



“What, Me Worry?”

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

Welcome to the first Newsletter of the AAP Provisional Section on Hospital Care (PSOHC)! It’s exciting to get things going after all the background work in creating the Section. When I first proposed creating a section two years ago it was with the simple desire to share experiences and develop relationships with other people doing the same sort of things I was doing as an “in-house” pediatrician. Well, now I’m a pediatric hospitalist. My personal job description hasn’t changed significantly in these two years, but because of my involvement in creating the section, my viewpoint and understanding of inpatient pediatrics has.

I’d like to briefly highlight pertinent aspects of sectionhood in general, and then touch on topics germane to our section. Traditionally, the AAP has made a distinction between the policy making responsibilities of committees which consist of a limited number of members (generally 10) and the educational mission of sections which have varying membership criteria, but no set limit to the number of members. Our sister Committee is the Committee on Hospital Care (COHC), and it is in fact the body in the Academy responsible for reviewing most policy statements concerning hospital care. However, the Committee also proposes

educational programs, and the Section is also asked to review proposed statements. In particular, the PSOHC is the contact point in the Academy for issues involving pediatric hospitalists. Currently, we are reviewing survey questions for hospitalists, a chapter resolution proposing that the AAP support hospital based pediatricians and broader based policy discussions with other professional medical associations regarding (adult and pediatric) hospitalists. The Chair of the COHC views the PSOHC as a complementary resource, desires our input, and through our common staff person, Stephanie Mucha, we enjoy an excellent working relationship. Finally, I am beginning a three-year term in the Section Member position on the COHC.

As I see it, the primary mission for our Section is to serve as a broad-based forum for Academy members with a special interest in general inpatient pediatrics. Although most of our charter members are pediatric hospitalists, we seek the participation of office based general pediatricians as well as hospital based subspecialists who share this interest. In fact, especially for those of us who are hospitalists, the involvement of these two other groups is crucial to the success of the Section and our ability to advocate for improved general inpatient care for all children. We will make a significant contribution to pediatrics if

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The Pediatric Hospitalist Program at Children's Hospital San Diego

Erin R. Stucky, MD, Pediatric Hospitalist,
Children's Specialists-San Diego

The Pediatric Hospitalist program at Children's Hospital and Health Center, San Diego is one of the oldest such programs in existence in the United States, founded in 1978. We have grown from one physician to now a group of seven, covering the medical, surgical, and IMU (step-down ICU) wards. Our group cares for almost 80% of general pediatric admissions to our hospital, with almost 2500 admissions per year and census varying between a low of 8 and a high in the winter of low 50's. We work with pediatric and family practice housestaff from three major programs, as well as pediatric nurse practitioners. Our group is integral in the housestaff teaching program, responsible for conferences, housestaff evaluations, M&M, and many other activities. When on service, we are also responsible for coordinating Children's Hospital Emergency Transport (CHET), which transports critically ill children from San Diego and neighboring counties to our institution.

Because Children's Hospital and the Hospitalist program have grown hand-in-hand with the community over the years, there is a sense of commitment and trust that is harder for fledgling hospitalist systems to duplicate. Our program has never been mandatory, and is available to all general pediatric medical staff. With the strong tie to and oversight of the teaching program, as well as the dedication to being in house daily until the service is stable, community physicians have grown to rely upon our program to help them care for their

patients. In addition, our division is involved in many other programs that support children and enhance interaction with fellow pediatricians on topics of hospice, child abuse, school health and political advocacy, to name a few.

Communication and mutual respect cannot be overemphasized. We have developed a system of fax and phone calls, assuring live contact for admissions, significant change in status, and complex patient discharges. All offices receive "update faxes" on chronic children, as well as faxes immediately upon discharge with a brief summary, medication list, and follow-up needed. Our survey of our physician customers – primary care, specialists, and referring emergency departments – has helped us to fine tune this system and address other requests. From this information, we will soon release our first physician newsletter covering interesting topics, "what's on the street" in the community, and medical updates/advocacy issues.

As the hospitalist movement grows throughout the nation, it is important to assure that *pediatric* hospitalists continue to above all be advocates for the child, involve themselves in the community, and act as a bridge to and from in-hospital care. As physicians we are all faced with new technological options, barriers to access to care, and the growing population of chronically ill and complex children not encountered by the generation of pediatrician before us. The pediatric hospitalist is uniquely positioned to be a leader

in these areas for their patients, families, and the pediatric community. Although not always easy, in San Diego we have been and will continue to be committed to "restore, sustain, and enhance the health and developmental potential of children."

