

Section on Hospital Care News

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



Winter 2004

"What, Me Worry?"

Notes from Jack M. Percelay, MD, MPH, Chairperson

The official joke of the Section remains, "How many pediatric hospitalists does it take to change a light bulb?" Five years ago the list of multiple-choice answers included among others: a) *the traditionalist*—"Hey, that's my light bulb you're changing;" b) *the skeptic*—"Light bulbs really should be changed in tertiary care academic centers;" and c) *the jaded*—"Is the light bulb insured?" Now, we are riding a wave of increasing popularity and the common choice in 2004 seems to be: d) *the unrealistically demanding*—"One, and the lightbulb will be moderately sedated during the change which can occur nights or weekends, with no additional backup, while simultaneously providing a wonderful educational opportunity for residents. And, yes, we'll try to revamp the entire electrical system for you at the same time—no extra reimbursement necessary."

Jokes aside, it has been an illuminating fall. We had our annual meeting at the AAP's National Conference and Exhibition (NCE) in New Orleans in the beginning of November. Our educational programs covered topics ranging from patient safety and inpatient asthma management to conflict resolution and coding (contact Laura Mirkinson at mirkil@holycrosshealth.org to access the presentations). We welcomed 3 new members to our Executive Committee

meeting—Dan Rauch and Yong Han as newly elected members serving 3 year terms, and newsletter editor Jennifer Daru, who is completing the final year of Paul Bellet's term (Paul resigned for personal reasons. His contributions to the Section along with those of former Executive Committee Members Deb Silver and Gary Strong are appreciated and will be missed). Our membership now numbers over 280—an increase of over 30% in the past year. We have successfully intercalated ourselves into the DNA of the Academy, and regularly review policy documents related to inpatient pediatric care and serve as a resource for individuals with questions about both hospitals and hospitalists.

The other big event last November was the *Pediatric Hospitalists in Academic Settings* conference held in San Antonio. Congratulations to the organizers from the Ambulatory Pediatric Association (APA) for putting the meeting together. It was a dynamic, stimulating meeting and while the cry of "remember the Alamo" won't go down in Pediatric Hospitalist lore, there are sure to be stories of "remember San Antonio..."

Perhaps even more interesting, in between the NCE and APA meetings,

continued on page 4

From the Editor



This newsletter is filled to the brim. In fact, it is the biggest newsletter the SOHC has ever produced.

As we continue to expand as a section and as a specialty, so does what we have to say. Inside this newsletter is the promised practice profile of a hospitalist group from Miami Children's, tips on billing, SOHC educational plans and much more. Please be an active reader! Check out the case study by Dr. Zaoutis and colleagues. I am sure this will generate some discussion for the LISTSERV®. Also, please note the call for posters at the next AAP conference. Lastly, there are also biosketches from the candidates running for SOHC executive committee.

Take a look at them and don't forget to vote beginning on March 1, 2004.

Please read, enjoy, and post our newsletter. Also, feel free to send along some feedback or let us know if you would like to participate.

There's plenty more to say!

Jennifer A. Daru, MD

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You are the Consultant

by Lisa B. Zaoutis, MD and Elise DeVore, MD
Children's Hospital of Philadelphia

You are the pediatric hospitalist consulted by a general surgery colleague for a four year-old boy admitted to the surgical service one day earlier for persistent nonbilious, nonbloody emesis and abdominal pain that began 5 days prior to admission. His mom reported some "low-grade fevers" at home with decreased appetite and no bowel movement in the previous 4 days. She noted no respiratory tract symptoms, rash, or urinary symptoms. She describes his activity as having been playful at times, but his recurrent bouts of abdominal pain left him crying and restless for 5-10 minutes, followed by a quiet period for 5 to 10 minutes, followed by return to normal behavior. The episodes of pain occurred in batches, with a dozen bouts of pain over a few hours, followed by several hours of symptom-free time. He has not been wakened in the night with pain. In the 24 hours prior to his admission, the boy's oral intake had trailed off, as had his urine output and his overall activity level.

He takes no medication, has no known drug allergies, and his family, travel, and social histories are noncontributory. He was a full term infant with a past medical/surgical history significant only for pyloroplasty for pyloric stenosis at 8 weeks of age.

You review the diagnostic tests obtained on admission:

- Serum chemistries showed a sodium of 129 mmol/L, a potassium level of 4.5 mmol/L, a chloride level of 90 mmol/L, a bicarbonate of 37 mmol/L, BUN of 20 mg/dL, creatinine of 0.5 mg/dL, with normal glucose, calcium, magnesium, phosphorus, liver enzymes, pancreatic enzymes, albumin and total protein.
- A complete blood count showed a white blood count of 11,000/ μ L, hemoglobin of 13.9 g/dL, platelet count of 300,000/ μ L with a normal differential.
- A urinalysis was normal except for a specific gravity of 1.030

and 2+ ketones, with a urine culture that shows no growth after 24 hours.

- An obstruction series showed scant bowel gas in a nonspecific pattern, with no air-fluid levels, no free air, and no abnormal calcifications.
- A chest radiograph was normal.
- A CT scan of the abdomen showed hypertrophy of the pylorus, moderate gastric distension, but oral contrast appeared in the more distal segments of the small bowel.

Since hospitalization, intravenous rehydration, and placement of a nasogastric catheter with intermittent suction, the patient has seemed perkier to the parents, with decreased severity and frequency of episodes of abdominal pain. His repeat electrolytes showed resolution of the hyponatremia, hypochloremia, and azotemia, with bicarbonate level down to 28 mmol/L. His urine output had normalized with clearance of the ketonuria and specific gravities in the range of 1.010 -1.015 by dipstick. Stool cultures obtained prior to hospitalization by the boy's primary care physician showed normal bowel flora (specimen obtained by rectal examination).

On physical examination, he is quiet, but cooperative and non-toxic appearing. His maximum temperature since admission was documented at 38.3°, with heart rates of 95-110, respiratory rates 18-20, and normal blood pressures and pulse oximetry. His HEENT, and neck are normal except for the presence of the nasogastric tube. His lungs are clear with no increased work of breathing and his cardiac exam is normal. His abdomen is scaphoid, with quiet bowel sounds. There is diffuse tenderness, poorly localized by the patient to the periumbilical region, with no rebound, no guarding, no palpable masses, and no hepatosplenomegaly. His rectal exam showed scant hemepositive dark brown stool, with no fissures, masses, or tenderness. Soft-tissue swelling of his forehead and left temporal scalp was noted, but there was no tenderness, erythema, ecchymosis, or break in the skin noted. The

remainder of his physical examination was unremarkable.

Being an astute hospitalist, you recommend one of the following, which turns out to be wise, indeed:

1. Repeat pyloromyotomy for definitive treatment of recurrent pyloric stenosis.
2. Nuclear gastric emptying study for evaluation of post-viral gastroparesis.
3. Gastroenterology consultation for gastroduodenoscopy for suspected superior mesenteric artery syndrome.
4. Contrast fluoroscopy of the upper gastrointestinal tract for further delineation of the obstruction.

see page 7 for the answer ...

Questions or comments regarding this article can be directed to Dr. Zaoutis at ZaoutisL@email.chop.edu.



Section Rosters Available on the "Members Only" Channel

One of your benefits as a member of the **Section on Hospital Care** is the ability to network with your peers in the field. To make it easier to find and contact your colleagues, the AAP has posted a roster of SOHC members in the Section's area of the Members Only Channel (MOC).

To find the SOHC MOC home page, log on to the MOC at www.aap.org/moc and click on the "Hospital Care" on the left-hand side of the screen, under the heading "My Sections."

When the home page downloads, you should see links at the top of the page: "Section Membership Roster" and "Executive Committee Roster." The roster provides mailing address, phone number, fax number, and e-mail, where available.



American Academy of Pediatrics
SAN FRANCISCO **2004** *National Conference & Exhibition*
October 9–13

Program for Section on Hospital Care Members *Tentative Schedule*

Date: October 11, 2004
Moderator: Laura J. Mirkinson, MD, FAAP
Education and Program Chairperson

8:00 am Poster Session “The Febrile Infant”
8:30 am Session: “The Febrile Infant”
9:45 am Break
10 :00 am Session “RSV Bronchiolitis”
11:15 am Break
11:30 am Section Business Meeting & Box Lunch
1:15 pm Session: “Complementary and Alternative Medicine”
2:30 pm Break
2:45 pm Session: “Radiation Exposure”
4:00 pm Adjourn

Visit www.aap.org/nce for more information about the AAP National Conference and Exhibition

***And ... SOHC is also sponsoring a seminar with the Section on Endocrinology entitled,
“Type 2 Diabetes, Obesity, and the Metabolic Syndrome”!!***

What, me Worry?

