A team of nurses, surgery residents, anesthesia residents, anesthesiologists, surgeons and ancillary staff conduct a simulation of an intraoperative emergency in OR 10 on Wednesday, October 5, 2016.

There’s an improvisation going on among a whole cast of real operating room staff. They are simulating an intraoperative emergency. They are practicing for the exact same reason that airline pilots, as a matter of routine, practice intra-flight emergencies through a simulator. Because they’re rare.

“If you don’t practice them, you may not know what to do if a real emergency happens,” said Dr. Joshua Atkins, an Associate Professor of Anesthesiology, who was the director of this simulation Wednesday, October 5. “But also, the only way to truly simulate teamwork and communication is to bring those emotions, the time pressures, the anxieties that happen during real emergencies to bear in a team setting to really try to improve communication.” But in the OR, there are so many more hands in the pot and that’s a little different than flying an airplane.

“This year we are introducing TeamSTEPPS, an AHRQ/DOD construct for teamwork, communication, and mutual support, into the simulation training program,” Atkins said. “The whole idea of Please Turn to Next Page to Read More.
TeamSTEPPS is to figure out how to get all of those hands in the pot, all working in concert toward the end goal of treating the patient in the appropriate way.”

October 5 was the first of eight all-day simulation training sessions on the first Wednesday of every month. Simulation staff will hold four, 90-min sessions back-to-back on each of the days.

“The goal is to increase the number of people who are exposed to the team training,” Atkins said.

Included in the training are general surgery residents in their second year, anesthesia residents in their second and third years and all perioperative nurses. The nurses are entering the training in alphabetical order.

Dr. Atkins said the Anesthesiology Department, the Penn Medicine Simulation Center and Dr. Kristoffel Dumon, who works with the Simulation Center representing the Department of Surgery, have been advocating for this training for a long time. He said they started about five years ago on a smaller scale and now are trying to bring it out in a more organized high-impact arrangement.

“This is the first time we’ve had a dedicated operating room for a whole day and the staff for the simulations,” Atkins said. “This year PeriOperative Services has been very supportive of the endeavor and have really done everything possible to give us the resources necessary.

That’s what in large part has made this possible.”

Dr. Daniel Dempsey, Assistant Director of PeriOperative Services, said the reason PeriOperative Services has been supportive is simple:

“Doing these simulations in HUPOR makes them both realistic and convenient which encourages maximal participation by nurses, surgeons and anesthesiologists. Research has shown that simulation is one of the very best ways to enhance team function and individual learning. Both are critically important for patient safety, particularly when rare, unexpected life-threatening events happen in the Periop environment.”

Dr. Dumon explained why it is so important to practice intraoperative emergencies this way, with a full staff that includes all the major roles in a real-life operating room:

“The way teams respond in crisis situations is one of the major determinants of patient outcomes,” Dumon said. “This type of practice provides a unique opportunity for the team members to come together, share a common crisis language and allows practice with no patient harm. Doing this is critical to be ready for these challenging moments.”

Above participants in the simulation of an intraoperative emergency discuss the experience in the debrief on Wednesday, October 5, 2016.

Above simulation faculty engage participants in a discussion of how a simulation of an intraoperative emergency went for the team. Left to right: PeriOperative Safety Fellow, Dr. Veronica Zoghbi, Dr. Joshua Atkins, Associate Professor of Anesthesiology, who was the director of this simulation, and Dr. Robert Caskey, Surgical Simulation Fellow.
There is a lot of emphasis on Inter-Professional Education in healthcare, but it rarely happens. Here it does, and this training allows us to understand how other disciplines think and react. It creates a common language, mutual understanding and respect, which is the first step towards effective collaborative care and safe outcomes.

OR Blue Zone Nurse Maureen McCauley represents the nursing staff in the planning and implementation of the intra-operative emergency simulations. She said in the past it had been difficult to get enough people to simulate a real surgery, but that has changed:

“For the first time there has been a concerted effort by all of the disciplines to relieve their staff so that they can attend the simulation training. It’s being supported by surgery, anesthesia and nursing. It makes it much easier to get the job done. In the past we had to substitute players that didn’t necessarily play the role, but now we have actual people who play the role participating. We also have all available ancillary staff to participate in the simulation, so it makes it that much more realistic.”

