**Pediatric Hospitalism**

*An Emerging Field*

Dr. Vincent Menna wrote in 1990, “The general pediatrician who specializes in inpatient practice rides the wave of the future.” As Dr. Menna was writing this article, there was emerging evidence that inpatient care was already being managed by a limited subset of pediatricians. This was followed by the 1996-landmark article in the New England Journal of Medicine by Robert Wachter and Lee Goldman that introduced the term “Hospitalist”. In a later article, Dr. Wachter offered the following definition: Physicians who spend at least 25% of their time serving as the physician of record for hospitalized patients who have been referred by primary care physicians and who are referred back to their primary care physicians at the time of discharge.

It is apparent that Pediatric Hospitalism is growing at a rapid pace. Fully 50% of academic pediatric departments had adopted hospitalist systems by 1999 and nearly 80% expected to have hospitalist systems within the next several years. The Society of Hospital Medicine, which includes both adult and pediatric hospitalist, grew from 23 members in 1997 to 1300 in 2000 to 4300 in 2004. It is estimated that between 10,000-12,000 hospitalists (approximately 10% of them are pediatricians) are currently in practice. A study of workforce needs has projected that 30,000 hospitalists will ultimately be required if they assume the care of all inpatients in the United States. Hospitalist jobs have grown in scope as well as number. Early hospitalist positions were almost entirely clinical, created to increase hospital efficiency.

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**Pediatric Intensive Care Unit**

*At the new Maria Fareri Children’s Hospital*

Over the past twenty-five years pediatric critical care medicine (PCCM) has cultivated significant changes in its form as an art, science and practice. The most current evolution of the pediatric intensive care unit (PICU) has commenced its practice at the new Maria Fareri Children’s Hospital (MFCH), but first it’s important to understand who we are and why we are here. The Arlene and Arnold Goldstein Pediatric Intensive Care Unit at the new MFCH at Westchester Medical Center (WMC) is an eighteen bed state-of-the-art unit dedicated to caring for acute and critically ill infants, children and adolescents throughout the Hudson Valley and our neighboring communities in Connecticut and New Jersey. The PCCM physicians caring for your patients and families are board certified in pediatrics and pediatric critical care medicine. The Level I MFCH-PICU cares for children that are newborns through 21 years of age as recommended by the American Board of Pediatrics, and follows guidelines for levels of care outlined by the American Academy of Pediatrics, and the Pediatric Section of the Society of Critical Care Medicine.

Many of you have had your earliest initiation to the MFCH through our regional Neonatal Intensive Care Unit (NICU) and have had an eye opening experience regarding the wonders and marvels of modern medicine and the technologies available. For many former premature infants who have long term medical issues or are technologically dependent our division of pediatric critical care medicine is the next step in the continuum of care that the MFCH offers your families and patients.

Graduation from our regional NICU at the MFCH is a tremendous achievement for our families and children, and our team of medical caregivers. This is a special day; when the smallest and most fragile of patients get to go home for the first time, and for our medical caregivers, a day of professional satisfaction. Knowing they have assisted in making progress with this child, allowing them to go through to their next stage of development is a true hallmark of the high quality care delivered at the MFCH.

The team of PCCM practitioners at MFCH is here to complement the extraordinary care you are delivering in the community for this special group of NICU graduates. The services of our PCCM division are readily available to you through our MFCH phone number:

1-866-WMC-PEDS (or 1-866-962-7337)

When you make a call for a referral or transfer of an acutely or critically ill child to the MFCH-PICU you will be able to speak with the attending pediatric intensivist on-service or on-call. We will make arrangements to have your patient transferred.

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directly to the MFCH-PICU from your community hospital or emergency room. The pediatric intensivist staff has the complete constellation of pediatric medical and/or surgical subspecialists available at the MFCH (if necessary), to ensure your patient has an excellent outcome. Our experienced pediatric critical care nursing staff delivers the finest professional care for your referred patients. We have our own dedicated pediatric respiratory therapists to provide care for that group of patients that require ventilatory support. The PICU has an interdisciplinary team of specialists including: nutritionists, pediatric social workers, utilization reviewers and child life specialists to provide optimal support for your families and patients. We will maintain an open avenue of communication with you to provide patient updates. Your ongoing participation while the child and family are in the PICU is vital; you are our most crucial link to enhancing a connection and atmosphere of trust with the family and patient.

I invite you to join us for PICU rounds any morning and get to know our PCCM group and medical caregivers. Feel free to call our division at 914-493-7513 to speak with Ms. Erin Gunkel for more information. We look forward to mutually enjoying a long and fruitful relationship with you, your families and patients.