Continued from page 1

just when things seemed to be calming down, in the seemingly protected environments of our own offices our LISTSERV® hit a hot topic. We were hit with 35 e-mail messages regarding pre-treated meningitis. It seems as if “e-mailanoma” is a pediatric disease. *For those looking for a cure, stay tuned to the LISTSERV® for options of converting to once daily digest format.*

This is an exciting time for Pediatric Hospitalists. To paraphrase Dylan, “the light bulbs, they are a-changing.” We have three vibrant organizations actively representing our wide-ranging interests. The academic agenda of research, education, and development of a well defined *discipline* (no, I didn’t use the “s” word, 12 letters, ends in “y”) is moving forward under the banner of the APA with a San Antonio Manifesto. The Society for Hospital Medicine continues to be a resource rich with examples of adult hospitalist processes that can be successfully transferred to Pediatrics. And, of course, the AAP remains our home as pediatricians advocating for the care of children, and in the case of SOHC, of hospitalized children.

As we move forward, it is important that we continue to address the three arenas of academics, organization and logistics, and advocacy in addition to our primary focus, clinical care. We do this most effectively by maintaining the precedent of active communication and collaboration among all three groups. Each organization performs a specific mission, and pediatric hospitalists must remain active within each individual entity and combined as a whole. Along those lines, stay tuned for a tri-sponsored Pediatric Hospitalist Meeting in the Summer of 2005—something like a “PREP: Hospital Medicine.” Many details to follow, but there has been a lot of enthusiasm expressed for a 3 to 4 day meeting to cover clinical, research, educational, logistic, organization and advocacy topics.

For each individual organization to remain strong, we need to grow membership and create opportunities for involvement and leadership. This is the most important goal for the Section

in the coming year—to develop the structure and opportunities for anyone who is interested to participate in Section activities at a leadership level. Simply put, it’s fun. You won’t meet a better group of people. And besides, think of all the acronyms you’ll learn.

So I conclude with Talmudic inspiration. “If I am not for myself, then who will be for me? If I am only for myself, then what am I? If not now, then when?” Make involvement in the AAP, APA or SHM one of your New Year’s resolutions. Sign up.....now!

Jack



Do We Know How To Find You?

Reminder ... the “Membership Information Change Form” located within the Members Only Channel (www.aap.org/moc/memberservices/updatesmemberinfoform.cfm) offers an opportunity to view your address, demographic, and subspecialty information and update it at your own convenience. We understand that members are changing information more frequently. Now, each time you make a change, simply enter it into the form and our database will be updated the following day. This way, there will be no delay in receiving your member benefits.

The AAP online Member Directory is available through the AAP Members Only Channel at www.aap.org/moc. With 15% to 20% of our member contact information in a state of change at any given time, the online Directory should be your primary resource to locate colleagues.

If you prefer to contact us by phone or fax, you can do this by calling 800/433-9016, extension 5897 and providing one of our service representatives with your updated address information, or faxing your information to 847/228-7035.

Billing Corner: Hospitalist Programs with Residents

The attending hospitalist must take care that the documentation in the medical record reflects a patient’s hospital course, as well as supports medical billing. In order to bill from the record, the hospitalist must follow certain guidelines when working with residents and medical students.

Working with Residents

In cases where the hospitalist rounds after the resident has seen the patient, s/he must document the performance of key or critical elements of the service and that s/he participated in the management of the patient. This can be accomplished by: “I saw and evaluated the patient. Discussed with the resident and agree with the resident’s findings and plan as documented in the resident’s note.” Or “I saw and evaluated the patient. I reviewed the resident’s note and agree except ...”

If the hospitalist performs all of the required E/M without a resident then s/he can document: “I performed a H&P and discussed the management with the resident.” Subsequently, when the resident sees the patient and documents, the hospitalist can follow up with “I saw and evaluated the patient. I reviewed the resident’s note and agree with findings and care plan.” Or “I saw and evaluated the patient. I agree except...”

Of note, the hospitalist cannot use the following phrases in isolation:

- “Agree with above”
- “Rounded, reviewed, agree.”
- “Discussed with the resident. Agree.”
- “Seen and agree.”
- “Patient seen and evaluated.”

Also, the hospitalist cannot use a preprinted form that says: “I saw and evaluated the patient...”

Working with Medical Students

The medical student’s contribution and participation to the performance of billable service, other than review of systems and past, family and social history, must be performed in the physical presence of the attending or the physical presence of a resident to meet the billing guidelines.

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Update on the Pediatric Research in Inpatient Settings (PRIS) Network

Pediatric Research in Inpatient Settings or PRIS is finally getting active. The first project is a survey of Pediatric Hospitalists. Of note, this is a separate project from the Society of Hospital Medicine (SHM) leadership survey. The PRIS survey focuses on what Pediatric Hospitalists do, how they define themselves, what training they have, and what they think is necessary to be a hospitalist. This project is an important first step for PRIS. Completing the project demonstrates the potential of research capabilities of PRIS, and will enable PRIS to further delineate who hospitalists are.

Of course, external funding will be the real key to sustaining PRIS. This was a key topic of conversation at the recent Ambulatory Pediatric Association (APA) Pediatric Hospitalists in Academic Settings Conference last November in San Antonio (proceedings available at www.ambpeds.org).

If you are interested in being on the PRIS LISTSERV® please contact Dan Rauch, MD (rauch@aecom.yu.edu). Currently, PRIS activities are being posted to the SOHC LISTSERV® as well. PRIS will continue to be discussed at the upcoming Pediatric Academic Societies (PAS) meeting in San Francisco. Please look for notices when you are there.

AAP PRESS ROOM

www.aap.org/pressroom
Online Home for AAP
Public Relations

In addition to late-breaking news, the AAP Press Room also contains information on:

- Hot Topics
- Immunization Resources
- News Releases
- Media Mailing
- News Features
- AAP Spokespersons
- AAP Policy Statements
- Campaigns
- Audiovisual
- About the AAP

Society of Hospital Medicine (formerly NAIP)



Since the last Society of Hospital Medicine

(SHM) update, we have had our board meeting and have started some new initiatives and continued to improve upon the existing structure. The pediatric core curriculum task force is now a reality and we had our first conference call in December 2003. We will be working closely with the adult task force to minimize reinventing the wheel and to maximize our efficiency. The goal of this task force is to define the competencies of pediatric hospitalists. We continue to add new committee members and we are gathering information for the web site.

The national compensation and productivity survey is nearing completion and the response has been very good. We are hopeful to have enough pediatric hospitalist respondents to have pediatric specific data. We are working on the an SHM membership drive with the goal to call all members who have not paid their dues - so if you are one of them look for a phone call from me or an SHM representative. Membership has its privileges.

The next annual meeting is in New Orleans from April 19 through 21, 2004 (which includes a pre-course). Check out the conference web site for more details on the meeting and the pre-course at www.hospitalmedicine.org. This meeting will have the largest amount of pediatric specific information to date, with six sessions of about 1.5 hours each. The pre-courses will include "Building a Program in Hospital Medicine: Strategies for Success and Leadership Survival Skills for Hospitalists." There will be time for networking with your fellow pediatric hospitalists and we are bringing back the popular mentoring breakfast. Most of the non-clinical issues, such as billing and practice management, will be useful to both internists and pediatricians.

SHM continues to work closely with the AAP SOHC and APA. As our field continues to grow, the importance of the three dominant organizations representing pediatric hospitalists increases. SOHC, APA and SHM all support different facets of pediatric hospital medicine and the leaders of each organization have developed a close and mutually beneficial working relationship. There is discussion between APA, SOHC and SHM about publishing an annual pediatric hospitalist literature review. This could be a spin off of the ongoing literature review in the *Hospitalist*. Of note, Brian Pate, the editor of the *Hospitalist* pediatric section, is always seeking interesting submissions for the newsletter. SHM is part of national advisory board that includes the AAP. We are in the process of cultivating relations with NACHRI and have begun discussions with the Society of Critical Care Medicine (SCCM) and SOHC about developing a pediatric critical care course.

David Zipes, MD, FAAP
Member of the Board of Directors

SHM continues to look for interested pediatric hospitalists to join existing committees or join new ones. If you have contacted Dr. Zipes and a committee chair has not followed up with you, please let him know. He would like to have at least one pediatric hospitalist on most of the committees.

Please feel free to contact Dr. Zipes at dgzipes@indy.rr.com or 317/338-5013 if you have any suggestions, or if you would like to be more involved in SHM.



CALL FOR POSTERS

for the Hospital Care Program at the

AAP National Conference and Exhibition

Section programs provide a forum for the discussion of clinical matters or research related to a particular subspecialty or special interest area. At the next AAP conference, SOHC will be addressing the perennial problem facing pediatricians: how to manage fever without a source in infants and children. In order to facilitate discussion, we are inviting members of, or physicians interested in, the Section to submit posters of research or surveys relating to the evaluation, management and/or outcomes of infants admitted with fever without a source.

The session at the conference will review different management strategies based on age, degree of fever, leukocytosis, etc. Included in the discussion will be comments on the need to “rule out sepsis,” the unpredictability of serious bacterial illness in febrile infants, the evaluation of infants/children with petechial rashes, and the risks of bacterial illness in patients with known viral illnesses such as RSV bronchiolitis. Speakers will also address the changes in the evaluation of fever in the era of pneumococcal vaccine. In addition, the controversies regarding treatment based on common practice guidelines, as well as the use of empiric antibiotic therapy will be discussed.



