



“What, Me Worry?”

Notes from Jack M. Percelay, MD, MPH, PSOHC Chair

As a hospital based physician, usually I am very happy to hear that we still have “pee”; good urine output means good hydration, and that means if the IV comes out at night I can try to get by without replacing it. But, there is one ‘P’ I’d like to see gone—The P for Provisional preceding the Section on Hospital Care. Unfortunately, as I write, we remain the PSOHC.

A little background ... since the last edition of our newsletter, the Council on Sections (representatives from each of the 50+ sections) recommended that we advance to full section status. This recommendation was based on our record of achievement in the two years we have been a provisional section. At the same time, several other sections ranging from Neurosurgery which is smaller than us with < 100 members and Breastfeeding which is much larger than us with > 1000 members were also recommended for full section status. This recommendation was sent to the Board about the same time that the Board made significant plans to streamline committee operations. (Streamline is synonymous with decreasing membership of larger committees with multiple liaison members and doing more work electronically and limiting face-to-face meetings to one per year for most committees.)

In the setting of contracting the committee structure, the Board felt it was most prudent to hold on expanding the number of sections in the Academy.

Thus, all 5 of the sections proposed for full status remain provisional. The staff we work with at the Academy believe strongly that we will ultimately obtain full section status. We have a strong list of accomplishments, and are integrating ourselves well into the Academy structure. I too believe we will soon receive this designation. But it is frustrating, and I don’t know how much longer it is “til we get there”.

Operationally, the continuation of the provisional designation has two effects. First, the Executive Committee Membership remains the same. Once we are a full section, we will have elections for 3 of the 6 Executive Committee positions. These elections will most likely be held with next Fall’s ballot. Second, from a financial/resource standpoint, our budget remains the same. We do not lose any funding or resources, but nor can we institute dues to obtain additional funding.

I have urged the Board to act swiftly; I do feel there is a risk of our losing momentum. The symbolism does have meaning. I hope to have more information for you at the Business Meeting in San Francisco in October. It would be a pleasure to be able to announce our status as a full section in San Francisco, 4 years after our first meeting as a “proposed provisional section” in the same city.

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While you’re attending the AAP National Conference and Exhibition

in San Francisco, join NAIP at a hospitalist welcome reception just for you...

see Page 9 for details!

Executive Summary

COMMITTEE ON HOSPITAL CARE MEETING

March 10, 2001

The Committee on Hospital Care (COHC) met on March 10, 2001 in Rosemont, IL. The following is a summary of the Committee's activities and initiatives discussed during that meeting:

The Committee welcomed Mary T. Perkins, RN, DNSc, new liaison from the American Hospital Association (AHA) and Barbara Larson, RNC, MEd, representing the Society of Pediatric Nurses (SPN).

Effective July 1, 2001, the American Academy of Pediatrics (AAP) Board of Directors is calling for the sunseting of all Section liaison positions to Committees. Dr. Striker, liaison from the Section on Anesthesiology and Pain Medicine (SOA), and Dr. Klein, liaison from the Section on Surgery (SOSu), were formally recognized for numerous contributions made to both the COHC and the AAP over the years.

Dr. Neff has submitted a request to Dr. Kenneth Schonberg, Chairperson of COCOMAN requesting that two additional Section Member positions be created, that will represent the Sections on Anesthesiology and Surgery.

This was Dr. Jewett's last meeting with the COHC because he is running unopposed for the AAP National Nominating Committee. According to policy, he can not serve on both committees.

Dr. Neff reviewed the goals and objectives from 2000-2001 and was very pleased with the Committee's progress in meeting

these goals. Dr. Neff discussed the goals and objectives for the COHC in 2001-2002.

The Board of Directors decided to restrict the amount of outside liaisons assigned to a Committee. The number of outside liaisons will be limited to 50% of the core membership. At the November 2000 meeting, the COHC felt that liaisons from the SPN and the JCAHO should be discontinued. At this meeting, the Committee felt strongly that they should keep the liaison relationship with the SPN.

A Selected Short Subject, to be offered at the 2001 NCE, titled, "Improving Patient Safety and Reducing Medical Errors in Children's Healthcare: The Role of Information Technology" is co-sponsored by: National Initiative for Children's Health Care Quality - Project Advisory Committee (NICHQ-PAC), Committee on Quality Improvement, Section on Computers and Other Technologies, Committee on Medical Liability, Section on Administration and Practice Management and the COHC.

Dr. O'Connor's term as the AAP liaison to the JCAHO Hospital PTAC will end this December. The current alternate to Dr. O'Connor's position is Timothy Corden, MD. It was suggested that Dr. Corden might be interested in taking over in December.

Several AAP groups have reviewed the "Pediatric Organ Donation and Transplantation" (formerly "Pediatric Organ and Tissue Donation") statement and suggestions from these groups

have been incorporated. Dr. Hardy, the lead author on this statement, presented the final draft to the Committee for comment. The Committee discussed some final changes to the statement draft and felt that after these changes were made, the statement should be submitted to the Board of Directors for approval.

"Guidelines and Levels of Care for Pediatric Intensive Care Units," co-authored by the Section on Critical Care (SOCC), the Society of Critical Care Medicine (SCCM), and the COHC, is currently before the AAP Board of Directors, awaiting approval.

