Pediatric Annals is a premier continuing medical education resource for general pediatrician for the last 40 years. For the past 14 years, as Editor-in-Chief, Dr. Stanford T. Shulman and his Associate Editor, Dr. Robert Listernick, and their contributors have done an excellent job of keeping practitioners current with clinically relevant, thoughtful articles that have been presented in various formats from the “Firm Rounds” and “Healthy Baby/Healthy Child” columns to the topical-based issues themselves. With Dr. Shulman retiring, which by the way is all right for us to do at some point, I have the opportunity and honor to fill in as a “utility infielder” and work as the Interim Editor-in-Chief during this transition.

This issue is a collaboration between gifted clinician and teacher, Pediatric Otolaryngologist Dr. Mark E. Gerber and enthusiastic and intelligent Pediatric Hospitalist Dr. Ann Giese, who work together to care for children in an academic community hospital setting. Collaboration and communication in this setting is important as the contributors present articles on common clinical ear, nose, and throat (ENT) problems. In the illustrative cases presented in the articles, every patient is seen by a general pediatrician or family physician initially, followed by an ENT specialist. In the articles, patients’ care is more seamless when concern for each condition is raised by the primary care physician.

SEAMLESS CLINICAL CARE

Speaking of “seamless clinical care,” as physicians in an evolving practice environment, we are expected to be more holistic in terms of patient- and family-centered care whether in the clinic, office, emergency department, or a hospital setting, including the neonatal and pediatric intensive care unit.

I have two first-hand examples of this kind of care for your consideration. Dr. Giese and a group of clinicians including nurses, pediatric residents, an attending pediatrician, and a senior pediatrician conducted a 1-day intensive project paired with design engineering graduate students and faculty at Northwestern University to work on ways to make family-centered rounds more comprehensible. Thanks to this enthusiastic effort, a number of excellent simple interventions were devised by these students and are now being used on the general pediatric floor at Evanston Hospital (Evanston, IL).1,2 The second example involves a collaborative effort or “kaizen” with the operational excellence group and representatives from the neonatal intensive care unit (NICU) at Comer Children’s Hospital, The University of Chicago. This collaboration, using principles of the Lean Hospital approach,3 has resulted in a novel approach to improve our NICU discharge process, which includes standardization of the timing of circumcision, all of which we hope will have an effect on the NICU length of stay.

This attention to the “process” and the “quality” of care which, if clinicians learn and apply, should make the care of patients and families wherever they are more efficient without compromising the humanistic side of what we all do every day in practice.

REFERENCES