Attendees of the Section meeting will be asked to bring a survey (in poster form) of the management of febrile infants and children in their hospitalist group.

For more information, please contact the SOHC Education Chairperson, Laura J. Mirkinson, MD, at mirkil@holycrosshealth.org.



Section on Hospital Care Program
October 11, 2004
8:00 AM - 4:00 PM
San Francisco, California

You are the Consultant: Answer

Continued from page 2

The astute pediatric hospitalist recommended contrast fluoroscopy of the upper GI tract to help support his suspicions of Henoch-Scholein purpura (HSP). The upper GI study revealed normal passage of contrast through the pylorus, which was generous in size, but not the source of the obstruction. There was a fixed circumferential area of narrowing in the proximal descending portion of the duodenum which extended only to the mid-descending duodenum, where the luminal caliber became normal. When compared to the previous CT scan, the narrowing was consistent with bowel wall edema in the duodenum, and several other areas of bowel edema were identified in the small bowel. There was no intussusception, no malrotation, and no extrinsic mass.

By the end of the day, the housestaff was called to evaluate a new “hive-like” rash that was blossoming in the lower extremities and buttocks area. By the next morning, the lesions appeared more purpuric, raised, and fine scattered petechiae were palpable between the larger purpuric lesions. Biopsy of the skin lesions revealed leukocytoclastic vasculitis with perivascular IgA deposition, confirming the diagnosis of HSP. The patient was transferred to the general pediatric service, started on with systemic corticosteroids, and discharged to home after his abdominal symptoms improved and his oral intake was well tolerated. He was continued on oral prednisolone for 3 weeks at 2mg/kg/day, then tapered off over an additional 7 days.

The constellation of symptoms that could alert a pediatric hospitalist to consider HSP was colicky abdominal pain, GI bleeding (heme-positive stools), low-grade fever, and the patch of soft-tissue swelling on the forehead. The localized edema is often found on the scalp, periorbital area, or lumbosacral area and is more common in younger children (less than 5 years of age) with HSP. This little boy’s presentation is sometimes called “HSP without the P” and everyone is reassured when the more typical skin findings eventually present.

The other recommendations were not considered as appropriate for the following reasons:

1. Pyloric stenosis is extremely rare after age 6 months, whether primary or “recurrent” (if recurrent pyloric stenosis is even a recognized entity). Further diagnostic studies (e.g. UGI or ultrasound of the pylorus) would be warranted before laparotomy for this possible diagnosis.
2. Post-viral gastroparesis is a recognized entity with some similarity in GI symptoms (i.e., non-bloody and non-bilious emesis in a nontoxic appearing child) but is not associated with fever, not associated with heme-positive stools in the absence of bloody emesis, and is not often considered after only 5 days of symptoms. Early satiety and emesis of undigested food many hours after consumption, with symptoms lasting for weeks or months is more characteristic.
3. Superior mesenteric artery syndrome is more likely in a child with pronounced or prolonged calorie deficits and weight loss and would also not explain the heme-positive stools (without heme-positive emesis) or low-grade fever. Upper endoscopy may have revealed the

edematous bowel at the level at the duodenum, and perhaps the mucosal appearance or biopsies could have lead to the diagnosis of HSP.

Be Informed!!



Get Involved!!

Subscribe to the Section on
Hospital Care LISTSERV® Today!

To join, visit the SOHC web site at
<http://www.aap.org/sections/hospcare/>

Join the Discussion!!

AND JUST IN ... list digests are now available !!!

If you would like to receive a weekly digest of list messages instead of receiving list messages as they are posted, you can now send the request to the listserv.



Please keep in mind that when you turn on digesting, you will no longer receive list messages as they are sent, and if you were to send a message to the list you would not receive replies to your message. Any replies would be in the digest.

List digesting is not for everyone, and you should only activate digesting if you receive too much e-mail on a daily basis, or, for example, you are going on vacation. If everyone on the list were to enable digesting, there wouldn't be any list messages to digest.

To turn on digesting for yourself, simply send an e-mail message to listserv@listserv.aap.org and in the message body type “set SOHCAAP digest” without the quotes. You can leave the subject line blank.

If you want to turn off digesting in the future and receive list messages as they are posted, simply send the same message to the listserv, but use “set SOHCAAP nodigest” as the command line.

Billing Corner

Continued from page 4

The hospitalist may not refer to the medical student's note except as noted above (ROS, PFSHX) and must re-document the history of present illness, as well as the physical exam and the medical decision making. In other words, a medical students note cannot be used for billing.

Sources:

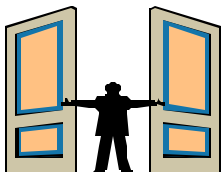
- 1) *Medicaid Carrier Manual Revisions (11/22/02), transmittal #1780*
- 2) *Melzer, Sanford MD, MBA, FAAP and Molteni, Richard MD, FAAP; "Maximizing Reimbursement of Inpatient Pediatric Services" (11/3/03) presentation as part of the SOHC Program during the 2003 AAP NCE*



This article is brought to you by the SOHC Subcommittee on Billing and Coding.

AAP National Committee Vacancies

Nominations are being solicited to fill 20 member vacancies on 12 AAP national committees and 1 steering committee for the 2004-2005 year. All nominees must submit a completed "Fact Sheet" and a current curriculum vitae, and a letter of nomination is required. A nomination letter can come from any Fellow of the Academy. The deadline for receipt of all materials is March 1, 2004.



For additional information, please visit the AAP "Members Only" Channel (www.aap.org/moc) and click on the section entitled "National Committee Vacancies ..." within the Member Services area.



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The Editorial Board and contributing editors for *AAP Grand Rounds* represent a leading panel of expert opinion and discerning judgement in pediatrics. Each Editorial Board member manages a team of contributing editors, working to hone every issue's content for timeliness and pertinence. Our contributing editors come from the Academy's Sections, providing a remarkable breadth of expert coverage.

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**Congratulations to
BRIAN DATE
on being named the next
SOHC Contributing Editor for
AAP Grand Rounds !!!**

Chapter Contacts Needed

In an effort to encourage collaboration between sections and chapters, last fall the Council on Sections Management Committee (COSMAN) asked each section to designate a member to serve as a contact person for each chapter. This directive was the result of a meeting between members of COSMAN and chapter representatives at the 2000 Annual Chapter Forum.



Thank you to those who have already agreed to serve as a section contact to your chapter. However, we still need contacts for the following chapters:

Arizona Chapter
California 4 Chapter (Orange)
Connecticut Chapter
DC Chapter
Louisiana Chapter
Massachusetts Chapter
Minnesota Chapter
New York 1 Chapter (Upstate)
Uniformed Services-West Chapter
Vermont Chapter
Washington Chapter

The contact person is not obligated to attend all meetings of the chapter; however, the chapter leadership may call upon the section contact for expertise on a particular issue or to discuss joint projects with the section. If you are interested in becoming a contact for any of the above chapters, please e-mail Niccole Alexander, SOHC Manager, at nalexander@aap.org.

This endeavor will go a long way towards establishing linkages between sections and chapters. Your cooperation is appreciated.

Have you visited your AAP Chapter's website lately?

Log-on today ...
www.aap.org/member/chapters.htm

Practice Profile: Pediatric Inpatient Services at Miami Children's Hospital

by Andrea Maggioni, MD and Fabiana Rolla, MD

History and Structure of the Service

The Pediatric Hospitalist service was implemented at Miami Children's Hospital in July 1997. The goal was to provide a fully dedicated service to the inpatient wards and a more economical use of resources in the treatment of hospitalized children, which would also meet the demands of the primary care pediatricians of the community. The overall idea, at that time, was relatively new in the Miami area.

Miami Children's Hospital (MCH) is a teaching, tertiary, pediatric, freestanding hospital with a total of 250 beds, provided with NICU, PICU and ED facilities. In the year 2002, there were more than 80,000 ER visits and 12,600 inpatient admissions, with an overall average length of stay of 5 days. The medical staff is composed of almost 700 pediatricians, with more than half representing pediatric subspecialties.

The hospitalist program started with one physician for one year, then two for two years, then three for two more years, and finally established four full time positions. We are all board certified general pediatricians, with a different specialty pediatric background in our native countries. In fact, we are all foreign medical graduates.

The hospitalist group at MCH is devoted exclusively to inpatient pediatric activities. There are no outpatient activities, and there are no ED or ICU responsibilities.

Prior to the establishment of the hospitalist program, the vast majority of the pediatric admissions were managed either by the primary care pediatricians or by the sub-specialists according to the admitting diagnosis. Now, the average daily census for the pediatric hospitalist team is 50 to 55 patients, including consults, with over 500 admissions to the service per month. More than 50% of admissions to the hospitalist service come directly to the floor from the pediatrician's office. Another 28% of admissions come from patients presenting to the ER, whose primary care doctor directs the admission to our service. Less than 20% of admissions are patients who do not have a primary care pediatrician, and are

randomly assigned to a different rotating attending on the teaching wards. A minority of patients seen by the service are general pediatric consults requested by the surgical services.