David Jaimovich, MD, representing the SOCC and the SCCM, discussed the "Admission and Discharge Guidelines for the Pediatric Patient Requiring Intermediate Care" statement. Dr. Jaimovich will incorporate the comments and suggestions of the Committee.

Dr. Percelay, the lead author on the "Physicians Role in Coordinating Care of Hospitalized Children" statement revision, provided the Committee with a revised Intent for Revision and will work with Ms. Mucha to finalize the intent.

Dr. O'Connor provided the Committee with the new draft of the "Medical Staff Appointment and Delineation of Pediatric Privileges in Hospitals" statement for comment.

Ms. Ostric provided the Committee with an intent for statement draft and outline for the "Family-Centered Care Organizations for

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CHAPTERS, COMMITTEES, SECTIONS PROMOTE AAP MISSION

from the AAP Department of Chapter and State Affairs

The three-legged stool is an analogy commonly used to describe the Academy's structure.

Each of the three legs — chapters, committees and sections — contributes to the Academy's success, but their purpose can be confusing. This article aims to demystify what each group does by explaining how each interacts with the Academy and helps achieve its mission.

Chapters

The Academy has 66 chapters (59 U.S., seven Canadian) that are independently incorporated entities. Each chapter has a board of directors, which includes a president and vice president, with the number of board members varying by chapter. The board acts on behalf of the general chapter membership and establishes policies, bylaws, mission statements and goals. Chapter leaders may move up and serve on the national board.

Chapters also have appointed committees that in many cases correspond to the Academy's national committees. Chapter committee members help the chapter and state identify issues that need attention, such as vision screening, immunizations, health service management, reimbursement and hearing screening.

Executive directors have been hired by 57 chapters and two districts to manage day-to-day operations and assist with advocacy. Their duties may include recruiting members, consulting the board on burning state issues and serving as liaisons to the state medical society and other child advocacy groups. Some executive

directors can be found lobbying at their state capitol, serving as the voice of pediatricians. Executive directors conduct much of their work behind the scenes but play a vital role in the chapters' successes.

Chapter leaders also attend the Annual Chapter Forum, where they deliberate on issues they would like the Academy to support. The Academy takes the approved resolutions under consideration and responds to the proposals in a timely manner.

The benefits of chapter membership include:

- increased knowledge of and participation in legislative and advocacy activities at a local level;
- increased involvement in the legislative arena to influence the quality of pediatric practice and the welfare of children in the state;
- opportunity to work with other organizations dedicated to improving children's health and well-being;
- participation in chapter committees in areas of interest;
- networking with other pediatricians with similar interests;
- opportunity to attend chapter-sponsored continuing medical education (CME) meetings; and
- preparation for the pediatrician's future role in the health care system and practice management.

National Committees

The Academy created national committees to fulfill its objectives. Committees provide the membership with current information from their areas of expertise. They also advise the AAP Board of Directors and

provide leadership for physicians and others interested in the area of child health in which they work.

Another important function of committees is to develop relevant content for manuals and to develop policy statements and commentaries, as well as correspond with chapter committees to stimulate discussion and appropriate action at the chapter level.

AAP committees are comprised of six to 10 members appointed by the Board of Directors. Participants have the opportunity to influence or develop AAP policy, interact with AAP leaders and plan child health objectives. Many committee members go on to serve as AAP national officers.

Sections

AAP sections were established for members interested and/or trained in pediatric medical, surgical or multidisciplinary areas. Sections provide a forum for the discussion of education, research and practice. Although the primary objective of each section is to present educational activities for its members and/or the AAP membership-at-large, sections also are involved in policy development, public education and advocacy for children.

The Academy draws on the expertise of section members when developing policy statements and practice standards, and members act as AAP representatives to other organizations.

An Executive Committee of six to eight members, which is elected by the section membership,

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**AAP Customer
Service Center
Open for Business**

The Academy's new Customer Service Center, which will evolve into a centralized, one-stop service approach for AAP members, launched July 16. Selected calls to the main number of the Academy now are being forwarded to the Customer Service Center. By mid-September, however, when phase two of the transition is complete, the system will centralize service functions previously performed in different departments, so callers will not have to be transferred to different areas. This will allow members to call one direct toll-free number, 866-THE-AAP1 (866-843-2271), to handle most business functions, such as registering for a meeting, changing an address or ordering a publication.

The center eventually will blend phone, e-mail, fax and Web interactions. As the AAP Web site (www.aap.org) increases its capability to handle more transactions online, the Academy plans to offer Web Chat, where members can contact the AAP Customer Service Center instantly while logged on to the Web site. Chris Jenkins, director of the AAP Customer Service Center, said he has been looking forward to providing members with improved service. "I'm most excited about the fact that a concept that's been around for a while is coming to fruition, and that we'll have the opportunity to provide this high-level, one-stop service to members once everything is fully implemented."

The hours are 7 am to 5:30 pm Central Time.

For questions or to offer your comments on the AAP Customer Service Center, call Chris Jenkins, 800-433-9016, ext. 7150, or e-mail cjenkins@aap.org.

