

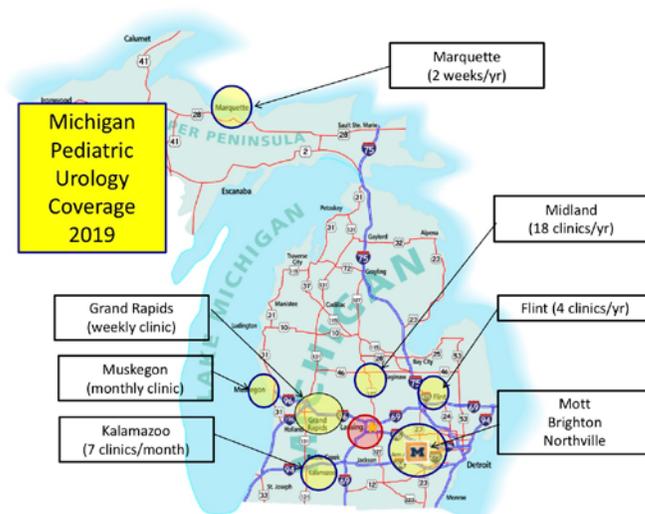


What's New – July 12, 2019

Peds Division Update from Dr. Park

- 1. Who is our purpose?** On April 12, 2019, the pediatric urology team consisting of physicians, nurses, and administrative staff held an annual retreat. The first thing we tackled was to review and rewrite our purpose as a group. In preparation for the retreat, we all read the book “The Outward Mindset” by the Arbinger Institute (<https://arbingerinstitute.com/Landing/TheOutwardMindset.html>). It is an excellent book, and I highly recommend it. To frame our conversation, we asked ourselves “*Who is our purpose?*” When we ask “What is our purpose,” we often land on a list of activities such as excellent care, innovative research, and education. The overall premise of the book was to see others and their needs beyond ourselves and our own needs. After much discussion, we decided that we existed to provide *an excellent and comprehensive care for pediatric urology patients and their families in Michigan to help them live the healthiest and most fulfilling life possible.* In other words, our purpose was children with urology problems and their families. While we devote ourselves to educate future generation of providers and develop new knowledge through research, these activities are not pursued for their own sake but so that we can fulfill the ultimate purpose of helping our patients achieve the best possible lives. We agreed that we were at our very best when we felt that we were going above and beyond to seek the well-being and happiness of our patients and their families, even if it did not directly relate to the urological problems for which they came to see us. We decided to dedicate ourselves to pause, ask, and listen daily to the needs of patients and their families and intentionally ask how we could be more helpful.
- 2. 2019 Duckett Lectureship:** On July 19, 2019, we will once again kick off the new academic year with the annual John Duckett Jr. Lectureship. This year’s visiting professor will be Chester Koh of the Texas Children’s Hospital. Chester is one of the up and coming innovators in our field, and I am looking forward learning much from his insight and experience. In the past, we had invited two visiting professors at a time, but starting this year, we decided to focus on one individual, so that we could really honor one visiting professor and create a deeper learning opportunity from his or her perspective.

3. **Outreach Clinics:** As highlighted in the recent What's New from Courtney Streur's update on Metro Health, pediatric urology continues to make ourselves more accessible to children in Michigan. Our goal is to become the first choice preferred provider for all types — routine and complex — of pediatric urology problems in Michigan. We believe that a routine office visit should be no more than a half-day investment for families, and we have made ourselves available for office visits within 90 minutes of driving distance for 50% of pediatric patients in Michigan. Per census data, there are 2 million children in Michigan, and our outreach clinics are positioned to be reachable for at least 50% (1 million) of children in Michigan. Our reach will increase even further once we start developing our institutional partnership with the Sparrow Hospital in Lansing.



4. **Bryan Sack and Courtney Streur:** Both Bryan and Courtney have gotten off to a great start in their Michigan academic career. Not only are they quickly establishing themselves as superb, kind, collegial and compassionate physicians, their academic work has gotten an outstanding support from many people at our university. Courtney has received the support of the Launch Committee led by **Didi Robbins** with mentoring from **Lisa Prosser, Aruna Sarma, David Sandberg** and myself, and she was able to put together a terrific K grant submission to help improve the lives of adult women with spina bifida. She is highly sought after as a national speaker and as an advocate for young adults with spina bifida and other complex congenital problems. Bryan's work on translating the innovative ultrasound technology to measure intraluminal pressures for various urologic problems has received a well-deserved recognition for its impactfulness, and he was awarded this year's Societies for Pediatric Urology Research grant (<http://spuonline.org/Bryan-Sack-Report.cgi>). Both Bryan and Courtney are destined to be leaders who will shape the future of pediatric urology.

5. **Infant awake spinal anesthesia:** Last year I learned at our annual Societies for Pediatric Urology Meeting that colleagues at Columbus Nationwide Children's Hospital had been using awake spinal anesthesia for infants under age 1 undergoing short outpatient surgeries. When I approached our anesthesia colleagues here at Mott to consider trialing this approach, **Ashlee Holman**, who serves as the Director of Pediatric Regional Anesthesia, stepped up in a huge way. Her tremendous leadership brought together a team of anesthesiologists as well as other perioperative stakeholders including surgeons, OR/PACU nurses, Child Life and pharmacy. Since November when we first launched it, we have already done close to 80 spinals with the success rate of 90%. Awake spinal not only avoids the risk of general anesthesia — such as airway obstruction, hypoxia, hypotension and bradycardia along with much discussed long term neurotoxicity (that led to FDA warnings), it has demonstrated other benefits of rapid induction and case finish time. The average induction time is less than 5 minutes, and the child is carried to PACU as soon as the case is completed without needing to extubate. The baby is fed immediately upon arrival to PACU, and they leave PACU soon thereafter, shortening the overall PACU turnaround time and reducing holds. What I enjoyed the most during this new program launch was how fun it was to collaborate and support one another for doing what was best for children. It is already beginning to pay off in terms of marketing, as parents are bypassing our competitors and coming to Mott for this unique anesthesia option.



6. **2019 US News World Report Ranking:** This year Michigan Pediatric Urology was ranked #18. At first, I was relieved that we did not fall from last year's ranking of #26. When I reflect on it, however, my thinking is that we have not fundamentally changed over last year. Whatever the ranking might say, our overall volume, programs, complications, and readmission numbers are pretty much the same as last year's. Perhaps we got a higher score from the overall hospital-based safety questions such as hospital hand hygiene performance and employee vaccination. Nursing Magnet status definitely helped the score. The bottom line is that these fluctuations in rankings are mostly due to unpredictable vagaries of how the survey questions are asked and thus reflect more of noise rather than true signal. I believe in the overall quality of care we deliver in our day-to-day work and our deep commitment to make patients and families first regardless of what the ranking says.