Our program has never been mandatory; all referrals are on a voluntary basis. During these years more than 600 pediatricians and family physicians of the community have referred their patients to the program. The referral pattern varies; some practices admit all of their patients to the hospitalist service, while other physicians will admit patients with complex diseases requiring the coordination of care with several subspecialties. In other instances, we provide coverage for admissions on weekends or when the physician is on vacation.

Schedule

We have tried several different types of schedules, and we can conclude that there is not such a thing as the perfect schedule. The success and popularity of the program with the exponential growth of referrals makes it a continuous challenge to avoid physician burnout and to maintain mental sanity. The physician on-call is on site from early morning until around midnight. After hour coverage is provided from home, with the physician returning if the need arises.

Residents are involved in the care of all the patients admitted to the hospitalist service. Overnight, they usually manage the new admissions from the emergency room. However, any direct admission from a referring pediatrician is seen upon arrival to the hospital by the attending hospitalist, twenty-four hours a day.

One main objective has always been to maximize the patient's and the referring pediatrician's continuity. The ideal scenario is that the hospitalist that accepts a patient from a referring physician should care for that patient from admission until discharge. Another goal is to give weekly continuity to the resident team. With this in mind, the challenges are to avoid several days in a row of physician call, without at least night breaks, and to change roles on a weekly rotating basis.

Therefore, we have set our schedule such that, in a four-week period, each physician will have seven days on call for admissions, including one weekend. On a second weekend, this attending will come in for teaching rounds only, and is not responsible for admissions. With other time allotted for the care of patients admitted when on-call, two weekends and an entire week during the four-week block are formal time-off. The reality is that for different and completely unrelated reasons, we almost have never been four physicians working at the same time. Physician burnout has been the most dramatic challenge.

Patients and Communication

Our service works mainly through an admitting beeper. We do not have an answering service and we handle the majority of the calls by ourselves. When the patient is in the primary physician office and the need for hospitalization is identified, the PMD will page us and our response is immediate.

The patient is directed to the admitting office of the hospital, and by the patient's arrival the bed is already assigned. The patient is evaluated by the hospitalist immediately in an examination room in the admitting office. A detailed explanation of the medical plan, the hospitalization process, and how the PMD and the hospitalist work together is given to the family. Then, the admission is discussed with the resident on call. At that time, the family will receive our business card with all the names and numbers, including the admitting beeper. We educate them that they are going to be cared by many different people, nurses, students, residents and other doctors. We also assure them that if there are any problems or further questions, they can call us directly.

Usually the patients are reevaluated again after admission. As much as possible throughout the hospitalization, they will be followed by the same physician. Both the day after admission and the day of discharge, a phone call is made from the bedside to the

continued on the next page

patient's primary care pediatrician. The medical plan is discussed in front of the family, and the phone is given to the mother or caregiver to say hello to the patient's primary doctor. The added value of this is double: first, it clarifies the patient's medical care to all parties, and secondly, it further reinforces the collegial and cooperative way of working together as a team with the primary care pediatrician.

Of note, several educational activities open to the community pediatricians take place on the hospital grounds. Usually at that time, or after hours, whenever the primary pediatrician comes to the hospital, we encourage a social visit to the patient and the family. This reaffirms the collaborative model of care.

The usual follow-up recommended in the PMD office is within 24 to 48 hours after discharge. The day of discharge, a short summary is dictated and faxed to the referring pediatrician's office. This way, it will be in the office chart when the family arrives for follow up. The compliance with it is one of our major service quality indicators.

Good communication has always been the key to our success. Doing it in a timely manner has made our group even more successful.

Teaching Responsibilities-International Program

The Hospitalist group has a very active role in the house staff teaching program that consists of sixty residents. Teaching is provided on a monthly block schedule. The attending teaching hospitalist will perform daily morning rounds on the ward. The team is composed of a senior and four first year residents, and several medical students. All rounds are "walking" and conducted at bedside. An elective rotation in inpatient pediatrics is also provided throughout the academic year.

All patients admitted to the hospitalist service, regardless of location, are considered teaching patients. This allows a more individualized "on-the-case" teaching approach. We make every possible effort to educate the residents on all of our patients from the time of admission. Also, we avoid writing orders on the charts as much as

possible. In this way, either we communicate with the residents or things do not happen.

The relationship with the resident team has been a great challenge for our service throughout these years. Initial resistance to the new concept, the nature of the job of expediting the hospitalization process, confusion on the respective roles, concerns of limited autonomy, and loss of control made the first impact very difficult. Overall, things have improved, but I believe we still have a great opportunity to modify the pediatric inpatient curriculum in the hospitalist era. Of note, every year a few graduating residents start working as pediatric hospitalists.

Since 1999, the hospitalist program has established an international affiliation with the Department of Pediatrics of the University Federal of São Paulo - Escola Paulista de Medicina in Brazil. During the last year of their residency program, residents from Brazil have the option to choose the hospitalist track. Each year, two physicians-in-training from Brazil spend a period of four to six months at MCH to learn the Hospitalist model of care. This cooperation has been fascinating and stimulating, and has led to the successful implementation of the Hospitalist model in Brazil.

Finances-HMO Contracts

Physicians are full-time employees of the hospital, with no direct revenues from patient care. No moonlighting or services provided at other hospitals are allowed. A bonus plan is not in place at this time. Teaching and administrative fees are applied as a credit to our cost center. We have two full time secretaries for our team. Billing is outsourced to a private company. When we started, we had a ridiculous collection rate of 12% that has now steadily reached around 45% of charges. Our professional fees more than cover expenses of our cost center.

Since initiation of the Hospitalist service, the Hospital has gone through several contractual re-negotiations with managed care organizations. Of note, the hospitalist program has been marketed as an example of dedicated services provided to the pediatricians of the community, as well as an efficient

model to provide cost-effective care to the patients hospitalized.

Working with HMOs has been a challenging experience, and an eye-opener for all of us. Initially, we established specific contracts with some HMOs, in which, if the primary pediatrician elected not to admit a patient to his/her service then the patient would automatically go to the hospitalist service. We received a flat fee per admission. During hospitalization, we interacted closely with their utilization review nurses and if any problem arose we had direct access to their medical director. After discharge, the HMO performed very detailed customer surveys, including patients and the referring pediatricians, evaluating several different aspects of the care provided. We were ranked as the top service in the region.

However, several changes have happened since then. Concerns of exclusivity, disputes with the sub-specialists regarding the management of chronic patients, ad hoc cases to be followed by a specific physician, and last but not least, political and financial implications have changed the system over time. More recent contracts are non-exclusive. In other words, the primary pediatrician can elect to whom to send the patient. Also of interest, is the fact that some contracts specify that individual physicians should not care for more than 15 hospitalized patients at any given time. The public perception of HMOs trying to limit care has made a dent.

Recent changes and future plans

Currently, several major changes are taking place. Services are being expanded to other hospitals in the Miami area. A newly formed private hospitalist group has created strong competition. There is a trend away from being employed by the hospital towards a private hospitalist enterprise. Regardless of future employer-employee set-ups, we envision a collaborative way to work together among the physicians of the different hospitalist groups. After all, we have earned the support of the pediatricians of the community, and we share the same vision and values.

Comments regarding this article may be directed to Dr. Maggioni at andrea.maggioni@mch.com.

Washington Report From the AAP Department of Federal Affairs

The AAP Department of Federal Affairs located in Washington, D.C., has been our link to federal legislative and regulatory activities for 33 years. It exists to



ensure the Administration and Congress is working on behalf of pediatricians and their patients. With the help of AAP members, the Academy has played a major role in helping to create important programs, ranging in the earliest days from poison prevention packaging to the more recent State Children's Health Insurance Program (CHIP). Pediatricians often serve as a source of information in Washington by testifying at congressional hearings, attending federal agency meetings and visiting with members of Congress.

Legislative Conference

For those who are interested in learning more about how to become an advocate, the Committee on Federal Government Affairs and the Committee on State Government Affairs will be hosting the 2004 AAP Legislative Conference in Washington, D.C., Sunday April 25-Tuesday April 27. This three-day intensive workshop provides hands-on experience for both the novice and expert advocate. Please feel free to contact the Washington office for more information.

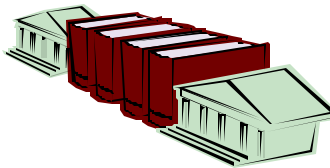
FAAN Network

The AAP Dept. of Federal Affairs invites you to be a part of the FAAN network. It is a network of Academy members who help support federal legislative and regulatory activities from their positions as constituents. Members choose the level and range of activities that suit their busy schedule, from simply faxing or calling congressional members about issues of concern, to requesting a personal meeting. Over the years, the FAAN network has affected numerous positive gains for children and pediatricians, thanks to AAP member commitment to child health advocacy efforts. FAAN members receive education and guidance and updated legislative information on the issues they take action on from the AAP Dept. of Federal Affairs. Join online by going to the AAP Members Only channel, then Federal Affairs page, then FAAN Network, click on Join Now.