(Source: August 2001 AAP News)

**Report from the Committee
on Hospital Care**

Jack M. Percelay, MD, MPH

The Committee on Hospital Care (COHC) is working on a number of policy statements that will be relevant to members of our section. A joint statement with the Society of Critical Care Medicine (SCCM) will look at criteria for intermediate levels of care. We successfully modified this statement so that it addresses an intermediate level of care that could be provided at a variety of locations. As initially proposed, it was criteria for an intermediate care unit and had the potential of limiting the opportunity to provide higher level of care on a general pediatric unit despite having the available nursing staff and monitors. This statement should be useful for you in lobbying administration to provide needed resources for sicker kids. Look for this statement to come out in a year or so.

Other important statements include an update on credentials and privileges. We will be requesting samples of privileging forms to be included on an electronic library with that statement. Watch the LISTSERV for requests. Two other statements just starting the revision process are medical errors and equipment on a general pediatric inpatient unit. Again watch the LISTSERV for the opportunity to provide input on these statements. Realistically these statements are 1-2 years away from publication.

We have a strong relationship with the COHC. It is possible that the section member position I now hold on the Committee may change as a result of academy-wide structural changes. However, at least in terms of the Committee on Hospital Care and the (Provisional) Section on Hospital Care, the Committee/Section relationship has been complementary, successful and without redundancy. Neither role is exchangeable or assumable by the other structure. The COHC/PSOHC relationship is one worth continuing as is.



Have you logged on to the MOC lately?

Log-on to www.aap.org/moc and have your AAP member ID number ready

What's New on the MOC?

- ☉ 2001 Annual Chapter Forum Resolutions (8/9/01)
- ☉ Adolescent Health Update - July 2001 Issue (8/07/01)
- ☉ August AAP News (8/5/01)
- ☉ Children's access to Medicaid services are at the heart of a Michigan judge's ruling
- ☉ Few pediatricians are comfortable prescribing emergency contraceptives
- ☉ OSHA Requirements for Needlestick Prevention (7/27/01)
- ☉ New AAP Customer Service Center Launched July 16 (7/24/01)
- ☉ Participate in the new Pediatric Clinical Evidence online survey (7/19/01)
- ☉ AAP Grand Rounds, the literature review newsletter with expert commentary by Section editors, is now online! (7/17/01)
- ☉ Temporary Discontinuance of Production of DTaP (Tripedia) and DTaP-HiB (TriHIBit) by Aventis Pasteur (07/13/01)
- ☉ AAP Supports Federal Funding of Human Embryo Research (07/13/01)
- ☉ HHS Releases First Set of Guidance on Final Privacy Rule (7/13/01)
- ☉ Fellowship Opportunities in the Washington DC Office (7/12/01)
- ☉ AAP Legal Action: Amicus Brief on Michigan Medicaid Lawsuit (07/10/01)
- ☉ AAP Meetings List
- ☉ Handheld/Wireless Web Information
- ☉ Member Directory Access, Red Book 2000 information, and more.
- ☉ Effective Communication Video - Free!
- ☉ Surgical Advisory Panel
- ☉ Neonatologists and Perinatologists 2001 Directory
- ☉ 23rd International Congress of Pediatrics



NAIP's Fifth Annual Meeting

The National Association of Inpatient Physician's Fifth Annual Meeting is to be held April 9 and 10, 2002 in Philadelphia, PA. The title of the meeting is "Hospitalists: Defining the Future of Hospital Medicine". In addition, to the usually excellent content, there will be, for the first time, a full contingent of pediatric breakout sessions. The topics covered in the breakout sessions will be: "Update in Hospital Medicine" by Stephen Ludwig, MD, "Treating Infections in Hospitalized Children" by Sarah Long, MD, "Pediatric Conscious Sedation" by Christopher Festa, MD, "Apparent Life Threatening Events, Inpatient evaluation and management" by Tracy Carbone, MD, and "How to Organize and Perform a Clinical Research Study" by Dennis Durbin, MD. There will also be ample time for the pediatric hospitalists to get together. Don't miss out on an opportunity to learn and network with your colleagues.

Please visit the NAIP website, www.naiponline.org or contact Angela Musial at amusial@mail.acponline.org for more information.

NAIP Fifth Annual Meeting Registration Fees

Register by **January 31, 2002** for lowest fee. Onsite registration, add \$50. To register call customer service at 800-523-1526, ext. 2600.

	1-day fee (April 9 or 10)	2-day fee
NAIP Member	\$200	\$310
ACP-ASIM Member	\$250	\$395
Non-member	\$320	\$510
Resident	\$60	\$90
Medical Student	No charge	No charge

Congratulations to Dr. Michael Ruhlen!



(Right), is pictured here with NAIP President Ron Angus, MD (Left).

Michael Ruhlen, MD, FAAP, of Toledo, Ohio, received the Outstanding Service in Hospital Medicine Award from the National Association of Inpatient Physicians (NAIP) for his contributions in public policy, organizational activities, hospital systems innovations and leadership in organized medicine for the community.

The director of general pediatrics at Toledo Children's Hospital, Dr. Ruhlen is a current and founding Steering Committee member of the AAP Provisional Section on Hospital Care. He also was a founding board member of the NAIP.

Be Informed!!



Get Involved!!

Join the Provisional Section on Hospital Care LISTSERV® Today!

The LISTSERV® allows PSOHC members to communicate through periodic e-mail messages. So far, this list has maintained very lively discussions.

