board/index.html.
Employees gathered in their red shirts, jackets and outfits at MUSC Ashley River Tower to support the American Heart Association’s annual National Wear Red Day on Feb. 7. This event raises awareness about women’s heart disease.