

CATERING TO OUR FUTURE

In pediatric medicine, new models of patient-centered care are needed to respond to treatments and technology that have conquered many illnesses, preventing or curing conditions that once laid children low or took their lives. As a result of vaccines and antibiotics, only 5 percent of American children ever need hospital care at all. Neonatal surgeries cure while infants are still in the womb.



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Increasingly, hospitalization for kids today is a matter of chronic conditions, meaning that administrators must find ways to allocate resources, especially in the face of a rapidly aging general population.

The nature and significance of these transitions, and their relationship to the mission of Catholic health care, are threaded through the articles in our pediatrics issue, highlighting aspects of the rich array of services for children around the country and reaching out to the wider world.

Our authors describe the various ways in which hospitals are tailoring care for children to not only make it safer and better, but to cater to their sizes and tastes while drawing on the expertise of people who know them best — their parents. We offer forward-looking descriptions of how the medical home model can be tailored to pediatric care in and out of hospitals, so that children's needs are met throughout a region.

Suzy Farren, author of *A Call to Care: The Women Who Built Catholic Healthcare in America*, traces the story of Catholic sisters' care for especially vulnerable children — those who had no homes — through the founding of the first Catholic pediatric specialty hospital in the country. Dr. Joseph Kahn and Christine Crain of Mercy Health System describe a reorganization to address in a four-state region a problem that plagues pediatrics nationwide — a shortage of rural services. Nancy Collins of St. Joseph's Children's Hospital, Paterson, N.J., describes the approach that put it in the top 5 percent of hospitals to receive the HealthGrades 2010 Pediatric Patient Safety Excellence Award. In an altogether different vein, chief nursing officer Susan Pastor gives readers a tour of Dell Children's Medical

Center of Central Texas through the eyes of a fictional patient named Margie.

Rahul Aggarwal, pediatric intensivist at Essentia Health-St. Mary's Medical Center in Duluth, Minn., with writer Jane Brissett, discuss the unexpected benefits of family-centered care, including use of family councils, which have produced numerous changes young patients like. And members of the palliative care team at Mercy St. Vincent Medical Center/Mercy Children's Hospital, Toledo, Ohio, discuss not so much what they do for kids as what they have learned from them in regard to spirituality.

Other articles address efforts in the broader society to focus on issues that affect kids, notably childhood obesity. A wonderful program sponsored by Providence Little Company of Mary Medical Centers in Los Angeles County stepped in after physical education in California schools stepped out. A program at Peyton Manning Children's Hospital in Indianapolis tackles childhood obesity head on with a weight management program called L.I.F.E. for Kids. Mary M. Doyle Roche of The College of the Holy Cross, Worcester, Mass., writes about the public dimensions of child-raising, bringing Catholic teaching to bear on health care choices parents make for their kids. And pediatrics goes international in programs at CHRISTUS Santa Rosa Children's Hospital in San Antonio, programs that deliver care to kids who couldn't find the care they need in their own parts of the world even if they had money to buy it.

The transitions in pediatrics leave many questions unanswered. As we say so often, children are the future. So how, at home and worldwide, does the future look? Even with so many good treatments, services and programs in place, more are clearly needed — especially for children at home and abroad who, for a variety of reasons, lack access to the best of care.

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