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The national experts in women and children's health care management consulting and facilities planning

www.smith-hager-bajo.com

VIRGINIA OFFICE

Judy Smith
19779 Spyglass Hill Court
Ashburn, VA 20147
Tel 703-726-9770
Fax 703-726-9771

RHODE ISLAND OFFICE

Judy Hager
42 Kensington Road
Edgewood, RI 02905
Tel 401-941-3374
Fax 401-941-3112

FLORIDA OFFICE

Kathleen Bajo
9075 Point Cypres Drive
Orlando, FL 32836
Tel 614-565-7172
Fax 407-876-8294

Birth Centers at Children's Hospitals: An Evolving Trend

Freestanding Children's Hospitals in the United States have traditionally not incorporated births as part of their service lines. While they usually have the highest level of NICU services in their communities, they are dependent on referring hospitals to send the neonates to maintain the occupancy of the unit. Many of these referring hospitals may also have some degree of NICU care available. The significant revenue associated with this service has reinforced hospitals' need to keep neonates whenever possible.

There were over 4.3 million infants born in 2008, in the United States, which indicates a volume driven increase of admissions into NICUs. Additionally, an increasing percentage of infants do receive some type of specialty care in a NICU as a result of increased multiple births and general mother, delivery-related and neonatal reasons. A recent *Pediatrics/Newsweek* report indicated that 12% of all births born, require NICU admission — which represents nearly 500,000 neonates annually.

According to the Agency for Healthcare Research and Quality:

- Five percent of the population accounts for almost half (49 percent) of total health care expenses.
- The 15 most expensive health conditions account for 44 percent of total health care expenses.
- Patients with multiple chronic conditions cost up to seven times as much as patients with only one chronic condition.

NICU care is a component of each of these three categories, as it provides very intense and expensive care over relative long lengths of stay — often more than 20 days of care.

In addition to the 50 or so freestanding major children's hospitals there has been a proliferation of free-leaning children's hospitals, children's "hospital with-

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in hospitals" or children's hospital pavilions (usually attached to main hospital) over the past 10 years. Nearly 200 of these "hospitals" have been built — propelled both by available philanthropy for a heartwarming concern and also because of the recognition that consolidation of children's care or regionalization of that care would equate to improved quality and outcomes. Nearly all of these other types of children's hospitals do have a NICU component (to complement the birth service in that hospital), which has added pressure to the major children's hospitals for competition to capture the infants to maintain the occupancy of the NICU. Additionally, these free-leaning, pavilion or hospital within hospital types of children's hospitals most often are part of larger hospitals or health-care systems, that have births as

a major service line — so the option to "intercept" the infants for the system owned NICU is likely, unless the care level by the neonate is only available at a free-standing children's hospital nearby.

Recognizing the potential of these changes in referrals, several of the freestanding children's hospitals have implemented an aggressive action plan that incorporates births as part of their total service line, in an effort to guarantee the continued success of their NICU. It is a major shift in thinking as they are now extending their definition of existence to address adult care.

Each of the major children's hospital that has implemented a birthing service line has taken a different approach. The drivers of the approaches vary from protecting market share to concerns about the distance and time required to travel between the birth hospital and the Children's Hospital NICU for the most fragile infants requiring specialty care. The approaches are profiled in this white paper with information that was taken from their individual websites and also discussed with hospital representatives when available.

There are many considerations for children's hospitals to address when pursuing this new service. Births are one of the highest liability services for a hospital and while births and children's services have existed in several freestanding hospitals for many years, many issues need to be addressed.

EXISTING CHILDREN'S HOSPITALS THAT PROVIDE BIRTHS

The existing freestanding women and children's hospitals include:

~ Women and Children's Hospital of Buffalo (NY) (WCHOB)

This hospital has been in existence for over 115 years and is located about 3 miles from the main hospital. They have utilized pediatric sub specialists and Internal Medicine physicians (trained in pediatrics) who are based at the Women and Children's campus, to provide emergency care for a woman should she need it. There is no adult intensive care unit in this hospital. WCHOB, a Kaleida Health facility and teaching hospital for the University at Buffalo School of Medicine & Biomedical Sciences, is the regional center for pediatric, perinatal and obstetrical services in western New York. The hospital provides prenatal classes through Destination Maternity, Genetics counseling, high-risk antepartum care and outpatient preventive care.

~ USA Children's and Women's Hospital (Mobile, AL)

This hospital has been in existence for over 20 years and is located several miles from the main hospital. They utilize adult sub specialist care from an adjacent hospital for emergencies, with physicians who are on both staffs. The hospital provides full birth services, gynecology services, prenatal care clinics and is currently planning a maternal intensive care unit. They are affiliated with the University of South Alabama Medical School.

~ Kapi'olani Women and Children's Hospital (Honolulu, HI)

Queen Kapi'olani initiated this hospital in 1890 and it is the state's only hospital dedicated to women and children. It is affiliated with the University of Hawaii School of Medicine and part of the Hawaii Pacific Health, a multi-hospital system on the islands of Oahu and Kauai. They provide a full range of services for women including birth, high-risk antepartum care, gynecology, gynecologic oncology and breast care. They provide outpatient women's services, preventive/screening services and adult hospitalists also.

~ Women and Children's Hospital of Lafayette, LA

This 110-bed hospital was opened in 1983 and is the only dedicated women and children's hospital in Louisiana. The hospital provides birth services, high-risk perinatal services, gynecology and breast care services.

SIGNIFICANT ISSUES FOR CONSIDERATION

The following list identifies key issues that children's hospitals face when considering the addition of a birth service.

