



Caring for kids: the big picture

Children are less likely than adults to be hospitalized, but when they are, their care is far more concentrated, complex and costly.

Critically ill children—especially neonates and young children with immature immune systems—are extremely vulnerable and require close monitoring, which means that pediatric hospitals like ours need to provide more clinical and support staff. Children also require different approaches to care. Many procedures require sedation or anesthesia when performed on children, since they're not as able to hold still, understand directions or withstand treatments as adults. Also, children have a lower tolerance for anesthesia and need more monitoring.



BY EILEEN SPORING, MSN, BC, RN, CNAA, senior vice president of Patient Care Operations and chief nursing officer

This means that more personnel are involved in most procedures, including anesthesiologists, doctors, nurses and Child Life specialists. And since our care providers work most closely with patients' parents, we staff more social workers and psychologists to support the families.

Caring for children also requires more materials, since supplies, equipment and medication all need to be customized to patients' sizes, which range from the tiniest of premature infants to teenagers. Specialized technology, such as our six pediatric heart-lung (ECMO) machines (which

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A network of care

Whether it's a cell phone company or a pediatric hospital, a great network depends on broad geographic coverage, reliability and customer service.

By creating partnerships with community hospitals throughout Eastern Massachusetts, Children's Hospital Boston enhances the community's—and the state's—ability to provide emergency, neonatal, inpatient and outpatient specialty services for children. More than 60 Children's physicians are based at eight hospitals—Beverly Hospital, MetroWest Medical Center (Framingham), South Shore Hospital (Weymouth), Winchester Hospital and Caritas Christi Health System hospitals, including St. Elizabeth's Medical Center (Boston), Norwood Hospital, Good Samaritan Medical Center (Brockton) and Holy Family Hospital (Methuen)—to provide the staffing and leadership required to operate these services.

Children's also operates three outpatient facilities in Waltham, Lexington and Peabody that offer specialized care in cardiology, gastroenterology, neurology, respiratory diseases, diabetes, orthopedic surgery, urology and other specialties. These facilities are staffed by more than 200 Children's physicians and other medical professionals who also practice at Children's in Boston's Longwood Medical Area.

Collectively, Children's community hospital relationships and outpatient facilities make up the Children's Network, along with 171 physicians in the Pediatric Physicians' Organization at Children's (see page 2). Prior to the launch of the Network nearly 15 years ago, pediatric services in the community were very limited. But today, through the formation of the Network, recruitment of talented physicians and provision of medical leadership and clinical expertise, Children's has brought comprehensive pediatric care to patients' doorsteps.

"We collaborate with the community hospitals in the Network to understand their needs," says Sandra Fenwick, chief operating officer of Children's. "We tell parents that we have 'brought



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About this publication

In *Advisory*, Children's Office of Child Advocacy shares the hospital's perspective on policy issues that affect pediatric providers and their patients. This issue explains our network of care and how we act as a safety net hospital for children throughout New England.



Advocating nationally

Caring for every child, regardless of the family's ability to pay, has been a mission of Children's Hospital Boston since its founding in 1869 as a hospital for poor, immigrant children. We've come a long way since then, and today most children from low-income families have access to health care through private insurance, Medicaid or the State Children's Health Insurance Program (SCHIP).

In keeping with our long-standing mission, Children's has partnered with Community Catalyst to launch a regional advocacy organization, the New England Alliance for Children's Health (NEACH), which advocates for expanding children's access to high-quality, affordable health care. Nearly 800,000 children in the region rely on public health care coverage and the six states receive close to \$340 million in SCHIP funding annually.

The campaign now includes more than 300 organizations and individuals who are dedicated to preserving and expanding SCHIP and protecting Medicaid coverage for children. Although SCHIP is still being debated by Congress, NEACH worked closely with the New England delegation, and 33 of the 34 members voted in favor of an SCHIP bill that would expand funding for this program by \$35 billion over five years.

NEACH is expanding its reach by working with the New England Council, the region's leading business organization, to hold focus groups and meet with business leaders to determine how it can engage business leaders in support of children's health. NEACH will expand its agenda to include issues of quality, care management and cost, and sees significant opportunities for improving children's health care in the next Congress.

Facilitating physician communication

Running a primary care pediatric practice is hard work: It's difficult to keep up with changes in medical practices, invest in new technology and tackle emerging health issues, like obesity and mental health. At the same time, primary care pediatricians are on the front lines of an effective care delivery system.