Carey S. Goltzman, M.D., FAAP,
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Maria Fareri Children's Hospital
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Phone:(914) 493 -7513

Prematurity Awareness Day
November 16, 04

During November, premature babies need you.

1 of every 8 babies is born prematurely. Some don’t survive; others face lifelong health problems.

The March of Dimes created Prematurity Awareness Day to bring Americans together to fight this crisis. Visit clicktosavebabies.org to find out more, support our call for research, connect with other families. Or just click to say you care.

clicktosavebabies.org

Reducing Racial and Ethnic Disparities in Perinatal Care in the Hudson Valley
October 5th Conference Summary

On October 5th, 2004, the Regional Perinatal Center with Maternal Infants Services Network and the Lower Hudson Valley Perinatal Network Co-Chaired the Regional Perinatal Forum Conference focusing on understanding barriers to immigrant perinatal health through a multidisciplinary panel. The Forum was well attended with 94 people signed in, including 23 physicians, 22 nurses, 5 social workers, 16 community health workers, 5 lactation consultants, and 3 representatives of insurance/managed care. Additionally, there was much positive feedback with 78% of evaluations felt the conference conveyed information that would assist in improving patients’ health (19% no answer). The Perinatal Immigrant Health Panel included Leides Moura, MSN, RN, a Putnam County Department of Health nurse who gave the perspective of an immigrant herself and a public health nurse, Eva Turbiner, MA, Vice President and Chief Operating Officer, Hudson River HealthCare who gave the policy perspective, Nancy Jenks, FNP, Nurse Practitioner at Hudson River HealthCare, who gave the data about regional immigrants and their health issues, Georganne Chapin, JD, President and Chief Executive Officer, Hudson Health Plan, who gave the insurance perspective, and Padmini Murthy, MD, MPH, MS, Lecturer, International and Public Health at the School of Public Health at New York Medical College who discussed cultural sensitivity. Together the panel presented a multifaceted picture of barriers to health that immigrants experience specifically in the Hudson Valley Region.

In the future, we hope to begin to determine solutions to such barriers to access to care and together work toward increasing early prenatal care, healthier mothers, and healthier babies. Please contact us at (914) 493-8590 if you would like to be on our mailing list for next year’s conference.

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Do you know someone who has had a premature baby?

We are thrilled to announce a new Web site developed for parents of babies who experience the NICU. Our new online community is a “safe-harbor” for families to gather online, share their stories and help each other cope with the challenges of having a premature child and experiencing the NICU.

On September 1st, we launched www.marchofdimes.com/share an interactive section of our Web site featuring message boards, story sharing, polls, and interactive downloads. This site is a fantastic resource for you to talk about locally, as it connects those affected by our mission directly to each other!

The more that people talk about Prematurity and the NICU experience, the more likely we’ll be able to engage them to help us achieve our mission goals. With permission of site users, it is our intention to communicate with them on a fairly regular basis. We will provide them with important March of Dimes campaign and Foundation updates, including volunteer opportunities. We expect that many of the site users are directly affected by prematurity, and that they will be excited and willing to help us achieve our campaign goals.

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Continued from Hospitalism
Clinical expertise in inpatient medicine remains the cornerstone of hospitalists’ identity, but participation in systems improvements, administration and scholarly work, particularly in academic settings, has become common.

The Pediatric Research in Inpatient Settings (PRIS) network has recruited over 80 sites for participation. There are professional organizations for pediatric hospitalists with specific sections or groups within the Ambulatory Pediatric Association (APA), American Academy of Pediatrics, and the Society of Hospital Medicine. There is already specific textbook and another in the planning stages. Clearly, pediatric hospitalists have acquired all the trappings of a specialty.

It is fair to question how Hospitalism should be organized as a new segment of pediatric practice. The American Board of Pediatrics recognizes over ten organ or system-based specialties, as well as two site-based subspecialties. There is a precedent for the inpatient service to be defined as a unique place of service with its own requisite knowledge and skill set.

The concept of hospitalism can be summed up as better care through better ability and availability. Better ability refers to specific experience in the inpatient setting and knowledge about inpatient care. The average general pediatrician takes care of relatively few inpatients each year so that it is difficult to accumulate experience with even common hospitalized conditions. In addition, the ever-increasing amount of available information makes practitioners selective about what they read, often choosing to keep up with literature that affects their daily practice. Better availability refers to being based in the hospital, responsive to hospital staff and patients, and not carving out time from a busy practice. Multiple studies in both the adult and pediatric literature have consistently demonstrated improved efficiency with Hospitalist systems in terms of reduced cost for equal or improved patient care. Studies of patients have shown no decrease in satisfaction by patients, who appreciate better availability, and referring physicians, who appreciate increased revenue and time management from less inpatient service.