If you would like to join the LISTSERV® simply: e-mail Stephanie Mucha at smucha@aap.org with "PSOHC LISTSERV" in the subject line. **Be sure to include your name and contact information.

NOTE: E-mail will be the primary form of communication for PSOHC members - if you do not have an e-mail address, we encourage you to get an account soon!



NEED AN APPLICATION???

Any pediatrician who spends a significant amount of time exclusively managing hospitalized patients is invited to apply for membership in the PSOHC. To request an application to join the PSOHC, contact the AAP Department of Membership at 800/433-9016 or send an e-mail to membership@aap.org



Well over 100 million U.S. adults have gone online for health or medical information, according to Harris Interactive, an Internet market research firm. The Academy and Medem are giving AAP members the tools to meet patient demand.

Medem, founded by the Academy and six other medical societies, introduced Your Practice Online in June 2000. Over the past year, thousands of AAP members have created Web sites on the Medem network. The Web site service has become the premier secure physician-patient network on the Internet, with about 30,000 physician participants.

The network's growth, at a time when many e-health organizations are struggling, underscores the importance of empowering physicians to make the Internet relevant to their patients.

Products, Services

Your Practice Online has grown to include secure messaging, site traffic summaries and other features. The messaging service is an encrypted alternative to traditional e-mail that complies with privacy standards of the Health Insurance Portability and Accountability Act (HIPAA). The secure messaging system also offers easy-to-use templates, such as appointment requests and prescription renewals, helping physician offices streamline administrative tasks.

Site traffic summaries enable physicians to see how many patients have visited their practice Web site, as well as view reports and tables by day, month and other variables.

The library of peer-reviewed health care information from all of Medem's partner societies, including the Academy, was made available on www.medem.com in December 2000 and now includes more than 4,300 articles.

Medem also has introduced e-newsletters for member physicians and patients. YourMedem5, a twice-monthly newsletter for Medem network physicians, debuted in April 2001. It is a key source of news and issues for physicians on the Medem network, featuring topics ranging from new features and services to the latest news in e-health. Smart Parents' Health Source, a twice-monthly e-newsletter for parents and pediatricians introduced in August 2000, includes pediatric news, timely children's health issues, as well as an "Ask the Pediatrician" feature and columns by Medem's Editor-in-Chief Nancy Dickey, MD.

Network Growth

Medem now has more than 40 medical society partners, representing more than two-thirds of American physicians.

A growing number of health plans have partnered with the network, linking their provider directories to physician Web sites on the Medem network. The integration of health plan directories to the Medem network increases AAP members' visibility and helps attract new patients.

Guidelines for Physicians

Last fall, Medem collaborated with the nation's top medical malpractice carriers to form the eRisk Working Group for Healthcare. The

group developed an extensive set of guidelines called "eRisk for Physicians" to address online liability issues. The guidelines cover all aspects of the online physician-patient relationship, including practice Web sites, messaging services and clinical content.

Looking Ahead

Industry research and analysis strongly endorse Medem's physician-centric approach.

"Medical doctor Web sites are the crucial catalyst to unlocking the \$9 billion addressable market in health transactions ... They will drive physicians to interact with patients, forcing integration into their professional workflow, and will also provide a platform for patients (and physician offices) to use the Internet for meaningful health activities," according to Jupiter Research, a research firm specializing in Internet commerce.

Physicians agree the Internet's role in their practices will continue to grow. In March 2001, the American Medical Association reported results of a survey that found 71% of physicians said they will rely on the Internet more in five years and 59% said it will radically improve communication among patients, physicians and health plans.

The Academy and Medem are working to make this a reality.

(Source: August 2001 AAP News)



Practice Profile

Mary Bridge
Children's Hospital

Contact:

Margaret Hood, MD
Karen Nilsen, MD
Box 5857
Tacoma, WA 98415
253/403-1511
mhood@multicare.org or
knilsen@multicare.org

Practitioners:

4 full-time equivalent board certified pediatricians

Employer:

Pediatric Specialty Care, PS

Census:

Average: 14 inpatients
Range: 10-21
Admits: 1-10/24hours
Consults: 0-2/24hours

Institution:

Mary Bridge Children's Hospital is a children's hospital within a multi-hospital system, MultiCare Health System. Mary Bridge is a tertiary referral center for a 12 county region in Southwest Washington State, and a Level II Pediatric trauma center.

Bed capacity is 72 total: 56 medical –surgical beds, 14 PICU beds. There is also a 58 bed NICU housed on the campus at the adult facility Tacoma General.

The Program:

The pediatric inpatient service was started by the Intensivists to fill a need: patients transferred out of the PICU whose physicians could not physically attend them

on the floor, whether by choice or by distance constraints. Initially the intensivists attended these patients. As the service grew it was expanded to 1.5 FTE non-intensivist physicians, and since July 1998 has been run by dedicated pediatric hospitalists. Our service started with 7% of the inpatient census, now running at 60% of the inpatient census. Currently at 4.0 FTE, we will expand to 8.0 FTE in order to meet the service and hospital needs. We provide 24-hour, in-house coverage for admissions, transfers from the PICU and consults on the medical-surgical floor. We work in company with the pediatric intensivists and pediatric emergency medicine physicians who also provide 24-hour in-house coverage. In addition to the medical and specialty service patients, we co-manage the Trauma Service with the pediatric surgeons.