AAP Dept. of Federal Affairs Resources

In between section newsletters, the Members Only Channel's Federal Affairs page will keep you up-to-date on federal legislative efforts by the Academy. Another source is the monthly Washington Report column in *AAP News*. For breaking news on Capitol Hill, the Dept. of Federal Affairs sends out special alerts to members of the Federal Action Advocacy Network (FAAN) telling them to take action on legislation when needed.

You can contact the Washington office any time if you have a question about federal legislative efforts or if you are interested in advocating for pediatricians and children. We can teach the easy steps it takes to help. The phone number is 800/336-5475 and e-mail is kids1st@aap.org.



And ... if you would like an update on state government affairs, please contact Niccole Alexander, SOHC Manager, at nalexander@aap.org for a copy of the latest issue brief.

With Appreciation ...

We would like to thank the SOHC Nominations Committee for all of their hard work in preparing for the upcoming 2004 Election!!

Robin M. Larabee, MD
G. Ronald Nicholis, MD
Shawn L. Ralston, MD

Merci

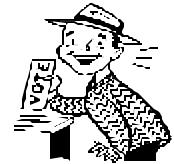
Gracias



It is time for the ... 2004 SOHC Election

It is almost time to cast your ballot and elect Executive Committee members for the 2004-2005 year.

The SOHC ballot will be available from March 1 through April 30 via a special election web site - stay



tuned for more details. If you do not have access to the Internet, or if you would prefer to vote by print ballot, contact Carolyn Mensching at 800/433-9016, extension 4079 or by e-mail at cmensching@aap.org.

The **Chairperson** candidate for the 2004 election is:

✓ Jack M. Percelay, MD, MPH, FAAP (unopposed)
incumbent – Ridgewood, NJ

If elected, Dr. Percelay will serve a 2-year term beginning November 2004, immediately following the AAP National Conference and Exhibition.

There are 2 open positions on the SOHC Executive Committee. The Executive Committee **Member** candidates for the 2004 election are:

✓ Chad K. Brands, MD, FAAP
Rochester, MN

✓ Jennifer A. Daru, MD
incumbent – Chicago, IL

✓ Laura J. Mirkinson, MD, FAAP
incumbent – Silver Springs, MD

✓ Mary C. Ottolini, MD, FAAP
Gaithersburg, MD

The two candidates with the most votes will serve a 3-year term beginning November 2004, immediately following the AAP National Conference and Exhibition.

**VOTING BEGINS ON
MARCH 1 !!**

**Statements can be found
on pages 12 - 13.**

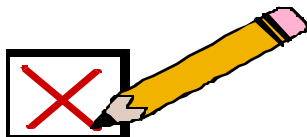
Candidate for SOHC Chairperson (Unopposed)

Jack M. Percelay, MD, MPH, FAAP
Ridgewood, NJ (incumbent)

I am running for a second and final term as Chair of the Section on Hospital Care with the goal of continuing the work accomplished since starting out as a proposed provisional Section over 5 years ago: The Section is now firmly ensconced in the infrastructure of the AAP. Hospitalists are accepted as an effective manner of delivering inpatient care, and our input is routinely sought by the Academy on issues impacting on the care of hospitalized children. We have worked collaboratively with the leadership of the Academy to ensure we are seen as an option and asset, not a threat. Our relationships with the two other pediatric hospitalist organizations (SHM and the APA SIG) are exemplary.

My mission is to continue this work. My experience leading the SOHC these past years enables me to initiate the contacts and implement the structures to further our participation in Academy activities. A particular goal for the next two years is to spread involvement in Section activities across an increasing number of members to fully tap the tremendous resources of our membership and to create an additional level of leaders within the field of Pediatric Hospital Medicine. Additionally, I think it is critical for both our role in the Academy as advocates for the care of children and for the professional growth of our field as a discipline that we continue along the patient path of collaboration and cooperation. My professional experience working in community hospitals, PICUs and teaching hospitals provides a broad-based perspective as we navigate this course.

I am proud of the 5-year record of accomplishments for the SOHC and would be honored to continue to chair the Section for an additional 2-year term.



Candidates for the SOHC Executive Committee

Chad K. Brands, MD, FAAP
Rochester, MN

It is a most exciting time to be a pediatric hospitalist! As experts in a growing area of practice, education, and research we need to move the Section's agenda forward with visionary thinking and critical analysis of past, present, and future. Our section must lead through facilitation. We must create opportunities to bring hospitalists together from diverse and unique practice environments in academic and community settings to share their multifaceted expertise and experiences. Then we can work together to share our best practices, highlight effective advocacy, review effective administrative processes, enhance educational inpatient efforts, and build collaborative research networks.

For the past four years I have been integrally involved in inpatient pediatrics at Mayo Clinic College of Medicine. I greatly enjoy the multidimensional life of a clinician educator while working as a Consultant at Mayo Clinic. I am an Assistant Professor in the Departments of Pediatrics and Medicine. Recently, I helped charter the Division of General Pediatric and Adolescent Medicine at Mayo that concentrates its efforts on hospital care and referral care provided in our diagnostic referral clinic. My wife, Marla, and I enjoy the great outdoors in Minnesota with three children. I completed medicine-pediatrics training at the University of Cincinnati and Cincinnati Children's Hospital before serving my first faculty appointment at Wright State University.

I believe that pediatric hospitalism is at an exciting point in its development. As a member of the Executive Committee, I would share clinical, educational, and administrative expertise that I have gained at Mayo Clinic for the benefit of the Section and the AAP. The Section on Hospital Care has an incredible set of challenges and opportunities ahead, and I pledge my enthusiasm and expertise to help accomplish visionary goals for the benefit of pediatric hospitalists and their patients.

Jennifer A. Daru, MD
Chicago, IL (incumbent)

Dr. Daru received her BA from Carleton College, and subsequently, her MD from the Dartmouth-Brown Medical School program. She then went on to do her residency at Northwestern's Children's Memorial Hospital in Chicago. Following her training, Dr. Daru became a pediatric hospitalist for a Children's Memorial outreach site. Since that time, Dr. Daru has both established and managed hospitalist programs. At the main academic center of Children's Memorial, she helped create and continues to manage the PICU and sedation hospitalist programs. Currently, she also runs one of their partner sites on the north side of Chicago, which she helped set-up in 2001. Her special interests include establishing programs with hospitalists who contribute to the continuing education of both nursing and physician staff. She joined the staff of the Feinberg School of Medicine at Northwestern, as a clinical instructor of Pediatrics, earlier this year, forging new ground as one of the first hospitalists recognized as an instructor.

As part of her goal of educational outreach, Dr. Daru is writing the section on pediatric hospital medicine for the textbook *Just the Facts: Pediatrics* and is the guest editor of the December 2003 issue of *Pediatric Annals on The Pediatric Hospitalist*. She also serves as the Illinois representative for the American Academy of Pediatrics' Section on Hospital Care and edits their biannual newsletter as well.

If elected, Dr. Daru hopes to continue to foster an environment of discussion in order to further the field of hospitalist medicine. Still new to the field of hospitalist medicine, having finished residency in 2000, Dr. Daru looks forward to playing a role in the next wave of hospitalist medicine, shifting from explaining who we are to just doing what we do.

"Statements" continued on the next page

Candidates for the SOHC Executive Committee

Continued from page 12

Laura J. Mirkinson, MD, FAAP Silver Spring, MD (incumbent)

Dr. Mirkinson earned her BA from the University of Rochester, a MS from New York University and her MD from the Uniformed Services University of the Health Sciences. She has been a pediatric hospitalist and faculty at the Children's National Medical Center, Washington, DC since 1995. Dr. Mirkinson is an attending physician on the Inpatient Pediatric Service at Holy Cross Hospital in Silver Spring, MD where she provides direct patient care and teaches residents and medical students.

In 1999, Dr. Mirkinson was one of 6 pediatricians who met and developed the concept of a hospitalist section of the AAP. As a member of the steering committee for the Provisional Section on Hospital Care, she assumed the responsibilities of the Education Chair for the section and developed the section's educational sessions for the 2000-2004 National Conference and Exhibitions of the AAP. These sessions, for both the general audience and the section members, have been extremely successful and have greatly increased the knowledge of the hospitalist movement within the AAP. They have provided a forum for discussion for the section's members, and have helped establish the section as an active and involved participant in the AAP's educational services to its members.

Dr. Mirkinson has many new goals for the educational sessions for the SOHC, including a new emphasis on expanding the educational activities of the section beyond the NC&E into other AAP CME courses. Her expertise in successfully developing proposals, collaborating with other sections, and working with the NC&E planning group make her an ideal candidate for the position of Education Chair of the SOHC.



Mary C. Ottolini, MD, FAAP Gaithersburg, MD

Dr. Ottolini graduated with High Distinction from Wayne State University School of Medicine, and completed pediatric residency at Children's Hospital of Michigan. She earned an MPH during a General Academic Pediatrics Fellowship at the University of Texas. She also completed a Certificate program in Medical Education at George Washington University (GWU).

