

The Second Decade of Hospital Pediatrics

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What a remarkable decade for the journal and the field of pediatric hospital medicine. Catalyzed by the wonderful and visionary work of Dr Jennifer Daru and colleagues several years before, the first official, fully peer-reviewed issue of *Hospital Pediatrics* debuted 10 years ago. Looking back at that issue, I am struck by how July of 2011 seems both recent and a lifetime ago. So many of the defining characteristics of our field are in the inaugural issue: a wariness that more antibiotics are not better care,¹ a recognition that nontailored practices in hospital care are unlikely to reduce health disparities,² an evaluation of gaps in the complex and multistakeholder process of family-centered rounds,³ and (gulp) a debate about the field pursuing formal subspecialty status.⁴

Our field's growth and development over the last 10 years is amazing. We are the newest (and already one of the largest) board-certified pediatric subspecialties. From a handful of formal fellowship programs in 2011, there are now >60. Although we still do not have a reliable mechanism to count everyone practicing pediatric hospital medicine, there are now no doubt ≥ 1000 folks doing so today who were not 10 years ago. Even as our research infrastructure continues to grow, we have more precisely answered many of the research questions of the last decade. Do posthospital phone calls reduce readmissions? No.⁵ Do scheduled follow-ups for bronchiolitis reduce readmissions? No.⁶ Does treatment with hypertonic saline for infants hospitalized with bronchiolitis improve outcomes? No.^{7,8} Perhaps we do not fully know the answer to Ralston's⁹ first research idea on the impact of pulse oximetry on hospital length of stay in bronchiolitis, but the pursuit of the answer has been funded by the National Institutes of Health, contributed to by >50 community and freestanding hospitals across the country, and published broadly.¹⁰

It is such a privilege to lead the journal into its second decade and continue on the amazing trajectory set by Dr Ralston. Five original science articles appeared in our July 2011 issue^{11–15}; 14 appeared in January of this year. The quality of research our field has produced also continues to improve. We have moved away from single-center observational studies and surveys of LISTSERV respondents to higher-quality research methods with improved generalizability. As a few examples, this month's issue includes a randomized controlled trial,¹⁴ 2 studies in which researchers used nationally representative data sets,^{15,16} 4 additional multisite studies,^{17–20} and 2 exceptional presentations^{21,22} of scholarly improvement science.

In a testament both to the growth of the field and Dr Ralston's deft leadership of the journal, our new original science submissions have increased from 22 (from 3 countries) in 2011 to 468 (from 18 countries) in 2020, with that number on pace to again increase this year. The journal has always benefited greatly from its connection to the American Academy of Pediatrics and its distribution channels, both for our print journal and

www.hospitalpediatrics.org

DOI: <https://doi.org/10.1542/hpeds.2021-006035>

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HOSPITAL PEDIATRICS (ISSN Numbers: Print, 2154-1663; Online, 2154-1671).

Dr Brady conceptualized and designed the commentary, drafted the initial manuscript, and approved the final manuscript as submitted.

FINANCIAL DISCLOSURE: The author has indicated he has no financial relationships relevant to this article to disclose.

FUNDING: No external funding.

POTENTIAL CONFLICT OF INTEREST: The author has indicated he has no potential conflicts of interest to disclose.

COMPANION PAPER: A companion to this article can be found online at www.hosppeds.org/cgi/doi/10.1542/hpeds.2021-006046.

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our online table of contents. Driven by this and our high-quality science, we have sustained a high number of page views, likely the best marker of the impact published science is having on clinicians who care for hospitalized children. In our first year in production, we had 13 000 online viewers reading a total of 17 000 journal pages; by December 2020, this number had grown to 240 000 viewers reading a total of 541 000 pages online. Page views also are remarkably high for individual articles. Our original science publications in January 2020 had a median of >4400 page views, a number comparable to the leading journals in the field.

Moving into our second decade with our second editor in chief, *Hospital Pediatrics* will continue the 3 core principles by which Dr Ralston first led the journal. First, our primary focus will be to publish high-quality original science, including clinical, translational, health services research, and improvement science, relevant to pediatric hospitalists and other hospital-based clinicians and the patients and families we serve. Second, we will continue to foster the growth of hospital-based researchers with formative and thoughtful reviews and editorial comments that we hope will improve both current articles and future work. Finally, we will continue to recognize the immense value of a diverse editorial board as well as a diverse authorship and reviewer pool. Additionally, we will follow the leadership of colleagues in more systematically capturing and reporting these data.²³