Robert Caskey, Surgical Simulation Fellow for the Department of Surgery, said participants have said that practicing a rare event with all involved - surgeons, anesthesia and nursing - has made them more confident they will be able to handle it in real life.

“I went through eight years of residency and I never saw either of the scenarios that we ran (Oct. 5) but they very much could happen,” Caskey said. “Getting by and not being exposed to them and thinking you can handle everything is different than at least having been exposed to it and maybe jolting you to say I should know a little more about this. I think that is a major point. For some of these rare things, it is one of the best uses of simulation to expose people to it and educate them about how to handle events that hopefully they will never see, but they very realistically could.”

This year for the first time, the simulation team has invited a Perioperative Safety Fellow, Dr. Veronica Zoghbi, to work with them during the simulations to identify areas for process improvement.

“Since it’s a real simulation in the operating room, she can see if there are any safety processes that can be identified and improved,” Atkins said. “For example, does everyone know what the PIT team is? It came up that many outside of nursing are unfamiliar with the PIT team. She can identify the need to do broader education regarding PIT resources.” The PIT team stands for Perioperative Intervention Team. It is a multidisciplinary team of doctors, nurses and support staff who are available to respond to any emergency within the perioperative department.

The next all-day simulation training is scheduled for Wednesday, November 2, 2016.
The 2017 Penn’s Way Campaign final results won’t be in for a couple weeks but already the campaign has logged generous participation both in PeriOperative Services and throughout the Penn Medicine Health System.

As of October 28, the Health System has raised $832,770 and reached 107% of its goal. HUP has raised $246,064 and achieved 72% participation, which represents 90% of HUP’s monetary goal.

“Though we’ve reached the Health System goal, we hope to maintain momentum so as to reach the overall joint $1.55 goal,” said Alissa Nulsen, Administrative Fellow, in a report to staff. We are currently 89% of the way there, having raised a total $1,391,042.”

As of October 28, seventy percent of PeriOperative Services’ cost centers have reached 80 percent participation or higher, said Marie Zubko, Penn’s Way coordinator for PeriOperative Services.

Zubko has high hopes for PeriOperative Services and hopes to rally an even greater participation by the end of the campaign.

“What my goal is - and I know this is very ambitious - is to have all of Periop be 100 percent,” Zubko said. “We’ve never achieved that. We’ve had lots of individual cost centers be 100 percent, but we’ve never achieved 100 percent as a whole. It would be tremendous.”

Zubko said being a coordinator has given her the opportunity to tell others about a charity that helps to prevent SIDs deaths in Philadelphia.

“I think a lot of the Penn’s Way (charities) are so important, but the one that HUP is again sponsoring is the See “Penn’s Way” Next Page.

PENN’S WAY CAPTAINS – WHY THEY VOLUNTEER

CAROLYN GROUS:

“Donating to Penn’s Way is easy, and I am able to direct my donation to the organization of my choice. Helping everyone participate for a common goal is why I am a captain.”

ERIC SCHAFFER:

“I enjoy being a PENN’s WAY captain for the Perelman SurgiCentre because it allows me the opportunity to help my fellow co-workers donate to charities in need.”

GALE GREEN:

“I volunteer because I like to feel like I am part of the Team that makes something positive happen and that brings about a permanent change. I feel that I’m giving back. One of the places that I like to give to is because of a personal experience. Some of my family members experienced a difficult situation. They reached out to this agency. The agency assisted them and helped them get back on their feet. They are doing Great now and have since moved on. So that’s why I volunteer. YOU CAN CHANGE LIVES.”

DORIS RIVERS:

“I like being a Penn’s Way Captain because it gives me great pleasure to be able to serve others. My true mission in life is to make a difference and to bring awareness to others that they matter. It provides me self-gratification and a sense of accomplishment. Just imagine how much could get accomplished if no one cares who gets the credit. I am the type of person who loves to help when and wherever I can. My LOVE is truly for the AMERICAN HEART ASSOCIATION because there has been so many people that I know personally who have suffered from a stroke, have high blood pressure or have died.”