Dr. Ottolini joined the faculty at GWU and Children's National Medical Center (CNMC) in 1992. She served for six years as Director of Pediatric Education and the CNMC Pediatric Hospitalist Service at Holy Cross Hospital, a community hospital academically affiliated with CNMC, where she organized the Pediatric Research Network to conduct research in community practices. She attended a course on teaching EBM in Oxford to implement an EBM curriculum for GWU 3rd year students.

Dr. Ottolini is currently an Associate Professor of Pediatrics at CNMC and GWU, and is Director of Medical Student Education, and Division Chief for the Hospitalist Division at CNMC, Holy Cross Hospital and Anne Arundel Medical Center. She is also currently a member of the AAP PRIS Steering Committee and is the editor for the "Broad Professional Competency" section of the APA Residency Guideline Revision Project. This July Dr. Ottolini began the first Hospitalist Training program nationally at CNMC.

She was named an Ambulatory Pediatric Association (APA) Faculty Development Scholar and has organized several national workshops, including the APA "Pediatric Hospitalists in Academic Settings". She received numerous awards for teaching and educational research, including the Ray Helfer Award, several Golden Apple Awards and the GW Distinguished Teacher Award.

(Ottolini continued)

New Reports and Statements



Family-Centered Care and the Pediatrician's Role Committee on Hospital Care

PEDIATRICS Vol. 112 No. 3
September 2003, pp. 691-696

Abstract

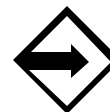
Drawing on several decades of work with families, pediatricians, other health care professionals, and policy makers, the American Academy of Pediatrics provides a definition of family-centered care. This policy statement outlines the core principles of family-centered care, summarizes the recent literature linking family-centered care to improved health outcomes, and lists various other benefits to be expected when engaging in family-centered pediatric practice.

Prevention of Medication Errors in the Pediatric Inpatient Setting Committee on Drugs and Committee on Hospital Care

PEDIATRICS Vol. 112 No. 2
August 2003, pp. 431-436

Abstract

Although medication errors in hospitals are common, medication errors that result in death or serious injury occur rarely. Pediatricians should help hospitals develop effective programs for safely providing medications, reporting medication errors, and creating an environment of medication safety for all hospitalized pediatric patients.



For the complete text of both statements, please visit www.pediatrics.org.

Dr. Ottolini has extensive experience as a hospitalist in both community and tertiary care settings and is committed to defining hospitalist educational needs and competencies as well as conducting research to improve the care of hospitalized infants and children.

CALIFORNIA

5 Pediatricians Needed to Staff New General Pediatrics Inpatient Service

The Department of Pediatrics at Stanford is seeking pediatricians to staff a new general pediatrics inpatient service. This service will be located at El Camino Hospital in Mountain View, but will be a unit of Lucile Packard Children's Hospital. We hope to open this unit in early January 2004. We expect to hire approximately 5 full-time pediatricians (or the equivalent) to oversee this service. The patient population will consist of general pediatric cases admitted from our community, as well as some low-to-moderate acuity subspecialty service patients. The pediatricians will be employees of Stanford University, which will provide a competitive salary and benefits package. Either full- or part-time appointments can be considered.

We anticipate having additional openings for hospital-based pediatricians in July 2004.

If these positions might be of interest to you, please contact Dr. William Benitz at 650/723-5711 or by e-mail to benitzwe@stanford.edu.

Pediatric Hospitalist Fellowship in San Diego

Well established pediatric hospitalist program is offering a pediatric hospitalist fellowship beginning July 2004. Candidates must be BC/BE in pediatrics by the beginning of the fellowship. Excellent opportunity with diverse curriculum. Overview available on Children's Specialists of San Diego Hospitalists web site at <http://www.childrensspecialists.com/body.cfm?id=21&action=detail&ref=18>.

Please send CV and direct inquiries to 858/966-5841 Children's Specialists of San Diego Hospitalists, Dr. Erin Stucky, c/o Admin Assistant Wendy Hess whess@chsd.org.

This fellowship posting can also be found under "Professional Opportunities" on the SOHC web site at www.aap.org/sections/hospicare/.

HAWAII

Pediatric Hospitalist

Excellent opportunity for an experienced pediatric hospitalist at Kapi'olani Medical Center for Women & Children, which is the designated pediatric tertiary center for the Pacific Basin. It is a major teaching hospital affiliated with the University of Hawaii. Full-time position with clinical and academic responsibilities. Competitive salary and benefits. Located on the island of Oahu.

Send CV to:

Debbie Gaynor (debbieg@kapiolani.org)
1319 Punahou, Honolulu, HI 96826
Fax # 808/983-6086

Pediatric Hospitalist Division Head

Excellent opportunity for an experienced pediatric hospitalist to lead Kapi'olani Medical Center for Women & Children's pediatric hospitalist division. Dedicated division established to meet growing demand. Kapi'olani is the designated pediatric tertiary center for the Pacific Basin and is a major teaching hospital affiliated with the University of Hawaii. Full-time position with clinical and academic responsibilities. Competitive salary and benefits. Located on the island of Oahu.

Send CV to:

Debbie Gaynor (debbieg@kapiolani.org)
1319 Punahou Street
Honolulu, HI 96826
Fax # 808/983-6086

ILLINOIS

Pediatricians Interested in Hospital Medicine Wanted

Midwest NeoPed Associates, Ltd., an 80 physician multispecialty group providing hospitalist, NICU, and PICU services to over 30 hospitals in the Greater Chicago area has immediate openings for pediatricians interested in hospitalist



medicine. Interested candidates must feel comfortable covering Level II NICU and PICU. J-1 positions available.

For more information please send your CV or contact:

Jeff Loughead, MD, MBA
Director, Business Development
Midwest NeoPed Associates, Ltd.
900 Jorie Blvd.
Suite 186
Oak Brook, IL 60523
Phone # 630/954-6700
Fax # 630/954-1555

You can also visit us at www.neoped.com

INDIANA

Pediatric Hospitalist Opportunity in Indianapolis

We have an opening for a BC/BE pediatrician to join our 4 physician hospitalist group and full time pediatric nurse. We are part of the rapidly growing St. Vincent Children's Hospital system in Indianapolis. Our free standing, pediatric hospital opened in January 2003. We are a tertiary care hospital with a PICU, NICU, pediatric emergency department and 40 inpatient beds. Our primary responsibility is caring for inpatients. We are also responsible for the inpatient education of the family practice and transitional interns. The program has been in existence for five years and has undergone steady growth since its inception.

St. Vincent Children's is an equal opportunity employer.

If interested please contact:

David Zipes, MD, FAAP
Director, St. Vincent Pediatric Hospitalists
St. Vincent Children's Hospital
E-mail: dgzipes@indy.rr.com
Phone # 317/338-5013
Fax # 775/521-0507

more job listings on the next page

LOUISIANA

Pediatric Hospitalist Position

Staff position is available at Ochsner Clinic Foundation in New Orleans for a board certified/board eligible pediatrician to serve as a Pediatric Hospitalist. In addition to patient care, the position includes teaching responsibilities and research opportunities.

The Department of Pediatrics at Ochsner Clinic Foundation is a large multispecialty practice with a strong commitment to primary care as well as state of the art tertiary care. Ochsner for Children consists of 44 pediatric specialists and 33 general pediatricians, integrated into Ochsner Clinic Foundation, an academic medical center, with a combined pediatric training program with Tulane Medical School. Ochsner for Children will be completing a new state of the art free standing pediatric clinic in spring 2004 and will be renovating our in-patient facilities later in the year.

We offer a competitive salary and comprehensive benefits package. We also enjoy the advantage of practicing in a favorable malpractice environment in Louisiana. Ochsner offers physicians the opportunity to have a satisfying professional practice as well as personal lifestyle. More information is available at our website, www.ochsner.org.

Curriculum vitae should be forwarded to: Ochsner Clinic Foundation, Professional Recruiting Department, Ref. #L1PEDH, 1514 Jefferson Highway, New Orleans, Louisiana 70121. You may also fax to 225/761-5441 or e-mail at dblalock@ochsner.org.

Daniel R. Bronfin, M.D.
Vice-Chairman
Department of Pediatrics
Ochsner Clinic Foundation
1514 Jefferson Highway
New Orleans, LA 70121
E-mail: dbronfin@ochsner.org
Phone # 504/842-3900
Fax # 504/842-0011

MASSACHUSETTS

Academic Pediatric Hospitalist Fellowship - Children's Hospital Boston

We are seeking candidates interested in a 2-year academic hospitalist fellowship beginning July 2004. Fellows would be among the first formally trained pediatric hospitalists in the country.

Goal:

- To train pediatric hospitalist leaders with the tools needed to excel as clinical investigators or clinician-teachers in academic inpatient settings

Experiences:

Fellows enrolled in the program will:

- develop advanced skills managing the care of hospitalized children
- teach and supervise residents and medical students on the inpatient wards
- receive advanced training in:
 - clinical inpatient medicine
 - medical education
 - health services research

(though the Harvard School of Public Health Clinical Effectiveness Program)

- complete a mentored research project, to be presented at a national meeting and published in a major peer-reviewed journal.