PSOHC Research Efforts/Activities

The Provisional Section on Hospital Care will be establishing a database of all hospitals in the United States with general pediatric programs including hospitalist programs. The purpose of this project is to determine which hospitals provide general pediatric care, so that we can establish communication about important issues as well as gather important demographic information. The Section hopes to complete this work during the next year.

The Provisional Section on Hospital Care is also sponsoring questions in the 2001 Periodic Survey of Fellows of the American Academy of Pediatrics concerning pediatric hospitalist systems as a follow-up to questions originally asked in 1995. These questions will assess members' experience and satisfaction with pediatric hospitalists on the general inpatient service.

Paul Bellet, MD
PSOHC Steering
Committee Member

Educational Programming

*Sponsored by the Newly Formed
AAP Section for Inpatient General Pediatrics*

The new Provisional Section on Hospital Care (PSOHC) will be welcoming pediatricians to its first CME program at the 2000 Annual AAP Meeting in Chicago in October 2000. The PSOHC, informally known as the "hospitalist and inpatient pediatrics section," draws members from the full spectrum of AAP membership. It is tasked with meeting the educational needs of general pediatricians who have an interest in CME topics specifically geared to helping them care for hospitalized children.

The new section invites all AAP members to participate in its Section Program where two excellent topics, "The Appropriate Use of Antibiotics in the Inpatient Setting" and "The Focused Inpatient Evaluation of the Infant with an Apparent Life Threatening Event" will be presented. Along with these CME topics, AAP members will be invited to join the new section, meet its executive committee and other new members, and participate in planning future educational programs focusing on inpatient pediatrics.

This new section's voice will also be heard in the General Program of the AAP's Annual Meeting, where pediatricians will participate in a two hour interactive seminar entitled "Tag Team Pediatrics – The General Pediatrician and the General Pediatric Hospitalist – Collaborative Care of the Pediatric Inpatient".

The general pediatric community now includes physicians whose practices include a mixture of office-base and hospital-based practices. Physicians who practice primarily hospital-based medicine have been providing care for children for many years and are now a recognized group of general pediatricians. AAP members are invited to participate in this important aspect of the evolution of pediatrics by joining other pediatricians at the Provisional Section on Hospital Care's Section and General Programs at the next AAP Annual Meeting in Chicago.

*Laura Mirkinson, MD
PSOHC
Steering Committee Member*



EMPLOYMENT OPPORTUNITIES

"We currently have an excellent employment opportunity for a pediatric hospitalist in Atlanta, GA. Our hospitalist program was established 8 years ago and is presently staffed by 5 hospitalists and 2 mid-level providers. We are employed by Children's Healthcare of Atlanta, which consists of 2 local pediatric hospitals. Our environment includes an active teaching program with residents and students. Our prioritized focus is on providing the highest levels of service/quality to referring physicians, patients, parents and staff. The open position is currently half-time, although there are additional opportunities within our system to supplement that with other hospitalist, urgent care or primary care work. In addition, future opportunities may include a full-time hospitalist position. Compensation is very competitive and based on experience levels in hospitalist roles and general pediatrics."

For more information, please contact me by phone or e-mail:

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Medical Director/SRPAC

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NEED AN APPLICATION?

Any pediatrician who spends a significant amount of time exclusively managing hospitalized patients is invited to apply for membership in this section. 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.

AAP Newsletter Article on The Provisional Section on Hospital Care

The Provisional Section on Hospital Care (PSOHC) is a new section that was sanctioned by the American Academy of Pediatrics during its annual meeting in Washington DC last fall. The section was designed to embrace a variety of pediatric practice styles that have evolved concentrating on the medical management of the hospitalized child or adolescent. Although the PSOHC's focus overlaps somewhat with a few already established sections (primarily those offering intensive care), the primary focus shall be that of the medical care of the non-ICU patient. Membership in this section shall be open to anyone who has a significant percentage of their practice concentrated on inpatient care.

