MOVEMBER CAMPAIGN RAISES $20K FOR MEN’S HEALTH AWARENESS

ALSO INSIDE:

Urology Welcomes Male Fertility Specialist  p. 3


Long-term Care for Patients with Spina Bifida  p. 8
Welcome to our 2017 Spring Newsletter. Duke Urology continues to thrive. We welcome our newest faculty member, Karen Baker, MD, who recently completed twenty years of service in the Army. Dr. Baker will oversee our infertility program and support male infertility issues in our Urology Cancer Survivorship program. In addition, we have three fellows this year who have excelled both clinically and in research. Vignettes of Drs. Madden-Fuentes, Longo, and Wollin demonstrate the breadth of our fellowship programs in Reconstructive Urology, Urologic Oncology and Endourology / Stone Disease.

Our Duke Urology Residents are leaders in both academics and community service. Doctors Granieri and Fantony were presented with the Southeastern Section of the AUA Humanitarian Award for their work with the Duke Urology Movember program. This year, we raised close to $20,000 to support the Movember campaign. Speaking of our Residents, the E. Everett Anderson Resident Educational Fund was established to support Duke Urology Resident education. A number of you have contributed to this important educational initiative. I would ask all of our DYSURIC members who have benefited from the residency program to support this crucial effort. All funds are used to provide educational tools and travel expenses for current Residents.

In addition, our outpatient clinics, overseen by Dr. Mike Lipkin, have been highlighted by the health system as a cohesive and efficient group providing optimal outpatient care for our urology patients. To round out our clinical focus, Cary Robertson reports the recent launch of HIFU to manage patients with early stage prostate cancer. Our pediatric urology group continues to manage patients with spina bifida. A recent report from Maryellen Kelly, DNP, CPNP, who attended the national spina bifida meetings, demonstrates the extent of Duke Pediatric Urology’s clinical and research expertise. Finally, Dr. Brant Jnnam highlights our continued efforts in Duke Urology’s research program. A large PSA specimen biorepository, started by David Paulson in 1987, continues to be a source of excellent research opportunities, ultimately leading to better care for our patients with prostate cancer.

As always, we greatly appreciate your support of Duke Urology and hope to see you at the upcoming AUA Meeting in Boston or at one of our upcoming educational events. Please be sure to mark your calendar for the 50th anniversary of our Duke Urologic Assembly meeting, which will be held 5-8 April, 2018 in Hilton Head, S.C. Ralph de Vere White, previous chairman of Urology at UC Davis and proud DYSURIC will be our featured speaker for the meeting. We encourage all of our DYSURIC members to support this important educational event.

The research potential at Duke and its reputation for excellence in care make this an exciting place to be. At the Fertility Center, couples can meet their reproductive goals in an environment where they are most comfortable, with a plan that feels right for them. The addition of a male fertility specialist furthers our goal of providing comprehensive reproductive care to patients in the area and beyond.

Karen Baker, MD

The first application of a newly approved technology for prostate ablation was utilized to treat a prostate cancer patient at Duke Hospital. This represented the culmination of 10 years of clinical research and participation in a clinical trial investigating high-intensity focused ultrasound (HIFU) in the treatment of prostate tissue. This noninvasive therapy utilizes focused ultrasound energy applied to prostate tissue through the rectum. It is well tolerated as an outpatient treatment. In the clinical trial, 135 subjects were treated nationally, with 27 subjects at Duke. Morbidity was minimal and all subjects experienced declines in prostate volume and extent of prostate tumor. After trial completion in 2014, the FDA cleared this technology in October 2015 as a surgical tool for the treatment of prostate tissue. Duke Urology led the national trial, serving as national principal investigator, under the direction of Cary N. Robertson, MD, FACS. This technology has been highlighted as a focal therapy approach for selective partial prostate tissue ablation in selected patients. This has the advantage of preserving urinary anatomy and urinary control with minimal impact on erectile function. A case example is available for review in the Duke online medical newsletter, Clinical Practice Today, presented by Duke Health in the April 26, 2016 edition.

Karen Baker, MD

**MALE FERTILITY SPECIALIST**

**KAREN BAKER, MD, JOINS DUKE UROLOGY**

**High-Intensity Focused Ultrasound for Prostate Tissue Ablation**

Cary Robertson, MD

On October 7, 2016, the first application of a newly approved technology for prostate ablation was utilized to treat a prostate cancer patient at Duke Hospital. This represented the culmination of 10 years of clinical research and participation in a clinical trial investigating high-intensity focused ultrasound (HIFU) in the treatment of prostate tissue.

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SYNERGY LEADS TO SUCCESS IN CLINIC 1G

Over the last year, Clinic 1G Urology has worked hard to build a culture of teamwork. With support from our medical director, our clinic and division leadership, clerical and nursing staff, and team of providers, we have improved our patient experience metrics, communication, and engagement. Our Balanced Score Card results have improved, and nearly every metric surpasses our year-to-date goal.