- What will be the immediate access to adult sub specialists, when needed or for consultation?
- How will they right-size the numbers and types of rooms needed for birthing, given the peak and valley nature of the service?
- So they have access to simulation modeling that can best determine the impact of cesarean birth rates, induction rates, etc. on the number and types of beds for the unit?
- How will they accommodate the trauma obstetric patients?
- How will they accommodate the pregnant patient in the emergency room?
- Availability or access to general OB/Gyn physicians?
- Accommodation of maternal high-risk patients – Will there be an intensive care unit for mothers?
- Will they have 24 hour dedicated anesthesia for obstetric patients?
- How they will manage the adult code in the unit?

- Do they need to have nurse midwives available?
- Where will mothers with a fetal demise be located?
- What type of upscale/comfort features will be made available for the women and her family when she is a patient at the hospital?
- Will they provide lactation support?
- What types of technology are needed?
- What types of operational efficiencies need to be built to assist the nursing staff – What nursing model will they implement?
- Do they plan to limit their scope of services?
- How will they market their services to the community?
- How will they competitively position their services with other birth service hospitals in their target area?
- How do they plan to recruit nurses and maintain their skill levels?
- Will the same staff provide adult and children's ancillary services such as respiratory therapy and imaging?
- Will the staff be cross trained for both labor/delivery and post partum services?
- How do they plan to fiscally present this service to their board when it may not also bring the more lucrative gynecology services?

FREESTANDING CHILDREN'S HOSPITALS ARE INITIATING BIRTHING SERVICES

The following children's hospitals have made birthing services a priority in development or implementation and provide different approaches and selected populations to target.

~ The Children's Hospital, Aurora, CO

In November 2008, The Children's Hospital (Denver) and the University of Colorado Hospital announced a letter of intent to develop a maternal-fetal and neonatal medicine program to be located at The Children's Hospital. They plan to provide care and treatment for high-risk mothers and have already delivered several infants with serious heart conditions at The Children's Hospital. The goal is to have a single maternal service on the campus, potentially relocating it from the University Hospital into The Children's Hospital.

~ Akron Children's Hospital, Akron, OH

Akron Children's Hospital established the D. Gary Benfield, M.D., Regional Fetal Treatment Center in 2002 to provide seamless, coordinated care for mothers. The center provides expertise in all facets of pre-conception care, prenatal diagnosis, reproductive genetics and prenatal treatment for the mother carrying a fetus with a potential or confirmed genetic condition or birth defect.

There are no inpatient birthing services at the hospital at this time.

~ Children's Hospital of Philadelphia, PA

The Garbose Family Special Delivery Unit is the first birth facility designed for mothers carrying infants with known birth defects. The 8-room LDRP unit is housed within the children's hospital with immediate access to the NICU. The high amenity unit has wireless access for parents, sleep areas, lactation support, dedicated OB nursing staff and hotel-like accommodations. This unit has ultra high tech services available such as two adjacent operating rooms equipped for cesarean births and fetal surgery. A third OR can be used for both fetal surgery and cardiothoracic surgery. The surgical teams have immediate access to MRI equipment. Resuscitation rooms are located on the mother's floor and most radiologic studies such as ultrasound, sonogram and fetal echocardiogram all take place on the unit.

~ Texas Children's Hospital, Houston, TX

The Maternity Center at Texas Children's Hospital will open in mid-2011 in a facility that is adjacent to the current Children's Hospital. The facility will focus on high-risk births and is targeting 5000 births in the Houston area. Texas Children's Hospital currently operates the largest NICU in the country. With the focus on high-risk pregnancies, the hospital intends to provide advanced fetal surgery, fetal cardiology and infertility and genetics services. The new facility will have 15 floors, over 720,000 square feet and 102 beds.

~ **Loma Linda University Children's Hospital,
Loma Linda, CA**

Loma Linda University Children's Hospital has an 8 bed LDR and 20 bed, private room "Total Care Birth Center, located in one wing of the hospital. The hospital has 24 hour in house adult anesthesia and OB/Gyn physicians and focuses on both high risk and low risk births. The service also accommodates antepartum stays under the auspices of the maternal-fetal medicine physicians.

~ **Monroe Carell Children's Hospital at Vanderbilt
University Medical Center, Nashville, TN**

The children's hospital at Vanderbilt University is currently developing a 4000 annual birth service facility to be part of the hospital, which opened in 2004. The hospital will be an LDR facility with antepartum and post partum rooms and will focus on both high risk and low risk births. Gynecology services will not be a part of this facility.

~ **C.S. Mott Children's Hospital, Ann Arbor, MI**

This hospital is currently building a new facility and will open in 2012. The new wireless and paper -light 1.1 million square foot hospital will be renamed the C.S. Mott Children's and Women's Hospital where the University of Michigan will provide comprehensive birthing services to women. There will be 50 LDRP rooms for women to give birth and the NICU will grow from 40 beds to 46 beds.

~ **Ann and Robert Lurie Children's Hospital,
Chicago, IL**

The new 1.25 million square foot, 313-bed children's hospital will open in 2012, as a Gemini-building complementing and connecting the 1 million square foot Prentice Women's Hospital. Both hospitals are part of the Northwestern University Medical System. Prentice Women's Hospital is a comprehensive women's facility with a 13,700 annual birth capacity. While the two hospitals are independent, they are adjacently positioned so that services for high-risk mothers and neonates will have seamless care.

Although children's hospitals have maintained relatively non-competitive positions in their communities, this step into adult medicine could present challenges from the other birth hospitals in the area. Recent activities indicate that this emerging trend seems to be gaining momentum in the United States.