The inception of this Academy committee stems from a significant amount of vision of Jack Percelay, MD. Just as the formative leaders of the National Association of Inpatient Physicians (NAIP) created an association primarily based primarily on the management of the adult hospitalized patient, Dr. Percelay foresaw a niche within our Academy for an ever-growing number of our colleagues selecting a career in managing the acute medical care of the hospitalized pediatric patient. The Academy's leadership agreed that there was sufficient clinical activity in this arena of pediatric care to warrant the development of the section on a provisional basis.

The basic premise behind the section's design is the realization that, in many larger communities, it has become more and more difficult for some children's physicians (pediatricians and family practitioners alike) to efficiently and effectively manage both their increasingly busy office-based practice and the occasional

hospitalized child. This is especially difficult if the preferred pediatric admission facility is distant from their office.

The section membership and the Academy recognize that the traditional scope of a pediatric practice encompasses the full spectrum of patient care, including the hospital management. The section's basic belief is that any pediatrician whose individual practice pattern allows both outpatient and hospital management should always be afforded the opportunity to do so. The section, and the Academy, are staunchly opposed to any mandatory relinquishment of the rights of pediatricians to admit and manage their own patients.

However, it is obvious that there are a variety of practice scenarios, especially the more populated communities, in which combined management of both outpatient and inpatient aspects of care becomes difficult. With the oversight of managed care, the child sick enough to warrant inpatient care is now more acutely ill than ever before. These children often need more hands-on management decisions than the traditional morning and evening rounds, structured around office hours, used to allow. Some pediatricians (and other specialists who care for children) are finding it difficult to juggle both patient care arenas and stay comfortably competent in both. Because of their on-site availability and familiarity with diagnoses leading to hospitalization, the inpatient specialist often can offer more efficient patient management, including odd-hour discharges, resulting in cost savings. The hospital-based physician also gains a familiarity with the rest of the hospital's medical care team (nurses, therapists, etc.) that is difficult to

duplicate if one's admissions from their practice become more infrequent. The advent of "hospitalists" in both adult and pediatric medicine has occurred in response to the need to have physicians more consistently available to cover the care of patients where the primary care physician cannot adequately fulfill this role or when they simply choose to limit the scope of their practice.

Those physicians who choose to practice in this arena realize that they work both for the patient (and their parents) and the primary care physician. Because of the "hand-off" of patient management, communication is of paramount importance. Full understanding of a patient's prior history leading to the hospitalization often assists in inpatient management decisions. The PCP should then receive full details of his patient's hospital course, discharge instructions, and need for follow-up.

In recognizing that this career niche in pediatrics currently exists and is likely to expand, the PSOHC was envisioned as a forum for constructive dialogue among the physicians who work in this environment. The PSOHC's Steering Committee is charged with creating the section's policy statement, defining section membership qualifications, creating survey tools to better define the medical and business aspects of pediatric hospitalist careers, and organizing continuing education sessions for the annual meetings each fall. Just as there is frequent consultation with pediatric sub-specialists colleagues in the hospitalized patient's care, many planned continuing medical education sessions will be collaborative ventures sponsored jointly by the PSOHC

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Executive Summary

from AAP Provisional Section on Hospital Care
Steering Committee Meeting
May 13, 2000

The Steering Committee of the AAP Provisional Section on Hospital Care (PSOHC) met in conjunction with the 2000 AAP/ Pediatric Academic Societies (PAS) meeting in Boston, Massachusetts. The following is a summary of the Section's activities and initiatives discussed during that meeting:

Dr. Percelay attended the COS and the CONCOM meeting held in March in Chicago, IL. Dr. Percelay discussed the structure and purpose of the meeting with the Steering Committee and highlighted pertinent meeting topics.

Dr. Percelay attended the Committee on Hospital Care (COHC) meeting held on March 11, 2000 in Chicago, IL. Last summer, Dr. Percelay was formally approved as a Section Liaison. Since that time, the AAP has decided to review those liaison positions and the Chair of the COHC, asked that Dr. Percelay be appointed to that Section Member position. Dr. Percelay has accepted this position.

Dr. Mirkinson, Program Chairperson, informed the Steering Committee of the programs that were accepted and will be sponsored by the PSOHC at the 2000 Annual Meeting: *Meet the Expert Discussion -Caring for the Acutely Ill Asthmatic*(Sponsored by the PSOHC, and the Sections on Pulmonology and Residents); *Section Program - Provisional Section on Hospital Care; Two-Hour Seminar - The General Pediatrician and the General Pediatric Hospitalist: Collaborative Care of the Pediatric Inpatient* (Sponsored by the PSOHC and the Section on Administration and Practice Management)

Dr. Percelay, as lead author for the revision of the statement, "Physicians Role in Coordinating Care of Hospitalized Children," asked that the Steering Committee review the statement and provide him with any feedback/changes. It was expressed that one pertinent issue that should be incorporated into the statement revision was the importance of communication between the pediatric subspecialist and the hospitalist as well as the child's primary care pediatrician.