Plan: Year one (1) will be primarily clinical, including both hospitalist and elective clinical experiences. Fellows will identify a faculty mentor during this year, and spend three months developing plans for a research project. Year two will include continued clinical training, but will focus on research training and completion of a project. Throughout both years, ongoing seminars will help fellows hone their skills as educators, researchers, and evidence-based practitioners of hospital medicine.

Applicants should send CV, personal statement, and 3 letters of reference (including one from program director or most recent employer) to:

Christopher P. Landrigan, MD, MPH by 12/31/03. Children's Hospital Boston, Hunnewell G Mailbox #235, 300 Longwood Ave., Boston, MA 02115
christopher.landrigan@tch.harvard.edu

MISSOURI

Opening for a Pediatric Hospitalist

We are currently searching for an energetic Pediatric Hospitalist who would love to work in a small community in Southeast Missouri. The staff in the ER, Pediatric floor, Nursery and OB are all wonderful and dedicated people with which to work. We see on average 12 patients a day (about 1/2 nursery, 1/4 pediatric floor and 1/4 outpatient). We run a sedation service, which is included in the outpatient numbers, and have a wonderful protocol devised by Dr. Scott Weiner in place. We provide consults to the ER and Family Practice physicians. Call can be tailored to individual needs but basically each hospitalist works a third of the days of the month. Call is from home and we tend to work 24-hour shifts (so about 10 days a month).

Starting salary will be around \$150,000 (depending on experience and whether the candidate is hired on as lead). The job is located in Cape Girardeau – about one and a half hours south of St. Louis. For more information, please contact Paul Caruso, MD at 573/651-5814 or hallaroo4@cs.com

Mark Your Calendars



“Cover the Uninsured Week” May 10-16, 2004

In an effort to help the nine million children who do not have health coverage, the Academy has decided to once again sponsor “Cover the Uninsured Week,” scheduled for May 10 - 16, 2004. The week will commence with a national kick-off followed by more than 1,000 events held by community groups from coast to coast. There will free medical screenings offered as well as opportunities to enroll eligible children and adults in the State Children's Health Insurance Program and Medicaid. Former Presidents Gerald Ford and Jimmy Carter will serve as honorary co-chairs of the week. For more information on how to get involved, contact Taryn Rosenkranz with the AAP Department of Federal Affairs at 800/336-5475 ext. #3004, or check www.covertheuninsuredweek.org.

Society of Hospital Medicine Annual Meeting

April 20 – 21, 2004 in New Orleans, LA

Pre-Courses: April 19, 2004

The Society of Hospital Medicine is holding its 7th Annual Meeting from April 20 to 21 in New Orleans. Attendees are also encouraged to attend one of the three courses (Practice Management, Critical Care, and Leadership) being held on April 19, before the start of the conference.

The primary goal of the Society of Hospital Medicine Annual Meeting is to give participants the tools needed to improve their clinical skills, solve the issues in their Hospital Medicine programs, and prepare individuals to lead the quality improvement charge in their institutions.

To register for the SHM Annual Meeting or access the program schedule, please visit the SHM web site at www.hospitalmedicine.org.

Pediatric Academic Societies Annual Meeting

May 1 – 4, 2004 in San Francisco, CA

The Pediatric Academic Societies (PAS) Annual Meeting is scheduled from May 1 to 4 in San Francisco. Attendees will have an opportunity to hear from world-renowned experts who will be reviewing and describing the latest research in child health. The three pediatric organizations that comprise PAS are: the American Pediatric Society (APS), the Society for Pediatric Research (SPR), and the Ambulatory Pediatric Association (APA).

Registration and housing information for the PAS Annual Meeting is available at www.pas-meeting.org.

CATCH/Medical Home National Conference

July 16 – 17, 2004 in Chicago, IL

Beautiful downtown Chicago is a perfect place to learn about Medical Homes and improving health care for children in your community. The Community Access to Child Health or CATCH/Medical Home conference is designed for pediatricians, residents, health care professionals, state and federal public health employees, child advocates, other professionals and family representatives who are dedicated to working with children with special health care needs. Participants will learn about practical strategies to provide Medical Homes and improve access to health care; asset-based community development; assessing quality improvement; screening and surveillance; coalition building and successful models of care from community-based initiatives around the world. A pre-conference workshop will also be offered on “social capital” - the processes between people, which establish networks, norms and social trust, and facilitate coordination and cooperation for mutual benefit and improved health.

For more information on the CATCH/Medical Home Conference, please visit their web site at www.aap.org/catch/nationalconf.html.

PREP: EM

An Intensive Review of Pediatric Emergency Medicine

August 7 – 11, 2004 in Toronto, ON

The primary goal of PREP: EM is to provide an intensive review of topics in pediatric emergency medicine that are identified by major headings on the American Board of Pediatrics Subspecialty Certifying Examination Content Outline developed by the Sub-Board of Pediatric Emergency Medicine, as well as disseminate information on recent developments in theory, diagnosis, and management of pediatric medical emergencies

Attendees will learn state-of-the-art pediatric emergency medicine, hear “what’s new,” explore alternative management strategies, and discuss controversial issues encountered in daily practice

For additional information on the PREP: EM Course, please visit the “2004 at glance” section of the Pedialink web site at www.pedialink.org.

31st Annual Mayo Clinic

Pediatric Days

September 9 – 10, 2004 in Chicago, IL

The 31st Mayo Clinic Pediatric Days is designed to provide pediatricians, family physicians, physician assistants and nurse practitioners with current information on a variety of medical and surgical conditions affecting children and adolescents. Topics address new developments in pediatrics as well as subjects of interest noted by previous course attendees. Our key themes this year are gastroenterology, cardiology, neurology, genetics and pediatric surgery.

The \$400 (physician) and \$200 (Resident/PA/Nurse/Technician) registration fee includes tuition, comprehensive course syllabus, continental breakfasts, lunches and refreshment breaks.

For additional information, please call 800/323-2688 or 507/284-2509 or you may visit the web site at <http://www.mayo.edu/cme/peds.htm>.



Do you have an educational or professional opportunity that you would like posted on the SOHC LISTSERV® or highlighted in an upcoming newsletter? Contact Niccole Alexander, SOHC Manager, at 847/434-4799 or nalexander@aap.org.

continued on the next page

Courses, Seminars, and Upcoming Hospitalist Meetings

Continued from page 18

2004 Course on Neonatal and Pediatric Critical Care Transport Medicine

October 10 – 12, 2004 in San Francisco, CA

Sponsored by the AAP Section on Transport Medicine

If you are physician or allied health professional interested in neonatal or pediatric transport issues, plan to attend the 2004 Course on Neonatal/Pediatric Critical Care Transport Medicine, which is scheduled for October 10 – 12, 2004 in San Francisco! The Course will be held in conjunction with the American Academy of Pediatrics National Conference and Exhibition (October 9 – 13).

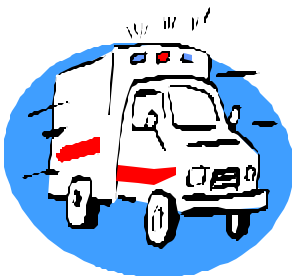
Topics that will be covered this year include: “Legal Aspects of Transport Medicine,” “Ambulance Safety,” “The Referring Center’s Perspective,” “New Shock Guidelines,” “Advances in Infant Transports,” “Transport Enigmas,” “Survival Techniques,” “Bioethics of Transport Medicine,” “Pain and Sedation,” and “Telemedicine.” 2004 also marks the first time in which attendees will be able to participate in the Section on Transport Medicine Scientific Program. Attendees will hear presentations as well as view posters on the latest neonatal and pediatric transport research.



For an additional nominal fee, attendees will have the opportunity to observe and participate in workshops at the Center for Advanced Pediatric Education or CAPE at Lucile Packard Children’s Hospital at Stanford (for additional information on CAPE, visit www.lpch.org/cape). This center employs leading edge simulation-based technology that enhances training in the pediatric sciences. Workshop participants have a fabulous opportunity to experience challenging medical scenarios that could be found on transports of critically ill children.

The 2004 Transport Course is also an excellent venue to network with other transport teams around the world, share ideas and learn more about our ever-growing specialty. We hope to see in the Bay Area in October!

Additional information on the 2004 Transport Course is available on the Section on Transport Medicine web site at www.aap.org/sections/transmed/, or you may contact Niccole Alexander, SOTM Manager, at 847/434-4799 or at nalexander@aap.org.



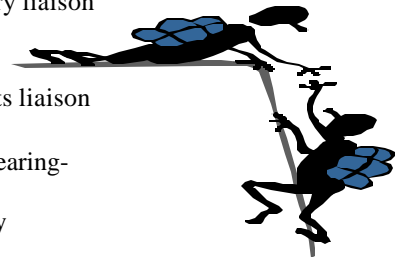
Help Us Carry the Load Be a SOHC Volunteer !!!



