Pediatric hospitalists had been in practice for years before the term hospitalist was coined by Wachter and Goldman in 1996. These individuals are concerned with providing quality care to children hospitalized with a range of illnesses and in a variety of settings, from general pediatrics to intensive care. The principles of patient care (patient safety, effective communication during handovers, and transitions of care) remain the same whether you are a hospitalist on general pediatric floor or in intensive care unit.

Hospitalists have taken a key role across hospital systems in quality improvement, research, hospital administration, and most importantly, education. The need to provide comprehensive education to the next generation of pediatricians in the inpatient setting in this ever-changing milieu poses its own challenge. With the current changes in work-hour structure for residents, hospitalists have modified existing programs to provide inpatient clinical care.

Along with stepping in to help with compliance with work hours, hospitalists form a universal point of learning in the life cycle of a resident. Mary C. Ottolini, MD, MPH, has reviewed the challenges and opportunities ahead where we are increasingly incorporating technology in patient care delivery. The acid test of a great education program is in the improvement of quality care indicators.

Due to the success in treatments and survival of children with increasing medical complexity, it has become important to find evidence-based guidance for the care of these children. The research continues to evolve in the use of technology in the care of these children. Christopher J. Russell, MD, and Tamara D. Simon, MD, MSPH, have defined children with special health care needs and those with medical complexity. This definition and the data

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**About the Guest Editors**

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they outlined for their need for increasing inpatient care highlights the need for better coordination of care between various providers. The outlined clinical issue and the reasons for admission in this article provide a great source of information and also pose clinical questions in this area of hospital medicine where collaborative projects are a great tool to provide answers.

A symptom common to many disorders that require hospitalization is pain. Identification, quantification, and documentation of pain as a fifth vital sign is a helpful tool in providing best patient care. Research indicates there are many situations in which we could do better with pain control. Joseph D. Tobias, MD, has provided us with guidelines on managing pain of any severity effectively, efficiently, and safely.

There has been an exponential growth in the number of hospitalist programs, and with growth comes difficulties and joys. With increasing emphasis on providing cost-effective, safe care and need for reduction of health care expenses, establishment of a good-quality hospitalist program needs great business sense. Jack M. Percelay, MD, MPH, FAAP, MHM, and David G. Zipes, MD, FAAP, SFHM, have eloquently described the costs and revenue factors that may determine the viability of a program. They emphasize the need to highlight to hospital administration the effects a hospitalist physician’s presence in the hospital has on patient satisfaction, patient safety, and quality of care and bed turnover.

We hope the pediatric hospitalists and other health care providers for children who interact with pediatric hospitalists find this issue helpful in providing cohesive care to children. There is need for concerted advocacy for coordinated care in an interdisciplinary medical home for children with medical complexity. We hope budding pediatric hospitalist researchers will be able to take up research questions that need answers.

REFERENCE


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