A key to our success has been the combination of the newer staff’s enthusiasm with the commitment to precepting and teaching by our more experienced team members. Clinical and clerical teams get together monthly to review patient comments, celebrate successes on our Balanced Score Card, and discuss how we can improve care, processes, and service. With weekly “What’s new Wednesday” email updates from our Clinical Team Lead, Lisa Drylie, and informal huddles in clinic to debrief and strategize, the staff works to communicate often, effectively, and with the goal to include all perspectives.

To enhance the clinic’s knowledge base in urology, physicians are very engaged in sharing their clinical expertise through quarterly in-services with the staff. Our Medical Director, Dr. Michael Lipkin, kicked off this initiative with an overview on ureteroscopy and shock wave lithotripsy for removal of kidney stones. Our newest physician, Dr. Karen Baker, followed with an in-service on male infertility, and training on vasectomy procedures. This expanded the tools and supplies for staff to be engaged in their roles and added a sense of pride and ownership over their patient care in the clinic.

It’s not just work that helped us come together in Clinic 1G: We celebrate often for birthdays, holidays, and in recognition of improvement of our metrics. Our team dinner in March was an excellent way to step away from work and just have fun together. Our kudos board is where we can recognize each other’s efforts and say thanks. This type of fellowship has helped transform our clinic into a real community.

And there is more to do! With initiatives underway to improve communication of delays to patients, and advancing the scope of practice of the CMAs, we are striving for excellence in collaboration, and continuing to come together as a team.

Dr. Michael Granieri, left, and Dr. Joseph Fantony, below, spearheaded Duke’s annual Movember men’s health and prostate awareness campaigns.

DUKE RESIDENTS WIN THE SOUTHEASTERN SECTION AUA HUMANITARIAN AWARD

When Dr. Granieri arrived at Duke Urology in 2012, he initiated a local Movember campaign as a great way for the Division of Urology to have some fun and raise awareness for men’s health issues. Initially, fundraising efforts were limited to those within the division and other small interested groups throughout the hospital. Fundraising efforts reached approximately $200K in 2012 and 2013. In 2014, Granieri teamed up with co-resident Fantony to spearhead a fundraising initiative involving not only the entire medical center, but also the Duke Community at-large.

Through their tireless efforts, while managing full-time clinical duties, they held prostate cancer awareness sessions at Duke Men’s Basketball games in addition to events in the Durham Community. They amplified their fundraising efforts and awareness of their cause exponentially through strategic use of both social and community media outlets, promoting awareness of prostate cancer and men’s health on several local news channels, the campus and community newspapers, and national publications such as Scientific American. The Movember campaign raised more than $20,000 in 2016.
QUALITY IMPROVEMENT in Duke Urology

Assuring high-quality care is increasingly important to urologists, payers, and patients in today’s healthcare environment. Duke Urology maintained its status among the Top 10 hospitals in the country for urology in the most recent US News & World rankings, which are increasingly weighted toward outcomes of urological care. In order to improve our outcomes, Duke Urology is instituting a number of efforts to measure and improve care quality.

Over the past year, Duke Urology has begun participation in the American College of Surgeons National Surgical Quality Improvement Program (NSQIP), which measures risk-adjusted outcomes among major urologic procedures such as cystectomy, nephrectomy, and prostatectomy. Gathering these data will permit not only better tracking of our own outcomes, but also allow a better comparison of our outcomes to other institutions. In addition, NSQIP will provide a standard way to assess the impact of care redesign interventions, such as the standardized care pathways being implemented for nephrectomy and prostatectomy.

On the ambulatory care side, the Duke Comprehensive Kidney Stone Center is embarking on a care redesign project to improve outcomes for patients undergoing ureteroscopy for ureteral and renal stones. An interprofessional, multidisciplinary team under the leadership of Dr. Dan Wolin and supported by Drs. Glenn Prenninger, Michael Lipkin, and Chuck Scales will examine care delivery throughout every phase of the patient’s journey. The care redesign team involves nursing leadership (Lisa Drylie, RN), anesthesiology (Timothy Miller, MB, ChB), advanced practice providers (Sarah Yttri, NP), urology administration (Wendy Webster, MBA), and members of the Duke University Hospital Performance Services team (Robin Anderson, Theresa Alston-Williams and Jacquelyn Yanik). The ultimate goal of the project is to improve patient satisfaction and reduce preventable returns to the emergency department after ureteroscopy.

With efforts such as these, we plan to continue improving the outstanding care for which Duke Urology is known, and increase the Division’s leadership in this key area of urology.

SCORECARD

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CARE Redesign COMMITTEE

Michael Ferrandino, MD

In 2012, with the passage of the Affordable Care Act and a shift to value-based care, Duke’s senior leaders created a committee to oversee many of the care delivery changes that would impact patients. This became the Care Redesign Committee. Care Redesign’s goal has been to improve clinical outcomes and reduce the total cost of care by supporting clinicians to redesign care processes.

