

**Pediatric Section Business Meeting
Tuesday, January 29, 2002
San Diego, California**

The meeting was called to order by Richard J. Brill, Chair.

The treasurer's report was given by Rich Brill. It was noted that the section had not received the standard \$2000 from the SCCM for the past year because of budget constraints due to the move to Chicago. The beginning assets were \$2253.58 with revenue of \$695 and expenses of \$1000 giving an ending balance of \$1948.58

Elections were held for multiple positions. Tom Shanley was elected to become co-director of the Pediatric Refresher Course after his nomination was moved and seconded. Thanks were extended to Adrienne Randolph and Peter Cox for their work this year. Adrienne will stay on as Co-director for next year. Bruce Greenwald and Vicki Montgomery were nominated by the PAB to take the two At-Large positions on the PAB. Their nomination was moved and seconded. They were approved by the membership present. Stephanie Storgion's nomination as chair-elect was also moved and seconded. She was elected as the next chair-elect.

Changes to the by-laws with the immediate past-chair becoming the chair of the nominations committee was approved after being moved and seconded. The by-laws change will be forwarded to SCCM Council for final approval.

Rich Brill gave a report from Council noting that the move to Chicago was successful both organizationally but also financially. The SCCM has worked hard to upgrade the website which now includes the complete membership directory. The SCCM is working on developing an ICU verification process that will provide standards for accreditation of intensive care units. In addition, SCCM is meeting with both the leapfrog group and JCAHO to help develop new standards for JCAHO accreditation of ICU's. The first meeting with JCAHO is Feb 1, 2002.

Ann Thompson, outgoing SCCM President and Pediatric Section member, presented information on WFPICCS. She described it as a federation of international pediatric critical care societies. They are trying to develop initial terms for the representatives from various societies. Currently Ann Thompson and David Nichols represent SCCM. Their representation was confirmed by a vote of the membership present.

Alan Fields, outgoing chancellor of the ACCM, gave the report on the ACCM. There are several guidelines being finalized by the college including the guidelines on management of sepsis in pediatrics, admission and discharge

criteria for intermediate care units and guidelines for levels of care in PICUs. All have been completed and are undergoing editorial review. In the future the college will try to incorporate pediatric guidelines into existing adult guidelines. A plea was made for section members to get involved in the College. Pediatric representation in the College is an important.

Michele Moss reported from the AAP Section on Critical Care. She noted the new CPT code for critical care in children 31 days to 2 years was approved by the AMA Editorial Board and would be presented to the RUC next weekend. A workgroup exists in the AAP looking at procedural sedation. More information would be sought regarding this group. The AAP Section on Critical Care has developed a 4-hour coding course that would be conducted for the first time October 1, 2002 in San Diego, prior to the Pediatric Critical Care Colloquium. She noted the PICU guidelines were currently being reviewed by the AAP Board of Directors and should be approved within the month. She reviewed the program for the fall AAP meeting and mentioned the abstract deadline will be April 15th. Also the New Investigator Research Award information is available on the AAP website and the deadline for the brief outline is March 1st.

The report from the American Board of Pediatrics Sub-board on Critical Care was given by Richard Brill, because Jeffrey Rubenstein was unable to attend the Section business meeting. Discussion was held regarding the change in the recertification exam in pediatric critical care from an open book to a proctored, closed book examination. The reason for this change was noted to be due to pressures on the ABP from governmental and regulatory agencies to guarantee the integrity of the examination process. This pressure also came from the American Board of Medical Specialties. In the future there would be four criteria for recertification including the proctored examination – evidence of a professional license, web-based lifelong learning process, and evidence of competency in practice performance.

Randall Wetzel gave a presentation on the Virtual PICU database and its relationship with NACHRI. He noted the software was ready to be distributed as a CD with a users manual. The first 300 ICUs would receive the software free of charge along with limited user support. The data would be collected according to HIPAA regulations. 25 PICUs with >700 admissions per year would receive full support. Information can be located at www.picu.net or through Randall at rwetzel@chla.med.edu

Hector Wong presented information about the Pediatric Critical Care Genome Initiative that, if funded, would develop a genomic databank of septic shock patients. It will need multiple patients representing wide ethnic diversity. Blood samples would need to be submitted. He will broadcast more information when funding is secure.

Pat Kohanek, Editor in Chief of *Pediatric Critical Care Medicine*, gave a report on the journal. He thanked the membership for their submissions and reviews. In the first year 85% of the reviews were performed by the Editorial Board in order to establish quality. There are currently 1700 subscribers with the goal being "2002 in 2002". Section members comprise 600-700 of the subscribers. There are 1300 members in the section. He discussed that full text was available on line and the journal will be indexed soon.

A motion was presented and seconded for an option to be developed on the membership renewal to subscribe to the journal in addition to joining the section. The motion was passed by the membership present.

Carol Nicholson was introduced as the pediatric critical care representative at the NIH. Her goal is to develop a pediatric critical care network.

Rich Brill noted a letter has been sent from him as chair of the Section of Pediatrics in the SCCM and from Michele Moss as chair of the Section on Critical Care in the AAP to Astra-Zeneca with multiple questions regarding the use of propofol.

Multiple committee reports were given as follows:

1. Fellowship Directors – Stephanie Storgion

She noted that the match was again approved by the fellowship directors after a long and contentious discussion.

2. Internet Working Group – Barry Markowitz

He noted the PICU list and PCCM website continued. Both were 7 years old but no new suggestions had surfaced to upgrade the website.

3. Resident Education Committee – Mohan Mysore

He noted several PowerPoint presentations were available on the website developed by the committee. The website is located at www.picucourse.org. The committee has applied for a grant from the ACGME to support development of an online end of rotation examination.

4. Reimbursement and Coding Committee – Bruce Greenwald

He noted that the new critical care codes, 99293 and 99294, were approved and were going to the RUC next weekend to be valued. The transport codes, 99289 and 99290, had been given RVUs of 4.4 and 2.2 respectively but CMS had given them a value of 0 and made them level 2 codes. Revision of the codes to make them age based will be presented to the AMA Editorial Board in February. He also noted discussion was held regarding the financial feasibility of 24 hour in house coverage. A long discussion was held at the committee meeting regarding procedural sedation. A proposal was approved to encourage the AAP and SCCM to evaluate the codes for procedural sedation. Limited discussion was also held regarding participation of pediatric intensivists in managed care contracts.

5. Advanced Practice Nurses – Judy Verger

She noted that a manuscript was being written concerning their recent survey. Draft of a statement regarding advanced practice nurses in PICUs is being written. They are working with the ACCM on APNs in ICUs. She also noted that a board examination was being developed.

A new task force was formed to discuss advertising and promoting pediatric critical care to trainees to encourage them to enter the subspecialty.

Rich Brill turned the leadership over to Michele Moss, the incoming chair. The meeting was then adjourned.

Respectfully submitted,

Michele Moss, M.D., FAAP, FCCM
Chair-Elect, Pediatric Section
SCCM