TERRI STINE:

“I feel grateful that I can be a part of the Penn’s Way campaign team. Donating a little bit of money or time may not seem like much, but if your donation is joined with others, it can become something much bigger. You can see how your small donation really does make a big difference.”
Safe Sleep Sack Initiative,” Zubko said. “The statistics are that Philadelphia has the worst rate in the country for SIDS deaths. We are using the dollars in the fund to finance the education, and more importantly, the sleep sacks (wearable blanket) because they will help prevent SIDS death.

“I really enjoy working with everyone to make the Penn’s Way campaign a success. I think it’s fun and there are so many worthy causes that you can support through this campaign, and it is so easy!! Just go online. Doing it takes just a few minutes. As for me, I love the fact that my money helps dogs and people through the training and placing of service dogs. Just last year, one of my neighbor’s children got a service dog since he is wheelchair bound with Muscular Dystrophy. It has totally changed this child’s life!!

“I think people are stirred by these statistics and want to help. I think the generosity here of employees are just tremendous. We all have our issues. We all have financial issues. Everybody has a mortgage, but we still all care enough to work at HUP and care enough to support the community.”

LOREN LEE:

“I love being a part of this great PENN’S WAY Campaign whose goal is to help so many that may otherwise not get the help they need. This brings so much hope and joy to others in need and it warms my heart to see how many people still care enough to donate. There is such a great feeling in giving to others. I love the challenge to get people to donate for a cause that is dearest to their heart, and you will find it doesn’t take much persuasion. It only takes a few clicks and less than 5 minutes to do. I feel everyone has a family member or close friend, or just know people in general that would benefit from the help from this PENN’S WAY Campaign. It also brings awareness and more research to many diseases or physical disabilities that many people have never heard of. This campaign changes many lives for the better and you can be a hero in someone’s eyes with a donation no matter how small. Every dollar counts.”

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The PeriOperative Quality and Safety Committee has launched a new platform for communication in the OR. It’s the first-ever all-inclusive inter-departmental daily briefing. It’s called the Safety Check-in. The goal is to promote communication of issues and concerns and identify potential problems early, that could potentially impact operational workflow before it gets out of hand.

“A survey of the various stakeholder groups that make up PeriOp suggested that planning and communication about the day’s events was always less than adequate,” said Dr. Daniel Dempsey, Chair of the PeriOp Quality and Safety Committee. “I think this is going to be good to get the various groups talking early in the day about how the day is going to go. It should decrease the number of surprises during the course of a normal hectic day in HUP OR, SurgiCentre, and CAM Endo that could impact patient safety.”

The daily Safety Check-in meetings started October 10. On any given day, the meeting is facilitated by one of the three Periop Safety Fellows: Tanya McKinney, Dr. Veronica Zoghbi and Santina Mazzola.

The facilitator of each meeting logs attendance, the issues, and shares the information with the executive team. The leaders attending the meeting are also expected to share the issues discussed with their staffs.

“The big purpose of the Safety Check-in is to create closed-loop communication,” McKinney said. “It also eliminates the assumption that one department told the other about an issue. By reinforcing closed-loop communication that takes things to a higher level.” On a recent morning, leaders representing each division of Periop, from nursing and anesthesia, to instrument processing and surgical support, stood shoulder to shoulder in a circle in front of the control office to give their reports. One person said they had five callouts. Another talked about a leaking anesthesia machine. Another mentioned a conflict with instruments. There was also a problem with a robot. The facilitator leading the meeting took notes.

The meeting started at 6:45 a.m. It was over in less than 7 minutes.

“The meeting is short and to the point,” said Zoghbi. “The meeting is to identify issues.”

To that point, the facilitator caught something big that could have impacted the day - the conflict with the instruments. Turns out a 6 a.m. delivery of a cart of instruments for first case starts didn’t happen, which would have affected three operating rooms.

If the Service Partners can’t get the instruments sets for the cases from Instrument Processing, they can’t supply Nursing with the instrument sets for the cases. Even though they are separate departments they are all dependent on one another for the surgeries in the operating room to flow properly,” said McKinney, who was the facilitator that day.

“That was a big issue. So that was communicated. The great part is both managers were there. They were able to talk (after the meeting) and they were able to get on the same page for getting it resolved.” Zoghbi said she is very happy with the outcome.

