Sustainability of Pediatric A&E Departments in a restrictive economic environment
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Member of numerous professional organizations, including the American Academy of Pediatrics, Academic Pediatric Association, American College of Emergency Physicians, Society of Academic Emergency Medicine, and American Pediatric Society.

Professor and Chair, Department of Emergency Medicine at UC Davis Children’s Hospital and Chair of the Pediatric Emergency Care Applied Research Network (PECARN)
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Professor of Pediatrics, Associate Director for the Division of Emergency Medicine and Director of the Pediatric Residency Training Programs at Cincinnati Children’s Hospital Medical Center / University of Cincinnati College of Medicine.
Numerous teaching awards. Under his leadership, the Cincinnati Children’s Residency Program received a nomination for “best practices” by the Pediatric RRC / ACGME
Due to our work and recruitment system, there can be great differences in clinical practice and we need to achieve more uniformity. How have you faced this problem in your hospitals? Have you any advice in regarding this question in relation to our system?

We are trying to involve the family in the care of the sick or injured child. Could you give us any practical examples of how the family can be involved in the diagnosis and treatment of their children? What recommendations can be taken from the most recent evidence-based research?
CHARACTERISTICS THAT DIFFERENTIATE THE SPANISH AND AMERICAN HEALTH SYSTEM

1. Access to the Health Care System

2. The Professionals’ Recruitment System

3. The Continuous Professional Development

4. No official Specialization Program in Pediatrics in the A&E Department

5. No possibility of providing Incentives

6. Lack of support for all areas of Research
A&E Departments are used by the public as the primary place of consultation of health matters in both Spain and abroad. This often means that the number of resources and staff in A and E departments are often insufficient. Patients with minor care needs are seen in the emergency department by the same staff who have to deal with seriously ill patients. What kind of recommendations, based on your experience could help to reduce this problem?

In our present economic situation there is no possibility of a budget increase, but we need investment to achieve improvements. In your opinion what is the optimum way to use limited resources? How can a reduction in expenditure be achieved whilst still ensuring up-to-date care of high quality? We are already trying to be as cost-effective as possible by practicing evidence-based medicine and we would appreciate suggestions based on your experience of how to implement this most effectively in our health system?
1.- How do you ensure in your centers that all members of the staff maintain their knowledge and skills at a standard to carry out their work well?

2.- As there is no specific training for emergency pediatric work, it is difficult to obtain real commitment from junior doctors on the MIR training program who spend time in the A and E department, especially those in the third and fourth year who have more experience. Can you give us any advice about how to obtain more commitment from these junior doctors?
One of the aspects that most appreciate is the speed of the families who go to the emergency room. Teaching of medical students and MIR doctors, together with research work carried out in the A and E department slows down the care process. How to reconcile this requirement of the families with educational and research activities in the emergency room?
Esker anitz