365 days a year are covered by one attending, with 12 weeks of double coverage allotted January 15-April 15. The days are not shift work; they end when the work is done. Half of the night coverage is from community pediatricians whose coverage starts between 1730 and 1800, to 0800 the next morning.

Teaching:

We provide the entire pediatric inpatient teaching to the UW affiliated Tacoma Family Medicine residency. Housestaff, one first-year and one second-year resident, are on service for six weeks at a time. We also mentor University of Washington students during their year of clinical rotations for their four-week pediatric inpatient stint, hosting 2-3 students each rotation. All of our core attendings are on the clinical faculty at University of Washington. We also have an increasing number of fourth year students on elective clinical rotations.

Philosophy:

We believe, but do not enforce, that a pediatrician should attend all patients admitted to a children's hospital. Therefore, we go out of our way to be available to admit or consult on surgical or subspecialty patients. We also are available at all times to admit or care for any pediatric patient, at the request of their physician, or in a crisis situation. We recognize that the health of our program hinges on the relationship between the pediatric hospitalist and the community primary care physicians. We pride ourselves on communication with referring physicians, whether 5 minutes or 5 hours away, and maintain that excellent care for children keeps us all on the same page.

**HAVE YOU VISITED THE
PROVISIONAL SECTION ON
HOSPITAL CARE
HOMEPAGE LATELY?**

**[http://www.aap.org/
sections/hospicare](http://www.aap.org/sections/hospicare)**

**ON YOUR HOMEPAGE YOU
WILL FIND:**

- AAP National Conference and Exhibition – Education Programs sponsored by the PSOHC
- PSOHC Section Description
- Steering Committee Roster
- Newsletter - Summer 2000 (PDF file)
- Newsletter - Winter 2001 (PDF file)
- Join the PSOHC LISTSERV®

Sibley Joins Beacon Health, Ltd. – Westchase as Medical Director



HOUSTON (August 10, 2001) Beacon Health, Ltd. – Westchase, a pediatric specialty hospital, is pleased to announce the appointment of

Bryan G. Sibley, MD, FAAP, as medical director and pediatric hospitalist. A graduate of the University of Texas Houston Health Science Center pediatric residency program, Dr. Sibley has returned to Houston from Lafayette, LA, to lead the Beacon Health, Ltd. – Westchase medical staff.

“Beacon Health, Ltd. – Westchase is an exciting new model in care for children who are medically dependent,” said Sibley. “I am looking forward to expanding this model to include development of a medical home for special needs children.” A medical home is a healthcare concept endorsed by The American Academy of Pediatrics in which a child’s medical treatment is family-centered, easily accessible, cost effective, continuous and culturally competent.

Neurobehavioral Healthcare Systems, Ltd. Chief Operating Officer Ron Cronen stated, “We were impressed with Dr. Sibley from the first meeting. He came with a great understanding of Beacon Health, Ltd. – Westchase’s role in the community, as well as an impressive plan for ensuring that the hospital is meeting the needs of Houston-area children.”

Dr. Sibley is a Fellow of the American Academy of Pediatrics and a board certified pediatrician. Active in the American Academy of Pediatrics, Dr. Sibley has served on the Committee on Administration and Practice Management and the Committee on Children with Disabilities since 1998. He has presented at numerous medical conferences and has been published by the Journal of the Louisiana State Medical Society.

As a private practice pediatrician in Lafayette, Dr. Sibley was an active member of the Louisiana State Medical Society serving as vice-chairman of the Committee on Pediatric Health and as a delegate in the House of Delegates. He presided over the Lafayette Parish Medical Society as president for the 2000-2001 term and spent two years as co-chair of the Pediatrics Committee of Women’s and Children’s Hospital.

The pediatric hospital provides care for technologically dependent and medically fragile children age birth to 21 years. Most have suffered a variety of severe injuries and illnesses, including traumatic brain injury, anoxia (loss of oxygen), birth defects, closed head injury, preterm birth and inhalation injury (typically chemical).

The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) accredits Beacon Health, Ltd. – Westchase. The hospital was founded in 1999 by Neurobehavioral Healthcare Systems, Inc., a national leader in neurobehavioral rehabilitation.

What is the CHILDisaster Network?

Child Health International Large Scale Disaster Network

The Section on International Child Health is organizing a network of pediatric professionals who will be available to accompany organizations responding to disasters on a short-term notice. Child health professionals with education and experience in humanitarian emergencies will be available to volunteer their time and skills during a specific time period. Should an organization need child health experts on a project, the AAP will provide disaster relief organizations a list of practitioners who have completed a comprehensive application process. If you would like to be a part of this network, please visit the AAP Web site at www.aap.org/disaster and submit an application. Should you have questions regarding the network, please contact Anne McGhiey at 800/433-9016, ext. 7658. The CHILDisaster Network is part of a global initiative developed in partnership with Johnson & Johnson Pediatric Institute, the International Pediatric Association, and the American Academy of Pediatrics to ensure the health and well-being of children in disaster situations. If you would like to make a donation to support the CHILDisaster Network please send your gift to the AAP Friends of Children Fund or call 888-700-5378.