Please See “Safety Check-in” Next Page.
Teams Hold Morning Pre-Surgical Safety Briefings

Safety Check-in From Previous Page.

comes of the Safety Check-In:

“We have had great feedback so far. We have arranged for all the right people to be in the same place and we continue to identify potential problems. Due to the communication in the Safety Check-in, those problems are being addressed earlier and more efficiently. It is our hope to continue improving even more the safety culture and close communication over time.”

Mazzola agreed:

“It has facilitated open dialogue between all members of the perioperative team to foster a safer environment for our patients and staff. According to AORN, two-third of all errors in the operating room are caused by miscommunication; therefore, I believe the Safety Check-in is a great tool to prevent against untoward safety events.”

McKinney has been an advocate of the Safety Check-in and is glad to see it in practice. She said the Safety Check-in is another way the Safety Fellows can offer another set of hands to help out their colleagues.

“This is going to help Perioperative Services in so many ways. It’s going to increase the flow of the operating room. It’s going to ensure patient safety by working in real time to resolve issues. It’s also going to develop strong relationships and trust between the leadership teams because it takes the middle man out. We’re not going through the coordinator or anyone else. We are directly communicating about the issues face to face.”

Frances Woodlin Wins SurgiCentre Employee Recognition Award

Frances Woodlin

Frances Woodlin is the winner of the Perelman SurgiCentre Employee Recognition Award. Winners are nominated by their peers and then are selected by the SurgiCentre Unit Council quarterly.

Woodlin was nominated by Marie Zubko, SurgiCentre Nurse Coordinator:

“Frances goes above and beyond for every patient and truly cares about what she does,” Zubko wrote. “She takes care of all the little extras such as warming the OR table and getting warm solutions, etc. for each patient. She is especially great at helping those who are less experienced. She does as much preparation as possible to make the patient flow work best in her room. I saw her last week with a patient who was waking up from anesthesia and she stayed right by the patient’s side and assisted in moving the patient and suggested a roller to a newer nurse who did not recognize the need. She possesses and shares her best knowledge of the different specialties in our area and willingly helps others. She often helps the residents and new fellows to understand how each surgeon approaches differently the surgery and dressings used for each type of surgery. Any patient and nurse who is lucky enough to have Frances in the room is absolutely blessed!”

PeriOp Safety Fellows (left to right) Dr. Veronica Zoghbi, Santina Mazzola, and Tanya McKinney pose for a photo after facilitating a Safety Check-in meeting on Thursday, October 20, 2016.
A little over two weeks ago, Perioperative Services opened the largest operating room it has ever built—a 1,002 square foot Neurohybrid operating room with two zones, two anesthesia setups, and the ability to handle endovascular, open cranial, and spine cases. Its name is OR14.

Dr. Neil Malhotra, with the Department of Neurological Surgery, who was the first surgeon to use the room on opening day, Monday, October 17, 2016, had this to say:

“Yesterday the HUP OR 14 integrated interventional suite opened without a hitch. We did a lumbar spine case on the Jackson table followed by a bicornal/bifrontal craniotomy on the imaging table with the cranial attachment. Both cases were completed without delay or compromise. Thank you to our many colleagues who helped make this a successful transition (planning team, faculty support team, OR management and our colleagues in the room...great job Danielle James, Brett Balco, Tom Nield, Rita Glenn-West, and Anthony Soda).”

Rita Glenn-West, Nurse Manager of the Yellow Zone, who was mentioned in the note, said that ‘Thank You’ was a relief. As overseer of this room, she has had to think long and hard about the level of training that would be needed for her staff to work in this room. She has been preparing for the last year for this moment:

“I would say getting the staff trained was the biggest challenge, but also comfortable in the room and comfortable with the new procedures we are doing in there. There was so much to learn.”

Tom Nield, PeriOp Support Services Educator, was instrumental in helping to organize all of the needed training. Glenn-West said. One of the challenges of opening the new OR 14 was coordinating the vast amount of training, Nield said. Surgeons, Interventional Radiologists, Anesthesia Faculty, Nurses, Surgical Technologists and Radiology Technicians were among the population to be trained in OR 14.