Following is a complete list of SOHC volunteer opportunities. If you are interested in any of the activities, please submit your name and request (or interest) to Niccole Alexander, SOHC Manager, at nalexander@aap.org -- *even if you have volunteered for the same activity in the past.* We are in the process of updating our database.

Most activities are amenable to formation of a sub-committee. Some sub-committees will need to limit their size to be an effective working group. Each sub-committee will report to a specific member of the Executive Committee.

- “Webmaster” and support for Hospitalist e-library
- Newsletter, other publicity
- Section education program
- *AAP Grand Rounds*—review of the literature
- Coding, documentation and reimbursement
- Pediatric resident education
- Communication systems/electronic medical records
- ER liaison
- Neonatology/nursery liaison
- Critical care liaison
- Transport liaison
- Section on Residents liaison
- Sedation services
- Employment/ job clearing-house
- Legal issues/liability
- Patient safety
- Board re-certification and sub-specialty board (with APA and SHM)
- Fellowships/PGY-x for Hospitalists (with APA and SHM)
- Government regulations and interactions
- Quality of life issues
- Use of physician extenders in Hospitalist programs
- Pediatric Hospitalists in community settings



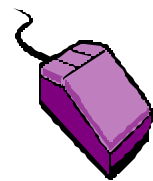
Many opportunities will overlap with other entities such as PRIS, SHM and the APA SIG. If appropriate, you may be referred to these organizations.

The Newly Redesigned SOHC Web Site

Know someone who wants to subscribe to the Section on Hospital Care web site ... or maybe join the Section?

Please visit the newly re-designed SOHC web site at www.aap.org/sections/hospicare/

And coming soon to the web site ... job postings!!



SECTION ON HOSPITAL CARE EXECUTIVE COMMITTEE MEETING EXECUTIVE SUMMARY - NOVEMBER 2, 2003 IN NEW ORLEANS



Following is a summary of the Section's activities and initiatives discussed during the Fall 2003 meeting held in conjunction with the AAP National Conference and Exhibition (NCE):

- * Dr. Jack Percelay, Chairperson, informed the Executive Committee that Dr. Paul Bellet had resigned from his position on the Executive Committee for personal reasons and that Dr. Jennifer Daru had been appointed to complete his term, which ends at the conclusion of the 2004 NCE.
- * Incoming SOHC Executive Committee members will be invited to attend future Section Executive Committee meeting held in conjunction with the NCE using funds from the Section's non-core budget to cover travel-related expenses.
- * SOHC will continue to recruit for open chapter liaisons slots using the LISTSERV® and newsletter solicitations.
- * Dr. Yong Han (Texas) and Dr. Daniel Rauch (New York) were elected to their first terms as Section on Hospital Care Executive Committee members. Their terms will officially begin immediately following the 2003 NCE and last until the conclusion of the 2006 NCE. Drs. Han and Rauch replace Dr. Deborah Silver and Dr Gary Strong who are at the end of their terms.
- * As of October 23, 2003, the SOHC had 283 members - with 86 new members joining the Section from October 2002 to September 2003.
- * Dr. Han agreed to serve as the Section's next Membership Chairperson, replacing Dr. Silver.
- * Dr. Robin Larabee and Dr. Ron Nicholis have agreed to serve as SOHC Nominations Committee Chairperson and Member (respectively). Dr. Shawn Ralston will also serve as a SOHC Nominations Committee Member.
- * Dr. Laura Mirkinson reviewed the 2003 NCE programs as well as the 2004 approved proposals. She agreed to serve as the 2005 Section Education and Program Chairperson and begin investigating other AAP venues for SOHC educational programs (such as SuperCME and Practical Pediatrics).
- * The Executive Committee pulled together a list of potential volunteer opportunities for Section members. A "Call for Volunteers" will be included in the Winter 2004 edition of the Section newsletter, as well as posted on the Section web site and LISTSERV®.
- * A final draft of the "What is a Pediatric Hospitalist" fact sheet will be presented for review and approval in the coming months.
- * Updates on activities within Pediatric Research in the Inpatient Setting (PRIS) and the Society of Hospital Medicine (SHM) were presented.
- * A final draft of the "Guiding Principles for Pediatric Hospitalist Programs" will be presented to the AAP Board of Directors for review and consideration. Dr. Percelay will write a companion piece for *AAP News*.
- * The SOHC LISTSERV® continues to be an effective communication tool for SOHC members, guests, and AAP staff. The e-mail address is sohcaap@listserv.aap.org.
- * The Association of Pediatric Program Directors, AAP Section on Residents, and AAP Section on Uniformed Services will be contacted to see if the SOHC Winter 2004 newsletter as well as the "Join the SOHC LISTSERV®" notice can be sent to their members and associated constituencies.
- * The SOHC Executive Committee agreed to present a bylaw amendment to the membership for a vote allowing residents to join the Section. The proposed dues would be set at \$10.
- * The SOHC Executive Committee also agreed to present a bylaw amendment to the membership for a vote that would change the governance structure of the Section. Instead of the Section membership choosing the Chairperson, the current Executive Committee would select a Chairperson-Elect (who would elevate to Chairperson) from among the current and past Executive Committee members.
- * Dr. Brian Pate was appointed to serve as the Section's Contributing Editor for *AAP Grand Rounds*.
- * At the next meeting, Executive Committee members will discuss whether to move their fall meeting from the NCE to the Pediatric Academic Societies (PAS) Annual Meeting in 2005.

The next meeting of the SOHC Executive Committee will take place via conference call, in mid-May 2004 following the PAS Annual Meeting. Time and date is still to be determined.

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AAP 2004-2005 President-Elect Candidates

"What Do You View as the Key to Energizing and Involving the Grassroots Membership?"

Eileen M. Ouellette, MD, JD, FAAP Newton Center, MA

We must address the issues of concern to pediatricians and children and convince our members that their becoming involved will make a difference. We must actively reach out to pediatricians at all stages of their professional and personal lives. Each group has different interests and needs.

Residents: In collaboration with training programs, we must enroll residents into the AAP. Chapter leaders can provide residents with child advocacy education. They can invite and support residents' attendance at chapter meetings, describe chapter initiatives, section membership opportunities in the surgical, medical subspecialty and special interest groups at grand rounds, and assist residents to apply for CATCH grants. We can provide bulletin boards for medical students and residents to network and exchange information.

Young Physicians: We can provide new members with written information that explains the mission of the AAP, and describes its committees, sections, chapters and programs. Leaders should contact members to match their interests and expertise with local and national opportunities. We must provide leadership training to these pediatricians, and make childcare available at meetings. AAP web sites can provide special sections devoted to the interests and needs of young physicians.

Mid-career Physicians: Pediatricians in their middle years are struggling with all the issues affecting medicine today: access, quality, reimbursement, medical liability, medication pre-approval and other regulations. We must continue to inform them regularly of AAP efforts on their behalf at the national, state and community level and convince them that their participation is vital to achieve our goals. We can teach them to contact and effectively influence their elected officials.

Seasoned Physicians: These pediatricians have the experience and wisdom that are so vital to impart to our medical students, residents and young physicians. We can collaborate with pediatric training programs to develop pediatric preceptorship and mentoring programs. Senior pediatricians command respect from legislators and make excellent advocates.

Finally, we must collaborate with minority medical associations to identify pediatricians of diverse backgrounds and assist chapters and sections to mentor them into leadership positions. Involving all our membership will make our Academy stronger and more effective in advocating for children and pediatricians.

Robert P. Schwartz, MD, FAAP Winston Salem, NC

The first step in energizing the grassroots is to find out the concerns of our members.

How do we find out the concerns of our members?

- Provide AAP support for chapters to develop a member survey to aid in the identification and prioritization of issues. This would help chapters in formulating resolutions for the Annual Chapter Forum. The survey could also include a list of committees available for members to join.
- Encourage chapter officers to hold "town meetings" in various regions of their state to get feedback on issues from members.
- Schedule a time at the National Conference and Exhibition for members to ask questions and voice concerns to the Board of Directors.
- Create a place on the AAP members' only website to ask questions, with a mechanism for delivering a response in a timely manner.

How do we get members involved in the Academy?

- Focus on issues of importance to the membership such as fair reimbursement for physician services, contracting with managed care, malpractice, etc.
- Provide AAP support to chapters to enhance their newsletters and websites.
- Reduce chapter dues/meeting registration fee for members in their first years of practice.
- Reconfigure chapter committee activities so that the members can participate more easily by listserv rather than travel to meetings.
- Provide perks to established members for bringing new members to meetings.
- Involve residents in the AAP at an early stage of their career through the advocacy curriculum now required by the Residency Review Committee.

The key issue is the perception of the value of AAP membership. We should make it easier for young pediatricians, who increasingly are women, to have meaningful participation in the AAP. We must help them understand that we need their input, and even a limited amount of time can make a significant contribution. Personal contact from members in leadership positions will further stimulate efforts to increase grassroots involvement in the Academy.

