Report from the Section Chair

Jennifer A. Daru, MD, FAAP

1000!!!! Our section hit 1000 members the week before I sat down to write this. Wow! What can we do with so many hospitalists? I like to think we can change the world, but I will be satisfied if we can change the hospital, one tile at a time.

The leadership before me (Jack Percelay, Laura Mirkinson, Dan Rauch, and the many others from the executive committees and membership of the past) has done an excellent job getting all of us going—naming and building the field, starting its support structures. When I joined the Executive Committee, I was the “young voice.” No one has called me that in a while, so I recognize that I am going to need some help to make sure I can represent all members.

We have a mission statement:

The Section on Hospital Medicine of the American Academy of Pediatrics is dedicated to the health of all children in the hospital setting through advocacy, education and service—incorporating the core principles of safety, effectiveness, timeliness, efficiency and equitability in family-centered health care.

What are our next steps?

I am clear on two critical objectives for us as practitioners right now:

1. To form an opinion on additional certification/training of hospitalists; and
2. To support the development of quality networks that will both improve care and help us as individuals with our Maintenance of Certification requirements.

A key challenge will be the decision on Board Certification for our field. The American Academy of Pediatrics Section on Hospital Medicine (AAP SOHM) Executive Committee must form a consensus opinion on if we desire board certification, a Recognition of Focused Practice (that is the current adult hospital medicine pathway), and correspondingly what the fellowship length might be (believe it or not, it does not have to be 3 years) or if a residency track might be better.

Here’s the process. The Strategic Planning Committee is preparing to issue a report for all of us to review, going through the pros and cons of different processes and the history of what other specialties have done. We will post it to the listserv and will want your thoughts and feedback before we move forward. The opinion of the Executive Committee, representing the group as best we can, will go to The Academy and to the Joint Committee for Pediatric Hospital Medicine. This group has two representatives from our Executive Committee, and members from the Society of Hospital Medicine, the Academic Pediatric Association, and others, as well.

While this is going on, there is a lot more work for us to do. We need to become more involved politically as an entity. The AAP has a number of mechanisms for both helping us and representing us. Funds for caring for children in the hospital setting are at risk, and more hospitals are considering closing their inpatient beds. We will need a group of members to help lead and represent our mission statement. Anyone interested in being a strong leader of a new subcommittee? Let me know.

So here are my 2 questions to all of you:

What do you want the Section on Hospital Medicine to do?
What role do you want to play?

—Jennifer

THE SOHM OFFERS GREAT OPPORTUNITIES FOR INVOLVEMENT!

Mentorship Program

The Section offers a mentorship program that provides residents and new hospitalists with additional insight into the field of Pediatric Hospital Medicine. If you are interested in a “consult,” please visit http://www.aap.org/sections/hosp-care/residents_subcomm/residents-mentorship.htm.

Questions? Contact Dr. Elena Aragona at earagona@tufts-medicalcenter.org.

Resident Travel Grant Program

SOHM provides travel grants of $750 for up to three Residents to attend the annual Pediatric Hospital Medicine Conference. The 2012 Conference will be held July 19 to 22 in Cincinnati. Please encourage residents interested in attending to apply for one of the grants at http://www.aap.org/sections/hospcare/residents_subcomm/PHM-ResidentTravelGrant.pdf. Contact Dr. Elena Aragona at eearagona@tuftsmedicalcenter.org for additional information.

Stephanie Clark, MD, MPH, a chief resident at Cincinnati Children’s Hospital Medical Center, Cincinnati, OH, writes:

The diversity of topics and small group sessions was refreshing. In fact, there were so many interesting sessions that deciding on a schedule for each day was truly a tough decision. I was able to span the breadth of my interests from practical billing sessions to tropical medicine. My intellectual curiosity was piqued with a variety of clinical conundrums and interesting cases that sparked stimulating discussions. The wealth of quality research at every poster session and platform presentation was exciting and inspiring. Overall, I came away with new knowledge that I was excited to apply on my first week on service.

Jamie Librizzi, MD, a third-year pediatric resident at Rhode Island Hospital/Hasbro Children’s Hospital, writes:

Prior to the conference, I had made the decision to pursue a career in hospital medicine at the completion of my residency and hoped the conference would provide me with more information as to the opportunities available in this new, evolving field. I was not disappointed. In the four days I spent in Kansas City, I met hospitalists from all over the country, each with very unique job experiences and plenty of advice to share (not to mention I finally could put a face to those names I always read about on the ListServ!). The most impressive aspect of the conference, though, was the overall attitude of the group. I was truly surrounded by highly enthusiastic, motivated and successful members of an exciting new field in which everyone was taking part in defining—a great feeling for a potential new member of the group.

Elena Aragona, MD, a third-year pediatric resident at Tufts Floating Hospital for Children, writes:

The conference also offers a variety of non-lecture perks for residents. One morning I was able to attend a networking breakfast and discuss career options with fellows, young physicians and well-established attendings in my geographic area. During lunch another day I had the opportunity to hear from various pediatric hospitalist fellows and fellowship
directors regarding the benefits of pursuing a fellowship and how to differentiate between the multiple programs. This conference also illustrated how the field of pediatric hospitalist medicine continues to grow, and attendees heard from leaders of the American Academy of Pediatrics, the Society of Hospital Medicine, the Academic Pediatric Association and the AAP Section on Hospital Medicine in regards to upcoming projects, goals and opportunities.