“The PA Department of Health requires that whenever a new operating room is opened, all staff who are designated as “users” are trained on any new piece of equipment in that room,” Nield said. “Since the procedures that are

See “OR 14” on Page 11.
Instrument Processing technicians here at the Hospital of the University of Pennsylvania celebrated National Healthcare Central Service and Sterile Processing Week, October 9-15.

Some on third shift felt moved to share a little bit about what they do. They created a comic strip called “The Adventures of IP Man, Volume 1, The Missing Set.”

The story begins with the Stryker system 6 cordless drill missing. IP man comes to the rescue, searching high and low until he finds it. The lesson learned: Always remember to scan your sets.

“We all came up with the idea of having a super hero because we feel as though we move mountains and work magic,” said Monika Feliciano. “That’s what this is about. It shows how an issue starts and each column shows what we do to fix the issue.”

Jessie Lopez said the ideas were mostly Feliciano’s and Shannon Chamberlin’s but that many on third shift talked and collaborated on it.

“The comic idea was pretty cool because when you think about superheroes you think about all of their abilities and how they’re multifunctional,” Lopez said. “We do a lot of things in IP. A super hero has super strength and our super strength is we are basically problem solvers. We have super vision to see bio-burden. We have the speed to get things done to meet our requirements. We picked one area such as a missing instrument set and show how we solve that process.”

Some Instrument Processing staff on third shift stand in front of the poster they helped design called “The Adventures of IP Man. It was created in honor of Sterile Processing Week, October 9-15. Left to right: Jessie Lopez, Paul Carruolo, Monika Feliciano, Shannon Chamberlin and Steven Ford, Assistant Manager of IP.

DR. JIM MULLEN SENDS THANK YOU

Sterile Processing is a key contributor to the effective functioning of a busy OR. On any given day, 125 scopes are readied, 450 instrument sets are supplied containing 20,280 instruments as well as 630 individual items. Although annoying when a hiccup occurs, the extraordinary performance of this 24/7 team is undervalued and unappreciated. Often NONE KNOWS THEIR NAME until a problem occurs.

This is CENTRAL STERILE recognition week….please take time to stop in to Instrument Processing and Scope Processing, thank your colleagues and recognize their accomplishments. Their production in a year of 31,250 scopes, 112,500 instrument sets, 5 MILLION set instruments and 157, 500 single instruments…… ALL STERILE…..ALL STERILE…..is outstanding !

Please personally thank all 60 staff members in Instrument Processing, over 90% of which are certified technicians or equivalents.

- Jim Mullen
Associate Exec Director-HUP
HUP Director PeriOp
Meet David Pegues — Medical Director

Name: David Pegues
Title: Medical Director
Department: Healthcare Epidemiology, Infection Prevention and Control
Location: Hospital of the University of Pennsylvania

PeriOperative Services staff might not have a clear understanding of your role and responsibilities and how what you do impacts us. Can you please describe?

I and my colleagues have responsibilities for infection prevention and control activities throughout HUP and CPUP. In the ORs and PeriOperative Services, this includes best practices to reduce the risk of surgical site infections and infections associated with medical devices, surveillance and public reporting of surgical site infections, and validating and monitoring sterilization and disinfection practices.

Can you describe some examples of why/how/when you interact with PeriOperative Services? Who do you interface with most of the PeriOp leadership and why?

Some recent examples of our collaborations include developing standardized antibiotic surgical prophylaxis guidelines for the Health System, developing a process for routine culturing duodenoscopes to validate the cleaning and disinfection, and investigating clusters of infections potentially associated with exposures within the OR environment. I have Carolyn Grous’ cell phone number on speed dial, and I also frequently interact with Ann Marie Morris, Colleen Mattioni, Liz Toro and Tony Griffin.

What is the best part of your job?

The great team that we have in Infection Prevention and Control and the many opportunities I personally have to work with direct care-providers and other healthcare team members, each of whom is dedicated to improving the quality of care and safety of our patients. What kinds of days make you feel good about what you do?

I am happy when my team’s efforts help reduce the risk and harm caused by infection associated with medical care among both patients and providers. I also feel good when I leave work with an empty email in box and hit manageable traffic on the ride home.

Since you began your role, how has it evolved? What are your goals for the future of this position?