To support and learn from this group, Children's Hospital Boston created the Pediatric Physicians' Organization at Children's (PPOC), which allows primary care doctors and Children's-based pediatricians and specialists to share resources and best practices. It has implemented several disease management programs for pediatricians, including asthma, ADD/ADHD and obesity, many of which are seen as national examples of managing these conditions. Recently, the PPOC invested in an electronic medical records system to improve record keeping and the patient experience. As part of this process, the PPOC will build a pediatric-specific disease registry reporting module, which will improve clinical care across the network.

Partnering for health care reform

The National Association of Children's Hospitals (NACH), including Children's, has adopted a set of guiding principles to help ensure that the unique health care needs of children are addressed in legislation:

1. All children should have health coverage from birth through age 21.
2. Children's coverage should be comprehensive and reflect their unique health care needs.
3. Affordable coverage should be available to all children, regardless of where they live.
4. Children's coverage should provide access to appropriate care and a medical home.
5. Public and private insurance should work collaboratively to ensure continuous and seamless coverage for children.

6. Universal coverage for children requires a mix of private and publicly subsidized health insurance.
7. Reform is necessary to create a high-performance health care system capable of integrating services and aligning payment incentives with the delivery of high-quality care to improve health outcomes and control costs.
8. Universal coverage for children and system reform requires stronger federal standards and improvements in Medicaid and SCHIP.
9. Medicaid is indispensable to meeting the many long-term and personal care needs of children with special health care needs.



For more information on NACH: childrenshospitals.net

MEET OUR SPECIALISTS



Kathy Jenkins, MD, MPH, senior associate in Cardiology and director of Children's Hospital Boston's Program for Patient Safety and Quality (PPSQ), is a national authority on pediatric quality standards.

As director, she assesses hospital-wide clinical care activities and designs and implements quality improvement initiatives. Jenkins also serves on committees that are leading efforts to define and measure quality of care on a national level.



Advances in pediatric health care have led to an increase in survival of children with complex medical problems. **Laurie Glader, MD**, outpatient director of Complex Care Service, a program designed to address

the needs of children with special health care needs, has a long history of caring for these medically complex patients. She's involved in a national project to enhance the quality of life for children with disabilities through recreation and is medical director at the Cotting School in Lexington, a school for children with complex learning disorders.



Ted Sectish, MD, Children's residency director, is changing the way the hospital trains the next generation of pediatricians in primary care. Among his goals are helping young doctors spend more time

learning at patients' bedsides with senior faculty, potentially reducing duty hours and helping residents maintain a work-life balance. Sectish is also executive director of the Federation of Pediatric Organizations, a forum that provides a voice on issues of importance to children's health.

A network of care

Children's out to you,'" says Peter Short, MD, chief medical officer at Beverly Hospital. In fact, half of all Eastern Massachusetts pediatric admissions are made to Children's or one of our affiliated network hospitals. The Emergency Departments (EDs) that Children's physicians staff at five community hospitals are a case-in-point. EDs typically concentrate on adult cases, and most ED clinicians have more training and experience in adult care. Having Children's experts staff local EDs ensures that children get care that's tailored to their unique needs. "At the same time, when our patients require the level of care that can only be provided in Boston, the Network makes it a lot smoother to transfer a patient, since a Children's physician has been involved in the child's care," says Short.

The Network also helps keep the cost of care at a reasonable level. With health care cost pressures impacting both private and public coverage, Children's has been partnering with local providers to deliver more primary, secondary and consultative care in the more cost-effective community settings instead of Children's Longwood campus, which is designed to provide highly specialized care. For these patients, Children's provides high-end services that aren't available elsewhere in New England, serving not only as a regional referral center, but also as the hospital of last resort for many critically ill children.

Children's doctors also support pediatric specialists throughout New England by helping to train, recruit and consult with specialists in pediatric programs, including those at Hasbro Children's Hospital in R.I. and Dartmouth Hitchcock in N.H. But in the end, what matters most to parents and families is the comfort of knowing that they have access to the best pediatric specialists in the world, whether they live in Boston, Eastern Massachusetts or throughout New England.

