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WakeMed Health & Hospitals
Petition for the State Health Coordinating Council for Dedicated Pediatric Operating Rooms in Wake County

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Proposed 2013 State Medical Facilities Plan Public Hearing
August 1, 2012

Good afternoon, members of the State Health Coordinating Council and Medical Planning staff. My name is Duncan Phillips, and I am a pediatric surgeon with Wake Specialty Physicians and director of pediatric surgery at the WakeMed Children's Hospital in Raleigh. WakeMed is requesting a special need determination in the 2013 State Medical Facilities Plan for two dedicated pediatric surgical operating rooms for Wake County.

Data on file at the Division of Health Service Regulation show that, in 2009, Wake County's existing operating rooms were utilized at a rate of over 94 percent. Providers with shared operating rooms were utilized at over 100 percent of capacity, as defined by the State. With OR use at this level, no provider currently has the "extra" OR capacity to dedicate rooms only to pediatric surgery.

To supplement the points Mr. Taylor just made, I would hope to briefly explain, as a pediatric surgeon, what is <u>unique and different</u> about a dedicated pediatric OR:

1. Pediatric operating rooms are part of a continuing national movement toward family-centered care. This is not a new movement, but rather an evolving one that began several decades ago, with fathers in the delivery room allowed to participate in the birth experience of their own children. We have come a long way since then. As you may know, at WakeMed in our new Pediatric Intensive Care Unit, there is no longer such as thing as "visiting hours" for parents—indeed, Mom and Dad now have 24 hour a day, 7 days a week access to their kids and are never asked to leave, even when their kids are critically ill, requiring life support machines and multiple drips and medications. There is a growing body of evidence that correlates family involvement with better patient outcomes. In order to work toward more family-centered care, with special programs such as parental presence in the operating room at the beginning of the procedure, as the child "falls asleep" under anesthesia, we need OR's that are re-designed to be accessible and friendly not just to the surgeon and anesthesiologist, but also to the child and his parents. Ideally, these dedicated pediatric OR's would have easy access for parents to and from the pre-op areas, with enough room for the entire OR staff and the parent and a child life specialist who helps the child stay calm and relaxed. It is

very difficult to do this in the "traditional" OR with its sterile "institutional" ugly appearance, tiny doors, and tiny cramped spaces.

2. Children have a unique set of complex surgical diseases. For example, it is not unusual for me to perform major abdominal or thoracic operations on premature babies who weigh under 1 kilogram. Several decades ago, those children usually just died and never made it to the OR. Those kids require special instruments and operating rooms that are heated to extra-high temperatures. They require special ventilators and anesthesia machines. Breaking down an "adult" OR, heating it up to 86 degrees, moving in all the right equipment, disconnecting/reconnecting special ventilators can literally take hours while some critically-ill child waits up in the Neonatal Intensive Care Unit.
3. There is a wide range of equipment size, such as surgical instruments and endoscopes, to accommodate children of various ages and sizes. This equipment is very expensive, very specialized, and in many cases, very fragile. In some tiny babies I use rat retractors originally designed for animal research labs. Moving delicate equipment back and forth from some storage room down the hall, to multiple different operating rooms causes this equipment to break. Ideally, in a well-designed dedicated

pediatric operating room, this equipment could be stored right where it would be used.

4. Like a few other North Carolina facilities, at WakeMed we now perform complex surgical procedures on children involving multiple surgical teams working simultaneously, each with their own specialized instrumentation. An example is a recent boy who accidentally drank household cleaning fluid and destroyed his esophagus. To do his esophagectomy, multiple groups of surgeons worked endoscopically (through his mouth), via a large neck incision, through his right chest with a thoracotomy, and through his abdomen. The typical OR does not have the space to store all of this specialized pediatric equipment for prompt use. Having to run down the hall to get some specialized instrument is not in the child's best interest.

Dedicated pediatric operating rooms are a trend that is growing nationwide. A current example of this is the Bloomberg Children's Center at Johns Hopkins Hospital which opened this May. This is a facility that has 10 dedicated pediatric operating rooms, many of them specially designed for particular surgical specialties.

In conclusion, WakeMed respectfully requests that the Council allocate 2 dedicated pediatric operating rooms to Wake County in the 2013 State Medical Facilities Plan. Doing so will be a proactive step toward ensuring an adequate supply of pediatric surgical resources to residents of Wake County.

Thank you for the opportunity to provide these comments.