One of the over-arching goals of infection prevention and patient safety is to reduce variation in systems and practices that contribute to the risk of infection. As the Health System continues to grow, I’m increasingly challenged with the many opportunities to do just this.

Can you tell me about an incident or moment that drove you to your profession?

As an undergraduate, I was fascinated by the interaction between infectious agents and the host, by the ability of antibiotics to cure life-threatening infections and of organisms to develop resistance, and by communicable disease prevention applied to populations. It’s not surprising that my job involves healthcare infection prevention and related research and infectious disease consultation focused pri-
“David Pegues” from previous page.

marily on solid organ transplant recipients.

What is your leadership style?

Collaborative and data driven. I like to use
data to identify opportunities for improvement
and to direct and measure change.

What are your personal accomplishments
besides degrees or certifications? What are
you most proud of in your life?

Professionally, the most important work prod-
uct has been the evidence-based infection con-
trol guidelines which I’ve co-authored but
more significant has been the opportunity to
serve as a research and career mentor to train-
es. However, I’m most proud of my family
and of being able to strike a successful work-
life balance, especially since coming to Penn
in 2012.

What are your personal interests or what
do you like to do outside of work in your
free time?

I enjoy reading (US history), mountain biking,
swimming, and weeding (I find it therapeutic).
I still play adult ice hockey in a “beer league”
and have been a huge Flyers fan since my
youth.

What’s the best piece of advice that any-
one’s ever given you?

Don’t skate with your head down.

Personal History:

Born and raised in Moorestown, NJ.

I met my wife, Clare, during my first year of
ID Fellowship Training in Boston. We live in
Villanova with our two boys (Niall, 15, and
Stefan, 11). Our yard has lots of big trees, and
I sometimes think that I should have become a
tree surgeon.

Professional History:

I attended the University of Chicago for col-
lege and medical school and then trained at
Temple University Hospital, Centers for Dis-
case Control and Prevention, and Massachu-
setts General Hospital. I spent the first 15
years of my professional career at UCLA
Medical Center before coming to Penn in the
beginning of 2012.

New Neurohybrid OR 14 Goes Live “Without a Hitch”

“OR 14” From Page 8.

being performed in OR 14 are new to Peri-
Op, there was a lot of training that needed to
take place. Multiple vendors were on-site
for days, or weeks in some cases, in order to
properly prepare our staff and get this room
fully operational. We trained everyone on a
variety of equipment from lights and boom
handling, to Brainlab cranial navigation and
the built-in Siemens imaging equipment and
bed.”

First, Nield set up training to teach all users
how to operate the equipment in the room.
Then he and Glenn-West set up training for
the procedures and materials to be used in the room.

“We had to train them for straight forward angiograms and angio-
gram with intervention, and how to use the new products, such as the

coils the vendor was talking about,” at the most recent session
Thursday, October 20.

Glenn-West said that back during the planning stages she poled her
staff to see who was interested in doing the types of specialized cas-
es that will be done in OR14. Then she worked with the charge nurse
in Interventional Radiology (IR) to develop several staff who were
interested, including George Simcox, Angel Escobar and Peggy
Wenger.

“Whenver IR had cases, they would call me and I would send my
staff to spend the day there to get trained,” Glenn-West said. “My
goal was to train the trainers so that Angel and Georgia and Peggy
can train the other nursing staff.”

Glenn-West said training will be ongoing:
“I will probably bring the vendor we had today back because there
was so much to cover and it was such a short amount of time. Basi-
cally I want to see how the cases go because that will tell me how
much more training the staff need.”
Please Welcome The Following Employees:

Juliana Asiraa  
Instrument Processing

Leanne Bird  
Service Partner

Maria Caruso  
Instrument Processing

Sharon Culp  
RN, Endoscopy

Taiwo Gbadebo  
RN, SugiCentre

Corey German  
Endoscopy

Morgan Shevlin  
RN, PreOp

Colleen Orsborn  
RN, Endoscopy

Caprie Purificato  
RN, Endoscopy

Jillian Sweeney  
RN, SugiCentre

Newsletter Ideas

Please Share an Employee Recognition or Story Idea

Email me: anna.jones@uphs.upenn.edu; or call 215-662-6828 (office); 610-952-3209 (cell)

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