Care Redesign program teams have partnered with clinical and operational leaders to improve care delivery in more than 30 clinical areas. The team has developed an approach that blends Six Sigma project management principles with clinical data, cost data, and evidence reviews to bring experts at the bedside together to identify opportunities and design solutions. The Care Redesign Committee identified Nephrectomy and Prostatectomy patients as potential sources for optimization. Particular goals of the project include decreasing length of stay, avoiding readmissions, improving pain control without narcotics, minimizing total cost of care, as well as standardization of pre-operative, intraoperative, and post-operative pathways across all surgeon and nursing teams. Many of the incorporated changes involve adoption of Enhanced Recovery After Surgery (ERAS) protocols such as cessation of bowel regimens and early ambulation. To date, impressive progress has been made in regard to surgeon agreement, educational materials, nursing pathway development, and new anesthesia protocols, to name a few changes. Epic integration is currently underway via order and documentation build sets. We anticipate a full roll-out of the new Care Redesign Protocols this summer.
A large obstacle for patients, families, and medical providers is the lack of adult care providers willing and confident in their ability to provide medical and surgical care to the aging population affected by spina bifida. - John Wiener, MD
GRANTS, AWARDS, & RECOGNITION

Judd W. Moul, MD, FACS, James H. Semans, MD, Professor of Surgery, Professor in Anesthesiology, Director, Duke Prostate Center.

EDUCATION

Dr. Preminger receives lifetime achievement award

Duke Urology is pleased to announce that the Research on Calculus Kinetics (ROCK) Society presented a Lifetime Achievement Award to Glenn Preminger, MD.

Dr. Preminger was recognized for his significant contributions to kidney stone research and for his mentoring of urologists in the field of kidney stones.

Congratulations, Dr. Preminger!

DUKE HEALTH FELLOWS PROGRAM

The Duke Health Scholars and Duke Health Fellows Program was created with a transfer of funds from the Duke University Health System, and it supports the ongoing efforts to enhance the academic success of early to mid-career clinician-scientists in School of Medicine clinical departments. Department chairs nominate faculty, and the Dean’s research leadership team selects recipients.

Jonathan C. Routh, MD, MPH, Associate Professor of Surgery and Pediatrics.

DUKE UROLOGY

Dr. Tom Longo completed medical school and residency at the University of Nebraska Medical Center and joined Duke for his Society of Urologic Oncology Fellowship in 2013. During his fellowship, he has been involved with projects investigating therapeutic hyperthermia in bladder cancer, comparative oncology in bladder cancer (cancer and human), and alternate RNA splicing in prostate cancer amongst races. Following the completion of his fellowship this summer, he will be joining our staff at Duke. His wife and three children are delighted to be staying in the Triangle.

RAMIRO MADDEN-FUENTES, MD

Dr. Ramiro (Joe) Madden-Fuentes obtained his medical degree from Baylor College of Medicine and joined Duke Urology in 2010. He completed residency in June 2016 and continued at Duke Urology as the Reconstructive Urology and Cancer Survivorship fellow. During his training at Duke, he has participated in basic science and clinical research. His research during fellowship has focussed on treatment and management of urinary sequelae of prostate cancer therapies. After completion of fellowship, he will be joining Concord Hospital in Concord, N.H., where he will focus on male reconstruction and participate in the education of Dartmouth residents.

DANIEL WOLLIN, MD

Dr. Daniel Wollin was born in Massachusetts, where he completed his undergraduate education at Williams College. After a stint in Chicago for medical school, he completed his urologic residency at New York University. He has trekked down to the south to complete a fellowship in endourology, metabolic stone disease, laparoscopy, and robotic surgery. In his spare time, he enjoys cooking and playing guitar. His research interests focus on medical prevention of nephrolithiasis and in vitro evaluation of surgical treatment modalities and novel devices. He lives in Carrboro with his wife, who is currently a Head and Neck Surgical Oncology fellow at the University of North Carolina.
Since the inception of the EE Anderson Resident Education Fund in 2015, 15-19 residency program alumni have contributed each year, helping us raise $33,000 over the past three years. These monies are greatly appreciated to allow us to continue to provide our current residents with the best possible educational experience through the purchase of teaching materials and travel to scientific meetings.

We have been moved by some of your accompanying notes about how training at Duke was so important in your careers. We invite all DYSURICs to share how training in the Duke Urology program defined you, and to contribute to increasing the proportion of our many trainees. Please help us to honor the legacy of Everett Anderson and to ensure that Duke continues to train tomorrow’s leaders in urology.

A gift to the E.E. Anderson Fund provides professional development and research opportunities for trainees.

You can make a donation quickly and securely by visiting supportmedtraining.duke.edu, and clicking Urology under the Department of Surgery. Or, contact

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