

Message from the President



Welcome to the next edition of *JPOSNA*. As you can see, Ken Noonan and his editorial team have been busy developing a spectacular new addition to POSNA offerings – and this is just the beginning. *JPOSNA* allows our membership to control the content and format of state-of-the-art pediatric orthopaedic education. Whether it be focused issues like this one on quality, safety, and value, technical surgical pieces replete with video, traditional research papers, or captured presentations from our meetings, *JPOSNA* serves as a home where we can invite our members to come and spend some time. While the name may change, *JPOSNA* will be our shared space to communicate. Keep an eye on this rapidly evolving, exciting new part of POSNA!

The current edition of *JPOSNA* is particularly exciting to me, and I hope to you. In pages below, you will hear how POSNA was one of the first organizations to embrace the area of quality, safety, and value, leading the charge for many other societies. The QSV Council, led by Kevin Shea, is now our largest council with so much great work going on by so many of our members.

You may have heard a bit about the next step in POSNA’s push to help make care better for kids with orthopaedic problems – the *POSNA Safe Surgery Program*. “Under construction” for about two years, this is a POSNA-led effort to have more ownership about what constitutes best practice and quality in our space.

So many of our members have voiced concern and frustration that various outside rating schemes and reports are now setting the rulebook in this space. In the last weeks, I have heard from members questioning why their program is rated by an outside publication with criteria that some see as capricious and non-evidence based. Members from smaller programs in particular, have expressed sentiment that the current rating systems are prejudiced for large programs with extensive resources. For smaller programs with minimal resources, our members are asked (pressured) to divert time and energy from their practices and research to respond to these surveys in an optimal way that brings “prestige” to their institution. POSNA certainly recognizes that high-quality care in our space occurs in many programs – regardless of size or popular press rankings. Since we acknowledge that external ranking systems will persist and will not go away in the short term, we will look to align our efforts with those processes when appropriate but also to focus on issues which we know to be more relevant for optimal patient care.

Let me introduce you to the “*POSNA Safe Surgery Program*,” which you may have heard a bit about in my recent video newsletter. While final details are still being worked out by our members and need to be approved by our board, there has been tremendous interest and effort in development. The primary goal of the *POSNA Safe Surgery Program* is to give expert clinicians a framework to decide best practices and optimum outcomes in each of your own specialties. You are the experts; you write the playbook.

Rather than provide a quantitative ranking, we seek to “move the whole bell curve” to make care better for our patients and to also help our members advocate for the resources they need at home to do that. Over the last year, members of QSVI – Spine, Trauma, and Sports (the first three areas to be addressed) have been hard at work creating these metrics. As a first step, we will only look at processes, but we have great hope about how this could evolve to better serve our members and patients. As opposed to existing entities, we are not looking to rank surgeons or even rank hospitals. Our

members will tell us what is important and create the metrics for what constitutes “success” regardless of program size or volume. But when availability of subspecialty resource is important, we will celebrate that.

A lot of this work is already done by POSNA in many places in various ways. For example, POSNA has supported position statements of various types and guidelines like the “Checklist to Optimize Response to Intraoperative Monitoring Change.” As part of *POSNA Safe Surgery Program*, QSVI/Spine has therefore recommended that use of intraoperative checklists be one of the metrics for safety. In this way, this program will centralize various efforts and put POSNA members in a position to foster positive change.

While these are admittedly small initial steps, there is certainly precedent in the efforts of the American College of Surgeons Children’s Surgical Verification Performance Improvement and Patient Safety (PIPS) Program.

While some of the details of our new program still need to be finalized, our goal is to allow POSNA members to define what is important to our patients and our programs. I wanted to share a bit of this with you and invite you to reach out to me, Kevin Shea, Min Kocher, or any one of us on the presidential line or board of directors to discuss.

For now, best wishes for the summer.

A handwritten signature in black ink, appearing to read "Michael Vitale". The signature is fluid and cursive, with a large initial "M" and a long, sweeping tail.

Michael Vitale, MD, MPH
President, POSNA