

ON THE LEARNING CURVE

The Work-Life Balance

Over the past few years, I have written often about issues related to balancing work and life. Although this is an issue frequently understood to be of particular interest to “young” physicians, I get comments on these columns from physicians of all generations. The difficulty of juggling work, family, and personal life affects all of us.

I bring it up for two reasons. First, the end of the summer and beginning of the academic year can mark a fresh start for many. Whether you are in training yourself, work in an academic institution, are sending your own children back to school, or are recovering from the onslaught of school physicals, the fall is a time for many to plan for the coming year. The second reason it is on my mind is because my own work and life seem so perilously out of balance! I thought this would be a good opportunity to write about some of the basic things I have learned along the way.

First, the only way your life will have the balance you desire is to actually know what you hope that balance will be. It is easy to lose track of what is important

both at home and at work when you are faced with constant and varied demands on your time. It is important to take a step back—even for a few minutes while driving to work or waiting in line at the store—and decide what things are most



BY LEE SAVIO BEERS, M.D.

important to you. This may vary depending on the time of your life, or what is happening during that part of the year. You may decide that for a defined period of time, the balance between your career and personal life needs to be different than what you hope for it long term. In that case, you'll need to think ahead and plan for both the short and long term. If you just let things happen without think-

ing about how you would like them to be, the chances are you won't be entirely pleased with the end result.

Second, think about some concrete steps that will allow you to keep your priorities straight. It could be as simple as making sure you leave work in time to have dinner with your family, and then finishing up whatever is left later in the evening (something my husband and I do), or it could be as involved as looking for a new job that better meets your ca-

reer goals and personal needs. Decide which things you can compromise on and which things you can't. My husband and I would really prefer not to work on evenings and weekends, and have that time solely for our family and ourselves. However, when we add up all the hours in the day, we realize we can't do all the things we want at home and in our careers, and not do some work at home. So, for right now, we are compromising on the hours between when the kids go to bed and when we settle in for the night as a time we can use to fill that gap.

Remaining true to what is important to you now also means that sometimes you will have to say “no”—to a new work opportunity, a request to head up your child's school fundraiser, or that class you were really thinking you wanted to take. Identifying your priorities will make it easier to see which things you can cut out or cut back on. It also will help you think about whether the amount of time you are spending on tasks is proportion-

ate to their importance.

Lastly, be sure to take care of yourself. A reasonably healthy diet and regular exercise will give you much more physical and emotional energy to approach the tasks in front of you. I admit, I find this difficult to remember and apply in my own life, but always feel better when I do. And, if you need a night (or day or weekend) off from it all, be sure to take it! Put your iPhone in a drawer, turn off the computer, and do something that you really enjoy (even if you have to hire a babysitter). As professionals who advocate for healthy individuals and families, we can model healthy behaviors in our own lives through care and attention to ourselves and our friends/families, balanced against the care and attention we give to our patients. ■

What things are most important to you may vary depending on the time in your life, or what is happening during that part of the year.

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Infections Led Causes of In-Hospital Pediatric Mortality

BY ALICIA AULT

Hospital-acquired infections are the leading cause of preventable mortality in pediatric patients, according to an analysis of data from hospitals in 19 states.

Out of 5 million pediatric patient records from the period 2006-2008, there were 25,367 events identified, and of those, 1,465 potentially preventable inpatient deaths, according to HealthGrades, the independent health care ratings organization that conducted the review.

Seventy percent of the deaths were associated with hospital-acquired infections, the Golden, Colo.-based company concluded.

Overall, 1 in 208 pediatric patients experienced a potentially preventable event.

The organization cautioned that while this may seem like a low rate, it is calculated only for 19 states and only for eight safety measures developed by the Agency for Healthcare Research and Quality.

The eight indicators were accidental puncture or laceration; pressure ulcer; avoidance of collapsed lung; postoperative hemorrhage or hematoma; postoperative respiratory failure; postoperative sepsis; postoperative wound dehiscence; and central venous catheter-related infections.

Four incidents that occurred with the most frequency per 1,000 patients were postoperative sepsis (at a rate of 24 per 1,000), postoperative respiratory failure (18), pressure ulcers (3), and central venous catheter-related infections (2).

There was improvement in four of the measures over the study period: selected infections due to medical care, postop hemorrhage or hematoma, postop respiratory failure, and postop wound dehiscence.

But four indicators worsened: accidental puncture,

pressure ulcer, iatrogenic pneumothorax, and postop sepsis.

HealthGrades said it decided to undertake its first-ever review of pediatric safety because families and health care providers might not be familiar with the magnitude of errors in the pediatric population.

There are more than 6 million pediatric hospitalizations each year, 40% of which come through the emergency department.

Pediatric hospitals and programs largely have been overlooked or excluded from quality improvement efforts, according to the company.

The states with the best-rated pediatric safety performance were California, Florida, Iowa, Oregon, Utah, and Wisconsin.

Wide variation in quality was noted among the 2,080 hospitals that reported data.

HealthGrades conferred patient safety awards on 97 hospitals that had rates that were statistically lower than those of the other facilities studied.

Children at those hospitals had a 29% lower risk of experiencing

one or more of the events compared with patients at the other facilities.

A venture capital company, Vestar Capital Partners, recently agreed to purchase HealthGrades. ■

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