Our new cover design celebrates our first 10 years as a journal and displays all the exceptional content published this month. I will highlight several pieces that illustrate the breadth and depth of the work our field is doing as well as reveal content areas in which *Hospital Pediatrics* is excited to continue to grow. Rajbhandari et al²¹ performed thoughtful and successful quality improvement work to provide more equitable and high-quality communication to hospitalized families with limited English proficiency, which is both excellent and frankly the least we can do. Other research reveals the unrealized

potential of hospitalization to improve longer-term child health and safety outcomes. Silver et al¹⁴ found in a randomized controlled trial of a gun safety educational intervention that, although the primary outcome was unchanged compared with controls, families who received the intervention were more likely to ask about guns in others' home after hospital discharge. In a repeated cross-sectional study, Boggs et al¹⁸ found that young adults cared for at 40 large children's hospitals commonly required technology assistance such as a feeding tube or tracheostomy. As complex care inpatient pediatrics remains such a large and growing part of what we do, we will continue to publish original science dedicated to this area each month. *Hospital Pediatrics* will always be interested in studies in which researchers aim to understand or intervene on testing and treatments that do not provide value to hospitalized children; Shaikh et al¹⁵ used a nationally representative data set to find that peripherally inserted central catheter placement has decreased ~90% over a decade. In a lovely commentary, Truelove and House²⁴ celebrate this achievement while urging further action and warning of the ongoing potential for overdiagnosis, a more complex value challenge, in which hospitalists are also doing outstanding work. This month, we also published a scoping review of family-centered rounds with a moving commentary written by Vara et al²⁵ (including several other family members of previously hospitalized children). Some of the advice is similar to what I heard from mentors as an anxious trainee almost 20 years ago, but hearing the words of families ("we are all learning, together") is so much more powerful.

Moving forward, we hope to see more scoping reviews, ideally leveraging clear and systematic literature search strategies and focusing on conditions, issues, and challenges relevant to hospital pediatrics. Although this article will remain open to all faculty and trainees, I do think this is particularly well aligned for first-year hospital medicine fellows as they gain a deeper mastery of a particular

area. We also will aim to bring the voice of patients and families more proactively to our journal by introducing the Family Partnership article type to *Hospital Pediatrics*, leveraging some wonderful work done by our colleagues at *Pediatrics*. We will continue to thoughtfully grow both article types and leadership opportunities at the journal over the next year. There are multiple potential opportunities that we are excited to explore by leveraging our collections shared with other American Academy of Pediatrics journals, including the Racism and Its Effects on Pediatric Health collection.

We are also excited to use video abstracts and social media broadly to grow the audience that sees and engages with the great research we publish. We will be offering video abstracts as an opt-in for authors for several original science pieces later this year. We will also work to grow our presence on Twitter to promote the fantastic work that our community is performing and connect with other scientists, clinicians, and policy makers that may not yet regularly read the journal.

In her editorial a decade ago, Dr Ralston urged *Hospital Pediatrics* readers to "ask the questions that matter to us and then ... answer them." Looking back, the breadth, depth, and nuance of those answers to date are inspiring, and I could not be more optimistic as we head into our second decade as a journal. My favorite quote from Dr Ralston remains one she made when I was first introduced to her on the LISTSERV; it concerned *Mycoplasma* polymerase chain reaction testing for pneumonia but could have concerned many other things: "don't just do something, stand there." As pediatric hospitalists, standing there and not offering care that will not bring net benefit remains one of the most important things we do each day. And of course, there are times when giving the highest value, evidence-based care means doing more. Clinical care is perhaps the best and most noble work imaginable, yet there are additional steps that are needed to improve care broadly and elevate the field. Reflect on the broader research question

or improvement aim. Design the study thoughtfully. Get the methods right. Collect the data. Do the analysis. Ask your most respected colleagues and mentors to poke holes in areas in which you got things wrong. Write the article and edit it again and again. Submit it to a journal, through which colleagues will help make it even better until it is published and read, considered, and debated by tens of thousands of colleagues. Finally, stand there ... and smile and be proud as someone you may never know takes what you have learned and shared and does less care or more care (fundamentally, the right care) for a sick child and their family.

Acknowledgments

I thank countless mentors and colleagues but will specifically thank Shawn L. Ralston, MD, MS; Samir S. Shah, MD, MSCE; Carole M. Lannon, MD, MPH; Kathleen E. Walsh, MD, MSc; and Jeffrey M. Simmons, MD, MSc.

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Hospital Pediatrics 2021;11;659

DOI: 10.1542/hpeds.2021-006035 originally published online June 30, 2021;

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Hospital Pediatrics 2021;11;659

DOI: 10.1542/hpeds.2021-006035 originally published online June 30, 2021;

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