“What, Me Worry?”

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In the meantime, we are continuing to move forward full steam ahead. As you will see elsewhere in the Newsletter, we have a full program planned for 2001 and 2002, are working on a number of policy statements, serve as a resource within the Academy for inpatient and hospitalist issues, continue to grow in membership, work closely with the NAIP and APA, and are exploring research options. There are a number of ways you can be involved in the Section—use the LISTSERV, get involved with some of our projects, and most importantly help spread the word and recruit new members.

With any luck at all, we can quickly go into acute renal failure, become completely anuric, and lose the ‘P’ completely. I look forward to seeing you in San Francisco.

Jack

While you're attending the AAP National Conference and Exhibition in San Francisco, join NAIP at a hospitalist welcome reception just for you...

October 21, 2001

6:00 - 7:30 p.m.

Renaissance Parc 55 Hotel
Cyril Magnin Street
San Francisco, CA
Enjoy light hors d'oeuvres & beverages

Speakers:

Steven Z. Pantilat, MD
NAIP Board Member
Hospitalist/UCSF

Title: *The Future of the Hospitalist Movement*

Ron Nicholis, MD
Hospitalist/Past Section Chief
Hospitalist Section
Title: *PDAs: A Hospitalist's Experience*

EXECUTIVE SUMMARY

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Children and Their Families” statement. The Committee felt the intent and outline were representative of the information that should be included in the statement.

“Medical Necessity for the Hospitalization of the Abused and Neglected Child” was co-authored by the Committee on Child Abuse and Neglect (COCAN) and the COHC and was originally published in *Pediatrics* in April 1998. After discussion, the Committee decided to reaffirm the statement.

“Facilities and Equipment for the Care of Pediatric Patients in a Community Hospital” was originally published in *Pediatrics* in June 1998. After discussion, the Committee decided to revise the statement. Dr. Sigrest has agreed to be the lead author on this statement revision, with assistance from Drs. Hardy and Percelay.

“Prevention of Medication Errors in the Pediatric Inpatient Setting” was co-authored by the Committee on Drugs (COD) and the COHC and was originally published in *Pediatrics* in August 1998. After discussion, the Committee felt strongly that this statement should be revised. If the COD agrees that this statement should be revised, Dr. Stucky volunteered to be the lead author of this revision.

Liaison reports were given from the SOA, the SOSu, the Provisional Section on Hospital Care, the AHA, the Child Life Council, the JCAHO Hospital PTAC, the SPN, and NACHRI.

The next Committee meeting is scheduled for November 10-11, 2001 in Denver, Colorado.

CHAPTERS

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governs each section. Section leaders communicate with the section membership via newsletters, e-mail lists, Web sites, business meetings and personal contact when possible.

The benefits of belonging to a section include:

- interaction with colleagues and AAP leaders;
- opportunity to serve as a resource to the Academy and its membership;
- educating others who are involved/interested in the same area of expertise;
- staying up-to-date on changes that affect practice;
- involvement in section's educational offerings and policy decisions;
- receiving information regularly, such as section newsletters and journals; and
- discounts on section-sponsored CME programs.

The chapters, committees and sections play a vital role in helping pediatricians with advocacy efforts, networking and professional recognition at the national and state levels. Most importantly, they promote the Academy's mission and its commitment to serving infants, children, adolescents and young adults.

Just as a three-legged stool cannot stand without all three of its legs, neither can the Academy.

For more information, contact Anjie Emanuel, manager, AAP Chapter Relations, at (800) 433-9016, ext. 7860, or Jim Couto, director, AAP Division of Hospital and Surgical Services, at (800) 433-9016, ext. 7656.

(Source: August 2001 AAP News)



**Provisional Section on Hospital Care
2001 National Conference and Exhibition
San Francisco, CA – October 20-24, 2001
Education Program Schedule**

Saturday, October 20

8:20 – 8:40 am

Plenary

P106 Medication Errors in Pediatric Settings

Christopher Landrigan, MD

Sponsored by the PSOHC & the National Initiative on Children's Healthcare Quality Project Advisory Committee

Saturday, October 20

9:00 AM - 5:00 PM

Section Program

H113 Provisional Section on Hospital Care

Moderator: Laura J. Mirkinson, MD, FAAP

9:00 AM "Controversies in the Management of Diabetic Ketoacidosis in Pediatric Inpatients"

Andrew Muir, MD, FRCP

11:00 AM "Effective Teaching in the Inpatient Setting"

Paul Bellet, MD, FAAP & Thomas DeWitt, MD, FAAP

12:30 PM Section Business Meeting & Box Lunch

(tickets for lunches must be purchased in advance)

2:15 PM "Maximizing Reimbursement of Inpatient Pediatric Services"

Richard A. Molteni, MD, FAAP

4:00 PM "Maintenance and Troubleshooting of Indwelling Central Catheters in Pediatric Patients"

Daniel Mollitt, MD, FACS, FAAP

Sunday, October 21

9:30 – 11:30 am

Seminar

S227 The General Pediatrician and the General Pediatric Hospitalist-Collaborative Care of the Pediatric Inpatient (Case-Based)

Changes in hospital-based and office-based pediatric practices have created the need for pediatricians to collaborate on the care of hospitalized children. Many models of outpatient and inpatient collaborative services are enhancing the care of pediatric inpatients. Understanding these successful strategies improves the care of hospitalized children. General pediatricians from the Section on Hospital Care will present information compiled from multiple sources that show methods of communication and collaboration that are working for many practice groups.

