



## Dayton Children's Level III NICU Position

August 24, 2010

While we understand Mr. Manchur's recent comments regarding their strategy, our position remains unchanged. Additional Level III Nursery beds and neonatal services in the Dayton region, given the current environment, are unnecessary duplications of services that will not add quality and will only serve to fragment vital pediatric services.

We consider both Kettering Health Network and Premier Health Partners to be excellent hospital systems and health care providers. We have a great deal of respect for their professional staffs and we understand their desire to compete and offer a comprehensive network of services for their patients.

Dayton Children's has always worked to be great partners with the adult care providers in our region. In the 80's and 90's we worked with the adult care hospitals as they closed their pediatric units and we consolidated care at Dayton Children's as a means to improve quality and better utilize community resources. In fact, Dayton Children's continues to provide neonatal and pediatric transport services and neonatology and other pediatric subspecialty care support to Southview, Atrium, Upper Valley, Community Mercy Springfield, Clinton Memorial, Wilson and Miami Valley and Kettering upon patient request.

However, now we see adult care hospitals expanding their services back into this small, highly specialized piece of pediatrics (level III care) as an attempt to compete with other adult hospitals and to gain a greater share of the market. Our concern is these efforts in newborn care can come at the expense of their young patients and families.

Children are different and their needs are unique. They are not just little adults, and this type of competition exposes the most vulnerable of children – critically ill newborns – to a battle that is not in their best interest or the best interest of any of the children in our region. As not-for-profit hospitals, all of us have to remember that this status comes with a price; the price is that we must always do what is in the best interest of the patients and the community.

Our mission directs us. We are here to care for children and our adult care colleagues need to take pediatrics out of adult care system obstetrics program competition. Level III neonatal care requires a wide range of pediatric subspecialists and is separate from adult obstetrics programs. It's not about market share; it's about what's best for children. At Dayton Children's all we do is care for children, and the talent and skill of our gifted medical professionals as well as our proven successes clearly demonstrate that seriously ill newborns need to be at Dayton Children's. While other facilities treat a handful of newborns and children, we treat thousands – over 265,000 visits each year. Last year our experts in the designated Level III NICU provided the highest level of care available in the region for 485 critically ill newborns – more than any other provider.

Our children need a strong children's hospital, not more competition. Most people don't realize that children's hospitals are rare. Of nearly 6,000 hospitals registered with the American Hospital Association in the U.S. only about 250 are children's hospitals. Of these, only 50 are free-standing acute care children's hospitals. **Dayton Children's is one of those 50.** Our children deserve to have this asset here without having to drive to Cincinnati or Columbus.

## **We are often asked, “Why won’t Dayton Children’s help Kettering become a Level III?”**

For us it’s about what’s best for children. Kettering Health Network is a great system and we have the utmost respect for their leadership, medical professionals and staff. This divisive debate is not what we want and certainly doesn’t get us closer to what we all say we want: high quality, efficient health care for our community.

We have successfully worked with hospitals in the Kettering system for years and continue to provide the same level of care and service to babies in the Kettering nurseries as that given to other level II nurseries. For example, cardiologists on staff at Dayton Children’s have gone to Kettering and radiologists on staff here provide consultations via digital radiography. Our experts are always available for telephone consults and our mobile neonatal transport team stands ready to transport any baby needing higher level care such as surgery or testing to our level III NICU - something we do every day for hospitals throughout the region. Our team will also attend births if requested. We are only a short distance and telephone call away. In fact, for more than 30 years, we have provided education, training, consultation, and quality monitoring across the entire region to support levels I, II, and III programs.

Regardless of where they come from, pediatric subspecialists are in short supply throughout the country. We are fortunate to have a full complement of pediatric specialists at Dayton Children’s, and spreading them out across many providers’ only further stretches these vital resources. In addition, critically ill newborns often need multiple pediatric experts, pediatric equipment and technology, and medical professionals who are specially trained and experienced in using them and we have all that at Dayton Children’s, just a few miles away from both systems.

In addition, the quality research is clear. Studies on neonatal quality show that quality suffers when these highly specialized services become competitive and volumes are small. Perhaps if Dayton were a market that was growing rapidly and the numbers of babies were growing, we would be having a different conversation. However, births in our region are declining.

- 15% fewer births per year in 4 county area today versus 20 years ago
- 20% fewer births per year in Montgomery Co versus 20 years ago
- Since Jan, 2010, monthly births at GDAHA hospitals have been 5-9% lower than same month last year - averaging 7% lower Jan-June

So based on all this, we still believe that additional Level III Nursery beds and neonatal services in the Dayton region are unnecessary duplications of services that will not add quality and will only serve to fragment care for children.

As always, we stand ready to work with adult care hospitals to provide the very best care for children and we continue to try to keep the lines of communication open so that we can all do what’s right for children.