At the Maria Fareri Children’s Hospital, the Hospitalist service is developing from the General pediatric service. Any patient is eligible for the service. Some sub specialists, including surgeons, may choose to admit to the Hospitalist service for the bulk of a child’s care while staying involved as an active consultant. Children with multiple medical problems may benefit from having a Hospitalist coordinate their inpatient care in the same manner that the general pediatrician coordinates the outpatient care. The Hospitalist service is also available to consult on any patient, including those admitted to the surgical services. Dr. Rauch is available for presentations about the Hospitalist movement.

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Perinatal Bereavement Programs at MFCH & WMC:
Going Forward, Getting Stronger

“For the first time in nearly 50 years, our nation’s infant mortality rate is on the rise” (March of Dimes). It is so important to remember that perinatal loss entails a “unique bereavement,” and is an “exceptional” type of loss. (Berman, M.D. Michael D. HYGEIA FOUNDATION, 2004.) When a baby dies, during pregnancy, birth, or infancy, families at Westchester Medical Center receive the sensitive care and support from our dedicated physicians, nursing staff, social workers, and chaplains.

Drs. Edmund LaGamba and Heather Brumberg recognize that more can be done to address the emotional needs of both the bereaved family and the health care professionals who serve them, and the need to ensure that a standard of care exists in all phases of the bereavement program.

To assist in this endeavor, the Perinatal Bereavement Coordinator, Mary Dowd, has recently been brought on board. Mary Dowd, who just completed her RTS (Resolve Through Sharing) certification, has spent her first two weeks meeting with staff in NICU and PICU and creating a catalog of all bereavement activities currently in place. Mary is also a member of the hospital’s Bereavement Committee, chaired by Chaplains Susan Lunning and Doug Phillips.

Some of the future goals of the Perinatal Bereavement Program are to implement a “Day to Remember” in which families and hospital staff gather to memorialize and remember their losses; initiate parent support groups; establish a lending library, and further educate healthcare professionals on grief issues within the WMC community and beyond.

Mary Dowd, Bereavement Coordinator
Maria Fareri Children’s Hospital
Email: dowdm@wcmc.com
Phone: (914) 493-6433

New York’s First Prematurity Summit

November 16, 2004
8:30am-1:00pm
New York Academy of Medicine

Sponsored by the
Greater New York Chapter of the March of Dimes
Lunch will be provided, CME pending

Please contact:
Madeline Britt
Phone:(212) 353 8366
Email: mbritt@marchofdimes.com
### PEDIATRIC GRAND ROUNDS

**November 2004 SCHEDULE**

**8:00 AM**

**CWPW Conference Room at MFCH**

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<tr>
<th>Date</th>
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| 11/3  | Update in Pediatric Minimally Invasive Surgery                       | Gustavo Stringel, M.D.  
          Professor of Surgery and Pediatrics  
          Chief of Pediatric Surgery  
          Maria Fareri Children's Hospital  
          at Westchester Medical Center |
| 11/10 | Pulmonary Hypertension-Basic Science and Clinical Approaches, and The Role of Endothelial Cell Membrane Health in Pulmonary Hypertension | Usha Krishnan, M.D.  
          Assistant Professor of Pediatrics  
          Division of Pediatric Cardiology  
          Rajama Mathew, M.D.  
          Associate Professor of Clinical Pediatrics  
          Division of Pediatric Cardiology  
          Maria Fareri Children's Hospital  
          at Westchester Medical Center |
| 11/17 | People, Process, Technology and the IOM's Quality Aims              | Murray M. Pollack, MD, MBA  
          Professor of Pediatrics  
          George Washington University School of Medicine  
          Division Chief, Critical Care Medicine  
          Children’s National Medical Center |
| 11/24 | Common Normal Varients                                              | Iris Schlesinger, M.D.  
          Associate Professor of Clinical Orthopedics  
          Division of Pediatric Orthopedics  
          Maria Fareri Children's Hospital  
          at Westchester Medical Center |

We are interested in providing you with a newsletter that is relevant and of interest to you. Please contact us with perinatal topics you would like to see addressed. For a copy of our newsletter or to be placed on our mailing list contact us by phone or e-mail. Please see below the NYMC neonatal web site address to locate other issues of The Perinatal Gazette:

[http://www.nymc.edu/neonatology](http://www.nymc.edu/neonatology)