The statement entitled, "Medical Staff Appointment and Delineation of Pediatric Privileges in Hospitals" was originally published by the COHC in *Pediatrics* in 1996. After discussion, the COHC decided to revise the statement. Dr. Percelay is not a lead author on this revision, however, as a member of the Committee, he should accurately represent and include the thoughts, and suggestions of the PSOHC for inclusion in COHC authored statements.

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Welcoming New Members!

The Provisional Section of Hospital Care (PSOHC) is welcoming new members! Interested general pediatricians, pediatric hospitalists, academic pediatricians, primary care pediatricians and subspecialists with an active interest and involvement in general inpatient pediatrics are encouraged to apply.

The Section focuses on organizational and functional issues of general inpatient pediatric care as well as important clinical issues. There are many opportunities for involvement including education, policy, communication, membership and research. We are also looking for members to represent the Section at their local District and Chapter meetings.

An opportunity to meet existing members will be at the educational program at the 2000 AAP Annual Meeting. We encourage interested members to attend the Section meeting, held on October 28 - November 1.

An application for membership is included with this newsletter, please feel free to make copies and encourage your non-PSOHC member colleagues to join our Section or contact the AAP Department of Membership at 800/433-9016, extension 7143, for additional copies.

*Deborah L. Silver, MD
Steering Committee Member, PSOHC*

Executive Summary

from AAP Committee on Hospital Care
March 11, 2000

The Committee on Hospital Care (COHC) met on March 11, 2000 in Chicago, IL. The following is a summary of the Committee's activities and initiatives discussed during that meeting:

- The AAP office disseminated the 2000-2001 call for nominations for vacant Committee positions in early November 1999. The COHC currently has three open positions. The Board of Directors will meet in June to appoint the members who will take office on July 1, 2000.

- The "Child Life Services" statement itself, as well as the Committee's response to the Board of Directors' disapproving members, was reviewed at the February Board of Directors meeting. At that meeting, this statement again met disapproval by members of the Board. The Board will submit further comments regarding this statement to the AAP's Office of the Executive Director by April 1.

- The "Palliative Care for Children" statement was developed by the Committees on Bioethics and Hospital Care. Drs. Neff and Schaeffer gave the final approval of the statement on behalf of the Committee and this statement is at the copyeditor in preparation for publishing. [This statement will be published in the August issue of *Pediatrics*]

- The COHC is in the process of writing a statement on the topic of pediatric organ and tissue donation. After Dr. Hardy makes final revisions and approves the statement, the statement will be distributed to AAP groups who expressed interest in reviewing "Pediatric Organ and Tissue Donation."

- At the November meeting, the Committee reviewed the revision draft of "Guidelines and Levels of Care for Pediatric Intensive Care Units." Dr. Steinhart incorporated those changes and forwarded those changes to the Society for Critical Care Medicine (SCCM) and the Section on Critical Care for consideration. Dr. Steinhart mentioned that the SCCM met three weeks ago but he was unable to obtain the next draft of that statement.

- An Intent for Statement for "Guidelines for Admission and Discharge for Pediatric Intermediate Care (Stepdown) Units" was submitted and approved by the Advisory Committee to the Board on Committees and Sections (ACBOCS) in February. The SCCM is already in the process of writing this statement and that outline draft was submitted with the Intent for Statement. Dr. Steinhart informed the SCCM that the COHC had received AAP approval to collaborate with them on the writing of this statement. After further discussion, it seemed possible that the COHC and the SCCM may have different intentions as to what information this statement should include and therefore, more communication between the groups is necessary.

- The statements entitled, "Medical Staff Appointment and Delineation of Pediatric Privileges in Hospitals" and "Physicians Role in Coordinating Care of Hospitalized Children" were originally published in *Pediatrics* in 1996 and after discussion, the Committee decided to revise these statements.

