

## Most After-Hours Calls Are Not That Urgent

BY MICHELE G. SULLIVAN  
Mid-Atlantic Bureau

During just 1 year, Colorado's statewide after-hours call-in system handled almost 142,000 night and weekend calls from parents and other caregivers seeking medical advice for children, Shira Belman, M.D., and colleagues reported.

Although 88% of the calls were for clinical illness, almost half of those were not medically urgent and resulted in advice on in-home care of the child. About 5% of the total calls were for information only, said Dr. Belman of the University of Colorado and her associates (Arch. Pediatr. Adolesc. Med. 2005;159:145-9).

Many of these calls might be averted "if more anticipatory information was provided in the physician's office or [if] parents were directed to other sources of information available after hours," they wrote. "Investing in such alternatives should be especially appealing to physicians who answer their own after-hours calls or who pay out-of-pocket per call for a call center's services."

The investigators analyzed all calls placed to the After Hours Telephone Care Program in Denver from June 1999 to July 2000. The center provides

after-hours telephone triage to 90% of all Colorado pediatricians and is staffed by registered nurses who follow computerized triage algorithms. Calls result in advice to call 911, to seek urgent care, to contact the pediatrician within 24 hours, to contact the pediatrician within 72 hours, or to care for the child at home.

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The 10 most common algorithms used were for vomiting (8.4% of all calls), colds (6%), cough (6%), earache (6%), fever (4%), sore throat (4%), diarrhea (3.4%), croup (3%), head trauma (2.6%), and eye infection (2.5%).

Only 21% of the callers were directed to seek urgent care, with only 1% of those told to call 911. Forty-five percent were advised how to care for the child at home; 30% were told to call their pediatrician the next day.

A small percentage of calls (5%) were for information only, including requests for the correct dose of over-the-counter medications, medication refill requests, questions about whether a condition was contagious, and calls to ask if certain medications could be administered simultaneously.

The highest volume of calls (29%) occurred in winter and the lowest (20%) in summer. Spring and fall had roughly equal volume (about 25% each). ■

## Volunteering Teaches Pediatric Residents Cultural Sensitivity

BY DIANA MAHONEY  
New England Bureau

CHICAGO — Providing family-centered, culturally sensitive care is a cornerstone of the American Academy of Pediatrics national medical home initiative, yet it is one that can be difficult to teach.

Recognizing that cultural sensitivity is a lesson best learned through exposure, the University of Puerto Rico, San Juan, has partnered with the United Way-Fondos Unidos de Puerto Rico to provide pediatric residents with firsthand exposure to the needs of the underserved and special-needs pediatric community.

Through the alliance, residents are assigned as volunteers to one of several United Way-affiliated agencies as part of their educational program, reported Maria del Rosario Gonzalez, M.D., in a poster presentation at a conference on Community Access to Child Health and Medical Home. Each resident performs a minimum of 100 hours of volunteer service throughout the residency program during protected time. The residents' orientation includes information on how to volunteer effectively, as well information about the culture of the population served by the given agency.

Since its inception in January of this year, the program has enrolled five nonprofit agencies, including a foster home for abused and neglected children, an agency serving patients with Down syndrome, a center for children with special health care needs, a foster home for pregnant adolescents, and an educational center for deaf children.

"The typical clinical setting limits residents' exposure to the needs of children in the community, and in particular those in high-risk populations," said Dr. Gonzalez of the university. To better prepare residents to care for all members of the community, to become community leaders, and to assume an advocacy role in clinical settings for those at high risk, "we wanted to design an educational experience where residents would learn of their patients' needs by working with them in the patients' natural environment," she said at the conference, sponsored by the American Academy of Pediatrics.

A second goal, said Dr. Gonzalez, "was to create awareness of the role of the nonprofit organizations and their volunteers in addressing the pressing needs of the underserved and high-risk groups, such as violence victims, HIV/AIDS patients, and children with special health care needs."

Although the program is too young to have any hard outcome data, "the agencies have expressed their satisfaction with the experience," said Dr. Gonzalez. "They are highly motivated and understand it fills a need in pediatricians' training." For their part, the residents are also satisfied, she said. "They think it is enriching but hard and challenging." In addition, she said, "the experience has provided the residents with an opportunity to explore their own attitudes toward volunteering and community service."

The community alliance program is funded by an HRSA Bureau of Health Professions grant. ■

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