Michael E. Ruhlen, MD, FAAP & Mark Winerman, MD, FAAP

Sunday, October 21

9:30 - 11:30 am

Seminar

S229 Managing Status Asthmaticus in the Office and Hospital (Case-Based)

Acute asthmatic episodes require aggressive management to avoid serious or prolonged morbidity. Use of an effective office and hospital based care path, including the appropriate role of standard and new pharmacologic agents will be discussed. (Repeats as S283.)

Carolyn Kercksmar, MD, FAAP

Sponsored by the PSOHC & the Section on Pulmonology

Sunday, October 21

4:00 - 6:00 pm

Seminar

S283 Managing Status Asthmaticus in the Office and Hospital (Case-Based) (Repeat of S229)

Carolyn Kercksmar, MD, FAAP

Sponsored by the PSOHC & the Section on Pulmonology

Monday, October 22

2:30 - 3:20 pm

Selected Short Subject

F369 Antenatal Renal Ultrasound and its Significance for the General Pediatrician

Antenatal ultrasound has changed the method of presentation for children with urologic abnormalities. It rarely results in antenatal intervention and the rate of postnatal surgical intervention is decreasing. This lecture will discuss the differential diagnosis, and treatment of antenatally detected hydronephrosis. Emphasis will be on vesicoureteral reflux and ureteropelvic junction obstruction.

Patrick McKenna, MD, FAAP

Sponsored by the PSOHC and the Section on Urology

Tuesday, October 23

9:30 - 11:30 am

Seminar

S421 The Diagnosis and Treatment of Childhood Encephalitis and Viral Meningitis

This seminar will focus on the particular etiologic agents of acute encephalitis and viral meningitis, including herpes simplex virus, human herpesvirus-6 and -7, influenza, West Nile virus, and enteroviruses. The epidemiology, diagnostic evaluations (imaging studies, PCR), and therapeutic options (when available) will be addressed in this didactic session with questions-and-answers.

David W. Kimberlin, MD, FAAP & Keith Krasinski, MD

Sponsored by the PSOHC & the Section on Infectious Diseases



PREP:EM
An Intensive Review Course of Pediatric Emergency Medicine
July 28-31, 2002
Renaissance Montreal Hotel, Montreal (Quebec) Canada

Sponsored by the AAP Section on Emergency Medicine and the American Academy of Pediatrics, the PREP:EM course is designed to:

- Provide an intensive review of topics in pediatric emergency medicine and/or for physicians involved with acute pediatric care that are identified by major headings on the American Board of Emergency Medicine and the American Board of Pediatrics Subspecialty Certifying Examination Content Outline developed by the Sub-Board of Pediatric Emergency Medicine.
- Disseminate current information on recent developments in theory, diagnosis, and management of pediatric emergency medicine issues.
- Provide opportunities for participants to maintain or improve current abilities by reviewing and reinforcing their cognitive base for medical practice.
- Provide opportunities for participants to update their skills in acute care.

You should attend PREP:EM if you are:

- Interested in updating your skills in acute care pediatrics
- Interested in a comprehensive review of pediatric emergency medicine
- Interested in a general review of pediatric emergency medicine
- Preparing to certify or recertify in pediatric emergency medicine
- A general pediatrician or a family practitioner (especially those practicing in rural areas)
- A non-board eligible emergency medicine physician

Course Location

Renaissance Montreal Hotel*
3625 du Parc Avenue
Montréal (Québec) H2X 3P8
Web site: www.renaissancehotels.com

Downtown Montreal is both the heart of Montréal and one of the most vibrant, cosmopolitan areas of the city. Nestled at the feet of Postmodern towers, with their spacious contours that reflect the accents of the surrounding gracious Victorian architecture, a number of the city's most splendid buildings and churches call out to be explored. Countless art and theme museums and charming green spaces dot the area. Fabulous shopping is only footsteps away in the Museum District and aficionados of electrifying nightlife will find their hearts' desire on Crescent Street. Throughout the year, and particularly in summertime, downtown resonates with captivating festivals that draw out the spontaneity of Montrealers and visitors alike. Montreal Québec tourist information can be found at www.tourism-montreal.org

* Located in downtown Montreal, full service hotel including restaurant, bar, and room service. Hotel is within easy reach of the city's major attractions and shopping centers as well as the trendiest restaurants.

For More Information about **PREP:EM** and to receive a course brochure, contact the American Academy of Pediatrics:

E-mail: cme@aap.org

Call: 866/THE AAP1 (866/843-2271)**
** Outside of the United States and Canada,
call 847/434-4000, option 3

Internet: www.aap.org/profed/cmecourses.htm
(Complete brochure available online
approximately 5 months prior to the course date.)



National guidelines to promote
student health and safety

Public Review to Begin August 15, 2001: www.nationalguidelines.org

Educators have identified poor health, psychological and social problems, safety concerns and environmental conditions as causes of underachievement. The Health, Mental Health and Safety in Schools guidelines are designed to provide a means to address these concerns. The guidelines are based on sound research and/or best practices. The guidelines will help schools address health problems that can improve attendance, contribute to school success, and equalize student access to education.