- Three Board members initially disapproved the statement, "Precertification Process," and Dr. Packard will be contacting those members to discuss their disapproval. The COHC suggested the addition of a sentence in the abstract of the statement that reinforces the Committee's position that precertification is unnecessary and often not cost-effective, however, in those instances where precertification is still being utilized, they suggest that the procedures outlined in the statement be adopted.

- The COHC discussed the possibility of writing a new statement. They felt the topic of pediatric pain management is something that needs to be addressed, by not only the COHC, but the AAP as well. An intent for statement will be submitted for approval.

- The possibility of writing a statement emphasizing the importance of family centered care for pediatric patients was discussed. Specific details about that statement were not discussed at this time.

- At the November meeting, the COHC discussed the possibility of conducting a survey to determine which issues the COHC should be dealing with in the future, essentially, a needs assessment to identify "gaps." Dr. Neff drafted a survey and sought suggestions from the COHC. After discussing the survey, it was thought that this data may already exist and that the Committee should first review the survey instruments and data collected before creating their own survey.

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COHC Executive Summary

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· The COHC previously discussed sponsoring an education program on the topic of organ donation at 2000 Annual Meeting. Unfortunately, the deadline for program proposals was not met, but the Committee thought this topic was important enough to try to submit this program for the 2001 Annual Meeting.

· Liaison reports were given from the AAP Washington Office, the Section on Anesthesiology, the Section on Surgery, the Provisional Section on Hospital Care, the American Hospital Association, the Child Life Council, the Joint Commission on Accreditation of Healthcare Organizations/HAP PTAC, the National Association of Children's Hospitals and Related Institutions and the Society of Pediatric Nurses.

· At the November meeting, the COHC reviewed a formal request from the PSOHC asking the Committee to consider a liaison relationship between the two groups. This request was approved. Dr. Percelay, Chairperson of the PSOHC, has assumed the liaison role.

· The next Committee meeting is scheduled for November 11-12, in Seattle, WA.

For a complete set of minutes or further information on specific items discussed at this meeting, please contact Stephanie Mucha in the Division of Hospital and Surgical Services at 800/433-9019, ext. 4799 or by e-mail at smucha@aap.org.

2000 AAP Annual Meeting October 28 - November 1 Chicago Hilton & Towers/Lakeside Center Chicago, Illinois

Provisional Section on Hospital Care

10/28/00 (Saturday)

9:30 am – 10:20 am; 2:30 pm – 3:20 pm

X121; X161 Caring for the Acutely Ill Asthmatic – Meet-the-Expert Discussion (Joint session with the Section on Pulmonology and the Section on Residents) – Carolyn M. Kercksmar, MD

The office management of acute asthma poses a number of challenges. Attendees will review current clinical practices, discuss the most successful strategies, and learn new options for asthma management. Attendees are encouraged to bring cases and issues from their practices for discussion.

10/29/00 (Sunday)

1:00 pm - 5:30 pm

H256 Provisional Section on Hospital Care – Section Program

1:00 pm “The Appropriate Use of Antibiotics in the Inpatient Setting” - Gail Rodgers, MD

2:45 pm “The Focused Inpatient Evaluation of the Infant with An Apparent Life Threatening Event” - Benny Kerzner, MD

4:30 pm Business Meeting (*all PSOHC members are encouraged to attend*)

10/30/00 (Monday)

9:30 am - 11:30 am

S310 The General Pediatrician and the General Pediatric Hospitalist-Collaborative Care of the Pediatric Inpatient – Two-Hour Seminar (Joint session with the Section on Administration and Practice Management) – Deborah Silver, MD and Mark Winerman, MD

This interactive seminar focuses on the collaborative care of the pediatric inpatient by the primary care pediatrician and the pediatric hospitalist. Different models of inpatient services will be presented and case discussions will be used to demonstrate various strategies of communication to improve the care of hospitalized children and gain a better understanding of the shared roles of inpatient and outpatient physicians.

PSOHC Steering Committee Executive Summary

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Dr. Strong is working on a statement that will focus on specific guidelines for pediatric hospitalist programs. This statement will express opposition for the need for mandatory referrals from the pediatric primary care physician to the pediatric hospitalist. The Steering Committee agreed that there is a need for this statement and approved the submission of an Intent for Statement on this topic.

