

2.14 PREVENTIVE CARE SERVICES

Introduction

Pediatric hospitalists take a generalist and preventive care approach to patient care in the inpatient setting, focusing on the provision of routine health care maintenance and the prevention of hospital-acquired conditions (HACs). Hospitalized children, particularly those with barriers to consistent access to health care, deserve a thorough review of items related to general well-child and preventive care, regardless of the reason for admission. Furthermore, safety research in pediatrics has consistently shown that hospitalized children, especially those with high medical complexity, are at great risk for adverse events. In this context, pediatric hospitalists in all practice settings must make efforts to eliminate unnecessary exposures and monitor for and prevent HACs.

Knowledge

Pediatric hospitalists should be able to:

- Summarize the current recommended vaccine schedules for pediatric patients, the indications, contraindications, and side effects for each vaccine.
- Explain typical patterns for growth and development of secondary sex characteristics and describe how to utilize growth charts and the sexual maturity rating scale to assess age-appropriate changes.
- List the developmental milestones for children of different ages and describe the components of commonly utilized developmental screening tools.
- List the elements of the HEADSS exam for adolescents.
- Explain the value of assessing for preventive health needs during the hospital encounter, attending to socioeconomic factors that may limit opportunities for these assessments in the ambulatory setting, such as access to healthcare.
- Discuss the impact of oral health on children with and without chronic medical conditions.
- Define the phrase hospital-acquired condition (HAC).
- List the common HACs affecting hospitalized children, such as central line associated bloodstream infections, catheter associated urinary tract infections, pressure injuries and wound infections, and surgical site infections.
- Describe proven methods to prevent HACs, with emphasis on the need for multiple grouped interventions (such as bundled care, clinical pathways, checklists, and others) to produce more complete and sustained change.
- Identify the HACs routinely monitored by their hospital safety teams.

Skills

Pediatric hospitalists should be able to:

- Complete a comprehensive physical exam, including anthropometrics, breast exam if applicable, and a genitourinary exam, to assess for appropriate growth and development of secondary sex characteristics.
- Perform and respond to needs identified by preventive care assessments, including:

- Immunization history, accessing immunization registries if available local records are incomplete
- HEADSS exam for adolescents
- Screening for: Developmental and behavioral needs; oral health; toxic exposure; growth including inadequate or excessive weight and obesity.

- Coordinate care with an interdisciplinary team to identify and address needs of patients with depression and/or suicidality.
- Coordinate care with an interdisciplinary team to identify and address needs of patients and the family/caregivers with at risk social determinants of health, such as food insecurity, homelessness, and others.
- Refer patients and the family/caregivers to appropriate institutional and community resources to address identified gaps in health care maintenance.
- Identify patients at risk for HACs upon initial assessment, taking the clinical presentation and level of medical complexity into account.
- Use evidence-based, bundled care practices to reduce or prevent HACs.
- Order appropriate interventions for the prevention of HACs and other clinical conditions, including:
 - Central line infections
 - Skin breakdown and pressure injuries
 - Deep venous thromboses
 - Gastritis, esophagitis, and related gastrointestinal conditions
 - Deconditioning
- Order appropriate interventions to support oral hygiene and ocular health.
- Assess the ongoing need for intravenous access, urinary catheters, and other tubes and lines when applicable, promoting removal as soon as they are no longer medically necessary.
- Evaluate the necessity of commonly ordered interventions in order to decrease or eliminate unnecessary exposures and risks for patients.
- Order vaccinations for patients where appropriate, indicated, and available, including annual flu vaccine.

Attitudes

Pediatric hospitalists should be able to:

- Appreciate the importance of reviewing the general health care of a child during hospitalization.
- Realize the value of communicating directly with a patient's primary care provider regarding healthcare maintenance concerns found and/or addressed during hospitalization.
- Maintain awareness of the risks of hospitalization, as well as risk management strategies, for pediatric patients.
- Recognize the importance of participating in care collaboratives to reduce harm beyond the immediate care setting.
- Appreciate the value of submitting patient safety data to appropriate sources for benchmarking in order to support overall preventive care strategies.

Systems Organization and Improvement

In order to improve efficiency and quality within their organizations, pediatric hospitalists should:

- Collaborate with hospital information systems to ensure accurate representation of relevant healthcare maintenance data in the electronic health record, such as immunization records, growth charts, and contact information for primary care providers.
- Advocate for access to primary care providers and community resources for children with health care maintenance gaps and social determinants of health risks identified during hospitalization.
- Collaborate with hospital administrators to ensure existence of referral processes for local and national developmental services resources.
- Lead, coordinate, or participate in the development of

effective surveillance tools and other quality improvement efforts to identify, prevent, or reduce the occurrence of HACs.

- Collaborate with hospital quality and safety teams to collect and share institutional data on HACs.

References

1. Stockwell D, Bisarya H, Classen DC, et al. A trigger tool to detect harm in pediatric inpatient settings. *Pediatrics*. 2015;135(6):1036-1042. <https://doi.org/10.1542/peds.2014-2152>.
2. Halvorson E, Thurtle D, Kirkendall E. Identifying pediatric patients at high risk for adverse events in the hospital. *Hosp Pediatr*. 2019;9(1):67-69. <https://doi.org/10.1542/hpeds.2018-0171>.
3. Rauch DA, Committee on Hospital Care; Section on Hospital Medicine. Physician's role in coordinating care of hospitalized children. *Pediatrics*. 2018;142(2): e20181503. <https://pediatrics.aappublications.org/content/pediatrics/early/2018/07/26/peds.2018-1503.full.pdf>. Accessed August 28, 2019.