More than 300 school health and safety professionals from dozens of national educational and health organizations, as well as other school health supporters and parents, participated in developing these guidelines for students and staff enrolled and working in elementary, middle/junior and high schools across the United States.

Now it is your turn to help assemble the pieces that schools and communities need for health services and programs, health education, and healthy and safe environments. **The Health, Mental Health and Safety in Schools guidelines will be available for Public Review beginning Wednesday, August 15.**

Please log on to www.nationalguidelines.org. If you have any questions, please contact Kyle Wolfe at the American Academy of Pediatrics at 847/434-7788 or by e-mail at kwolfe@aap.org.

This project is supported through a cooperative agreement between the Health Resources and Services Administration, Maternal and Child Health Bureau and the American Academy of Pediatrics and the National Association of School Nurses.



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2000-2001 Pediatric Hospitalist Salary Survey Summary Data

Setting	Hrs/wk	Hrs/wk	Employment	Salary	Salary	compared	Benefits
U= urban	in-house	on call/ called in	U =Univ/Med School	starting	5 years	to	Std =
S=suburban			H= Hospital			office	4 wks vac
R=rural			HMO			based	1 wk CME
			P=Private Medical Corp			colleagues	Health
			S=Self-employed				Retirement
U	36	0	P	\$50-75/hr			retirement only
S	40	0	P	115	125	<	health only
U	40	0	S	145	145	<	none
U	55	21/?	P	90	150	?	2 wks CME
U/S	60	20/3	P	110	?	=	1.5 wks CME total
U	60	30/11	P	130	180	N/A	3 wks vac, expense allowance
U	40	15/0	P	140	140	>	2 wks CME, 3 vac
S	48	0	P	112	120	>	Std
U	48	42/2	H	120	140	<	
S	48	20/4	H	110	140		Std
U	30	60/?	U	85		>	Std
S	45	0	U	110	N/A	<	Std
U,S	38	16/3	U	88	92	<	2 wks CME
S	40	8 4	U/H	85	85	=	3 wks vac
S	40	0	H	120	NA	>	Std + life
S	38	15/0	H	110	120	>	no CME, accrue PTO
S	38	35/0	H \$72/hr days, 82 night, holiday	120	130	>	Accrue PTO, no CME or Vacation
U	42	13/2	H	115	129	>	life
R	40 incl call	varies	H, cover 2 hospitals	130	?	>	~5 wks vacation, 2 wkss CME + dues
S	49	0/0	H (call paid separately)	85	95	<	disability, 5 wks vac
U	55	0	HMO rotate as hospitalist	80	130	=	6 wks vac
U	48	0	H	110	140	>	Std + bonus
S	45	0	H	90	100	=	no CME
S	55	24/6	P	100	150	=	4 wks vac start, 6 wks@3yrs, profit sharing
U	55	48/10	P	120	160	?	4-6 wks vacation, profit-sharing
U	60	108/0	H/U	88	98	=	Std
S	40	?	U	100	115	>	Std
S	40	40/8	H	105	120	>	403b + some expenses
U	45	15/2.5	u	120		>	Std
	50	18/6	Group	94	128	=	disability, CME, dues, + bonus
S	50	0	H	90	125	<	CME expenses
U	40	0	H	140	155	=	6 wks vac
U	45	0	P	120	148	<	Std
U	45	0	H	138		<	5 wks vac
U	50	0	P	135	150	start >, @5y <	Std
U	50	0	P	135	150	start >, @5y <	6wk CME+vac, pre-tax health/life, + bonus
U	52	24/?	H/U	125	145	=	Std
U	24 (parttime)	20/3	H	125	140	<	2 wks CME
S	60	24/?	H	115	130	=	3 wks vac

updated 1/31/01

NOTE:

If you haven't yet completed a survey, this is an on-going database. Please complete the attached survey form and fax it to Stephanie Mucha at 847/434-8000.

Please faxback this survey to:

Stephanie Mucha, Division of Hospital and Surgical Services
Fax: 847/434-8000

Or return by mail to:

American Academy of Pediatrics – ATTN: Stephanie Mucha
141 Northwest Point Blvd
Elk Grove Village, IL 60009-0927

*****Pediatric Hospitalist Salary Survey*****

Thank you for participating in this confidential survey of pediatric hospitalist salaries and compensation. This information will be made available only to members of the Provisional Section on Hospital Care (PSOHC) and of the NAIP Pediatric Section.

Job Description

State in which you practice: _____ Setting: urban suburban rural

Hours worked per week (do not include call from home): _____

On-call from home (Ave # hrs/wk): _____ Ave # hrs/wk called in from home: _____

Employment (circle one)

University/Medical School Employee Hospital Employee HMO Employee

Private Medical Corporation/Group Employee Self-employed

Other _____

Salary

Starting Salary (for a new hospitalist): _____

Salary after approximately 5 years: _____

Compared to office-based practitioners in my organization this is: lower equal higher

Benefits (circle those that apply/fill in the blanks)

Health Insurance Retirement _____ Weeks CME _____ Weeks vacation

Other _____

Comments: _____