Ms. Mucha suggested that the PSOHC begin working on the first issue of a newsletter. The Steering Committee agreed it was important to start work on a Section newsletter as soon as possible. Dr. Mirkinson agreed to be the Newsletter Editor. Dr. Percelay created a salary survey to be distributed to the PSOHC membership that will also be included with the newsletter mailing.

Ms. Mucha announced that she has recently set-up a LISTSERV® for PSOHC members. This e-mail list will allow the Steering Committee and AAP Staff to communicate directly with all PSOHC members through periodic e-mail messages.

Dr. Ruhlen gave an update of the April 11-12, 2000 NAIP meeting that he attended in Philadelphia, PA. The educational programs at the meeting focused on topics such as: updates in hospital-based medicine; the top ten articles on hospital care in 1999; evidence-based medicine for hospitalists; critical care issues for hospitalists. Other important topics discussed at the meeting included: the impact the Institute of Medicine report will have on the success of hospitals and hospitalists in the future; auditing issues; medical staff credentialing issues; privileges; positions on mandatory referrals; etc. There are currently 1,000 members of NAIP, with

approximately 60 of those members being pediatric hospitalists. Dr. Ruhlen reported that the NAIP is interested in maintaining a cooperative relationship with the AAP and hopes to increase and strengthen the amount of pediatric hospitalist members within the NAIP. The NAIP hopes to provide information and resources to both the AAP at large and to the PSOHC, in order to facilitate the understanding of hospitalist issues as well as best practices for pediatric hospitalists. PSOHC collaboration with the NAIP in future, possibly at the 2001 Annual Meeting, was discussed. The Steering Committee thought it would be beneficial to utilize the expertise of NAIP speakers for future educational programs.

Dr. Bellet proposed that the PSOHC secure a database that is comprised of all chairpersons of pediatric departments in hospitals throughout the United States. Once that list is obtained, we should inquire if the hospital has a pediatric hospitalist program and if so, request the name of the program director. That contact information will be kept in a database that the PSOHC will use to solicit information about pediatric hospitalist programs throughout the United States.

The PSOHC is able to serve as a contact point and resource for groups and individuals interested in researching the topic of pediatric inpatient care systems and pediatric hospitalists, and remains interested in the concept of a Pediatric Research in an Inpatient Setting (PRIS) type network. However, the Steering Committee felt it was currently beyond the scope of the PSOHC to pursue any projects other than the initial database and the periodic survey as described below.

The AAP Division of Health Policy Research suggested that the Steering Committee submit a topic for an AAP Periodic Survey of Fellows. The Steering Committee was provided

with the survey questions specific to hospital-based ambulatory and inpatient care as well as the results of that survey. The Steering Committee is very interested in participating in a Periodic Survey that will be mailed to a random sample of the AAP membership in 2001. The Steering Committee will need to submit an Intent for Periodic Survey to secure a place on the survey docket. The Steering Committee mentioned that it would be important to glean satisfaction information from these questions.

The next Steering Committee meeting is scheduled for October 2000. The Steering Committee will meet in conjunction with the AAP Annual Meeting in Chicago, Illinois on October 29, 2000.

Newsletter Article

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and other sub-specialist sections, depending on the selected topic. The section may also help serve as a clearinghouse for employment opportunities that arise in pediatric hospitalist work.

While developing the section it has become evident that there are many different pediatric hospitalist models, each distinctly designed around the needs of their sponsoring institutions and the surrounding community they serve. It is clear that the PSOHC, in order to successfully embrace all these different designs, will need to provide a broad voice for these divergent groups. The section will thrive if it continues to offer a home to the various physician hospitalist groups that comprise pediatric inpatient care.

Any inquiries about pediatric hospitalist careers can be addressed to any the PSOHC Steering Committee members. (A Steering Committee roster can be found in this newsletter).

*Gary Strong, MD, FAAP
Steering Committee Member, PSOHC*

EMPLOYMENT OPPORTUNITIES

Fellow Hospitalists: We are in need of some Pediatric/Neonatal/Hospitalist Inpatient coverage for the next two or three months. We have a new associate coming later on this summer, but our current locum provider is apparently not going to be able to help us out much until then. We need help with coverage for the following dates: June 4 thru the 12; June 24 thru 28; July 1 thru 9; July 27 thru 30; and possibly the first three weeks or so of August.

The coverage could be for all or part of the times specified, depending on availability of the physician(s). Obviously, because of the time constraints involved, he/she would need to already be Ohio licensed and would need to submit hospital privilege applications ASAP. Please see the below practice description for more information about what the job entails.