Alisa Khan, MD, a third-year pediatric resident at Johns Hopkins Hospital, writes:

Early in the conference, the travel grant recipients were given some good advice from Dr. Dan Rauch—that as residents in the midst of clinical training, we should take advantage of the opportunity to attend some of the non-clinical sessions. I made a concerted effort to step out of my comfort zone as a resident and attend other sessions. I attended QI sessions on six sigma, research sessions on manuscript publishing, education sessions on team-based learning. These sessions covered topics that are important to pediatric hospital medicine but typically aren’t taught in most residencies, or in most jobs, for that matter. Furthermore, these varying tracks—clinical, education, QI, and research—illustrate what I love about hospital medicine and what the conference did such an excellent job of highlighting: the different ways to be a hospitalist. Perhaps most importantly, however, the PHM conference gave me a great deal of food for thought, barbeque notwithstanding, about where I hope to fit into this vibrant community.

Ready to Join One of the Fastest Growing Sections at the AAP?

Membership in the SOHM is open to pediatric hospitalists, general pediatricians, academicians, subspecialists, residents, nurse practitioners, physician assistants, and child life specialists—anyone with an active interest and involvement in general inpatient pediatrics. For more information, visit the SOHM Web site at www.aaphospmed.org.

Pediatric Hospital Medicine Abstract Research Award

The Section’s annual abstract award recognizes outstanding research presented during the SOHM academic and scientific program at the Academy’s National Conference and Exhibition. The award includes a $1,000 honorarium and a plaque.

2012 Recipient: Paul L. Aronson, MD

Award supported by an educational grant from Abbott Nutrition, a division of Abbott Laboratories, Inc.

Paul L. Aronson, MD, received his bachelor of arts in drama from Duke University and his medical degree from New York University. He completed his residency and chief residency in pediatrics at The Children’s Hospital of Philadelphia, at which he is currently a third-year fellow in pediatric emergency medicine. His main academic focus is medical education, with research interests in the management of dermatologic illnesses encountered in the pediatric emergency department and neonatal herpes simplex virus infection. He currently lives in Philadelphia with his wife, Jenny, and their two cats, Emma and Duke.

Delayed Acyclovir and Outcomes of Children Hospitalized With Eczema Herpeticum

AUTHORS
Paul L. Aronson, MD1, Albert C. Yan, MD2, Manoj K. Mittal, MD3, Zeinab Mohamad, MS3, and Samir S. Shah, MD, MSCE4

PURPOSE: Eczema herpeticum is a potentially severe complication of atopic dermatitis. Before the widespread availability of acyclovir, mortality rates were as high as 50%. Although one adult study showed clinical improvement with acyclovir, there have been no larger studies evaluating therapy in children with eczema herpeticum. Furthermore, eczema herpeticum is difficult to distinguish clinically from bacterial superinfection, and the impact of delayed acyclovir therapy on outcomes is unknown. Our objectives therefore were to describe the epidemiology and outcomes of eczema herpeticum in children and to determine the association of delayed acyclovir and outcomes in children hospitalized with eczema herpeticum.

METHODS: A multicenter retrospective cohort study conducted between January 1, 2001 and March 31, 2010 identified 1331 children aged 2 months to 17 years with eczema herpeticum from 42 tertiary care children’s hospitals in the Pediatric Health Information System database. Multivariable linear regression models determined the association between delayed acyclovir therapy and the main outcome measure, length of stay (LOS).
RESULTS: There were no deaths during the study period. *Staphylococcus aureus* infection was diagnosed in 30.3% of patients; 3.9% of patients had a bloodstream infection. 51 patients (3.8%) required ICU admission. Eight hundred ninety-three patients (67.1%) received acyclovir on day 1 of admission. There was no association between day of acyclovir initiation and route of acyclovir administration ($P = .85$).

CONCLUSIONS: Delay of acyclovir initiation is associated with increased LOS in hospitalized children with eczema herpeticum. Although longer LOS results in higher costs and potential for hospital-acquired infections, few children with eczema herpeticum require ICU admission and the mortality rate is low. Topical corticosteroid use is not associated with increase in LOS.

The median hospital LOS for the study sample was 3 days (IQR, 2–5 days). Receipt of topical corticosteroids on day 1 of hospitalization was not associated with LOS ($P = .96$). The median LOS increased with each day of delay in acyclovir initiation. In multivariable analysis, delay of acyclovir initiation by 1 day was associated with a 13% increased LOS (95% confidence interval: 4%–22%; $P = .005$), and LOS increased significantly with each additional day delay (Table).

### TABLE Multivariable Analysis of Delayed Acyclovir and LOS in Children With Eczema Herpeticum

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<th>Variable</th>
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<td>Adjusted percentage increase in LOS* (95% CI)</td>
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*Model also adjusted for receipt of antibiotics during the hospitalization, bloodstream infection, *Staphylococcus aureus* infection, testing with blood culture, herpes simplex virus testing, all patient refined diagnosis-related groups severity classification, and race/ethnicity.

CI, confidence interval; LOS, length of stay.

References:
- Staphylococcus aureus infection was diagnosed in 30.3% of patients.
- Five hundred nine patients (3.8%) required ICU admission.
- Eight hundred ninety-three patients (67.1%) received acyclovir on day 1 of admission.
- There was no association between day of acyclovir initiation and route of acyclovir administration ($P = .85$).

**CONCLUSIONS:** Delay of acyclovir initiation is associated with increased LOS in hospitalized children with eczema herpeticum. Although longer LOS results in higher costs and potential for hospital-acquired infections, few children with eczema herpeticum require ICU admission and the mortality rate is low. Topical corticosteroid use is not associated with increase in LOS.

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