Fast facts

- Children's provides medical care to more low-income children than any hospital in the state
- Children's is the #2 provider of inpatient pediatric care for children from New Hampshire
- 5,920 emergency cases were seen by Children's physicians at Caritas Norwood Hospital last year
- 12 Children's physicians work in the emergency department at MetroWest Medical Center, Framingham campus
- Children's Martha Eliot Health Center in Jamaica Plain has 55,000 visits a year
- 3,262 outpatient surgeries were performed at our Lexington location in (FY) 2007



cost about \$100,000 each and require an ECMO specialist to be in-house around-the-clock), require major hospital investments that can never be recouped—but save lives. All of these things significantly increase care costs, but lead to improved care.

At Children's, we've been working hard to document these costs every day and we're benchmarking them against other hospitals for children, locally and nationally. It's incumbent on us to examine our operational efficiency, so we're looking at areas where we could be using different resources that might cost less. Our Program for Patient Safety and Quality launched a broad-scale Discerning Children's initiative, which employs cost-trend analysis and benchmarking data to identify opportunities to improve quality and reduce costs.

One proven way to reduce costs is getting the right care to the patient at the right time and place. As we grapple with space challenges in our Longwood Avenue campus—from our overflowing Emergency Department (which has grown at an unprecedented rate of almost 10 percent this year) to our intensive care units—we're moving treatment of some children who require shorter hospitalizations into the community. This allows us to better target the use of the Longwood campus.

Our hospital Network is a crucial part of our ability to be a fiscally responsible organization, while allowing us to maintain the high standards Children's is known for. As we deliver care in the community, we are ensuring these standards are upheld. All of us at Children's are committed to delivering the right care at the right place at the right time—and the right place includes our entire system of care.

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BY THE NUMBERS

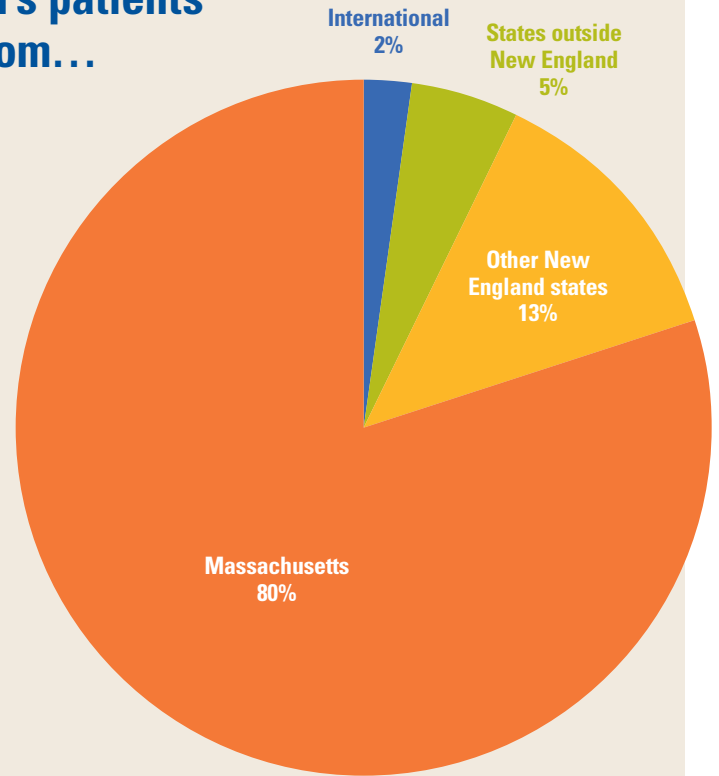
Children's invested **\$41.3** million in community benefits in (FY) 2007

In (FY) 2006, Children's treated **55** percent of all pediatric inpatient cases from Boston

About **30** percent of Children's inpatient cases are publicly covered or uninsured

More than **80** percent of the state's sickest children are cared for at Children's

Children's patients come from...



50 percent of Eastern Massachusetts' pediatric inpatients are seen at Children's or one of its Network hospitals

Advisory

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Editors: **Erin Graham and Josh Greenberg** | Contributors: **Paul Jean, Eileen Sporing** | Designer: **Patrick Bibbins**

300 Longwood Avenue, Boston, MA 02115 | 617-919-3055 | URL: childrenshospital.org | Email: advisory@childrens.harvard.edu



Children's Hospital Boston

300 Longwood Avenue, Boston, MA 02115



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