LOCUM TENENS JOB DESCRIPTION - NEW CENTURY PEDIATRICS

Type of Practice: hospital-based Inpatient Pediatrics service

- taking care of sick children on the wards and occasionally in the ICU
- Level 2+ Special Care Nursery + well-baby nursery care
- occasional Neonatal transport
- occasional outpatient Pediatric consult

Hospitals: St. Rita's Medical Center (SRMC) - Lima, Ohio
Lima Memorial Hospital (LMH) - Lima

Physicians: Dr. Jack Liggett - Ped. Pulmonary
Dr. Vicente Romero - Neonatology (plus five Neonatal Nurse Practitioners - NNPs)

Basic Job Description for Locum Tenens Pediatrician:

- rounding at both hospitals including admissions, daily rounds, discharges, and the occasional outpatient consult in one of the hospitals outpatient clinics
- taking call for inpatients at both hospitals in town (about one & a half miles apart) on an every other night basis usually from 8 AM until 8 AM on the following morning (or longer shifts if desired)
- on days when not on call but in town, helping with rounds

Qualifications: Board Certified or recently trained Board-Eligible Pediatrician
(Subspecialty interest or training welcomed)

We are looking for a Pediatrician or Neonatologist who is comfortable with taking care of sick children of all ages, both neonatal and older, in the hospital. Most of our Level 2+ Nursery work is and would be done by Dr. Romero & the NNPs, however there would be Special Care Nursery responsibilities while the individual was on call at night or if Dr. Romero were away. However, either Dr. Liggett or Romero would be available to him/her as a back-up and to help with rounds. As far as work hours are concerned, call is usually for 24 hours at a time but not all that time is spent in the hospital. In general our physicians on call spend about 8 hours a day in the hospital and then take call from home, sometimes having to go back in once or twice to handle problems or new admissions. The physician helping with rounds, but not on call, generally spends about 4-to-6 hours a day in the hospital and then is off until the following morning. With rare exception there are usually two physicians making rounds. Again, this is a hospital-based and not an office-based practice. We will need only intermittent, as opposed to full time, locum tenens staffing to help cover vacation times and week-ends off.

If you might be interested, please contact:

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What me, Worry?

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as a group we can share our experiences and focus our efforts in order to improve care for children on the general pediatric ward, regardless of the practice pattern of their individual attendings. Moreover, we must nurture the development of the pediatric hospitalist model in such a way that it serves not only the patients, but also our professional colleagues— office based generalists, pediatric subspecialists, non-pediatric specialists, and other healthcare providers. If we fail to create relationships that are mutually beneficial, collegial and professionally rewarding, we have little future.

So much for philosophy; I promise to be more succinct in the future. Our main tasks to move from Provisional Section to Section are to present educational programs and increase membership. Both of these topics areas are described in detail in other sections of the Newsletter. The following bullets highlight assorted activities in the Academy relevant to the PSOHC:

- The COHC is revising policy statements on Hospital Privileges as well as the Role of the Primary Care Pediatrician in Coordinating Inpatient Care. The statement on privileges in particular promises to be a significant resource to those of us involved in the credentialing process. Look for more information on these two topics from our LISTSERV.

- The Council on Sections Meeting in May discussed in detail the need for the Surgical Sub-specialty Sections to have some distinction that they can use to distinguish their members as having particular pediatric expertise. Most surgical boards reject the notion of pediatric sub-boards. This is a major concern for surgical sub-specialists, and the Academy is working on creating a nomenclature that satisfies the surgeons needs without diminishing other sections.

- Another major request made by the Council on Sections is to create liaison relationships between sections and districts and chapters. Yes Virginia, this is an opportunity to volunteer.

More detailed information is available from Stephanie Mucha in the form of minutes from our last Steering Committee meeting in May. I look forward to seeing as many of you as possible in Chicago this October. For me individually, I have found a professional home in the Academy through our Section. I have met wonderful people and encountered opportunities for both professional and personal growth. I hope your experiences with the Section will be as rewarding as mine have been so far. I'm open to any input and suggestions you have, or if it's a quiet night and you just want to schmooze between IV's, give me a ring (917/798-4344) or drop me an e-mail (JPerceland@aol.com).

Jack



PSOHC Steering Committee Roster

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