Children’s Hospital and Regional Medical Center

Citizen’s Advisory Committee Meeting

July 18, 2007
Agenda

1. Initial Welcoming Remarks and Overview of Children’s Strategic Plan (Tom Hansen, MD)
2. Introductions (Steve Sheppard)
3. Overview of Major Institutions Code and Process (Steve Sheppard)
4. Children’s Hospital Presentations
   A. Children’s 15-20 year growth projections (Sandy Melzer, MD)
   B. Emergency Department (Ruth Benfield)
   C. Overview of concept plan (Ruth Benfield)
5. Campus Tours (Children’s guides)
Our Mission

We believe all children have unique needs and should grow up without illness or injury. With the support of the community and through our spirit of inquiry, we will prevent, treat and eliminate pediatric disease.
• Freestanding University Affiliated Hospital (Boston, Philadelphia, Cincinnati, Houston)

• Only 45 in US  <1% of all hospitals

• Care for 12% of all hospitalized children

• Train 25% of all pediatricians and 50% of all pediatric specialists

• 67% of patients have chronic illness
Satellites, Outreach, Hospitalist NICU & Telemedicine Programs

Children’s Hospital Regional Service Area
Patient Statistics – FY 2006

222,787 patient visits:
169,968 outpatient visits
31,852 ER visits
12,325 admissions
10,493 surgeries
100 Year Old Promise To The Community

We will provide high quality health care to all children in our region regardless of their family’s ability to pay.
Uncompensated Care

<table>
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<th>Fiscal Year</th>
<th>Dollars (Millions)</th>
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Key Components of Seattle Children’s Strategy to be the “Best”

Become the *institution of choice* for children’s healthcare needs in WAMI

Become the *nationally recognized leader* in pediatric health
Key Components of Seattle Children’s Strategy to be the “Best”

- **Build programs** that set national standards for quality of care.
- **Drive clinical growth** by improving access and service.
- **Prevent, treat and eliminate** pediatric disease.
- **Recruit and retain** the best people.
- **Develop next generation of pediatric health-care leaders.**
- **Secure Children’s financial future.**
Build programs that set national standards for quality of care

- Track, compare, and showcase our clinical outcomes.
- Guarantee that all programs are regionally excellent.
- Establish programs that are nationally prominent.
Ranked 12th in the *U.S. News & World Report* 2006 survey & #15 in *Child Magazine*
8-year-old Portland boy gets rare intestine transplant at Children's Hospital
By Warren King
*Seattle Times medical reporter*
A World Class Craniofacial Program

- Surgical Orthodontist
- Nasoalveolar Molding (NAM)
- Neonatal distraction
- Plastic Surgery Recruit
Outcomes for Children with Cancer

Five Year Survival of Cancer Patients, Age 0-19
Diagnosed 1985 Through 2001

Children's  National

- All Cancers
- Acute Lymph. Leukemia
- Brain Tumors
- Hodgkin Lymphoma
- Neuroblastoma
- Non-Hodgkin Lymphoma
- Wilms Tumor
- Ewings Sarcoma
- Osteosarcoma
- Soft Tissue Sarcoma
Feb. 7-- Toddler receives this region’s first ever mechanical heart implanted in a child under five.

March 22-- successful transplant
Drive clinical growth by improving access and service to families and physicians

A hospital environment that supports:

- **Patient safety**
  - Reduce the risk of infection

- **The most advanced technology**

- **Improved access to care**
  - Reduce wait times and diversions

- **Family-centered care**
  - Ensure patient privacy and space for families
We provide care at 25 sites throughout the WAMI region

Outpatient Sites in Bellevue, Everett, Kent

- Specialty Care
- Outpatient Surgery
- Urgent Care
- Laboratory
- Radiology
Prevent, treat and eliminate pediatric disease

- Increase research space
- Grow research programs in areas focused on research or clinical excellence.
- Recruit and retain outstanding faculty.
Finding Preventions & Cures

For the single gene defects
- Cystic Fibrosis
- Sickle Cell Anemia
- Muscular Dystrophy
Finding Preventions & Cures

- For Preterm Birth: The number one killer of infants worldwide
Recruit and retain the best people

• Be the employer of choice in the region
• Recruit and retain the most talented health-care providers.
• Focus on cultural competency and develop a diverse workforce.
• Offer professional and staff development opportunities.
The 7th best place to work in Seattle

CHILDREN’S: THE EMPLOYER OF CHOICE

CHILDREN’S HOSPITAL AND REGIONAL MEDICAL CENTER

Top treatment for tots

No kid enjoys going to the hospital. But that hasn’t deterred the staff at the Children’s Hospital of Seattle from trying to make each visit bearable. The dress code, for example, is rainbow casual, with nurses and doctors abouting through the brightly lit hallways in a Crayola mix of attire. Kids are likely to say a clown playing guitar, a therapy dog making its rounds, or get a Mickey doll from the big mouse himself. Add to that a kids’ room overflowing with toys and a teen center with arts-and-crafts stations and video games.

The commitment to pleasant visits for gen-age patients translates into employee satisfaction. “You try to create an environment that’s as unthreatening as possible,” says Eric Harvey, pharmacy quality manager. “It helps the kids, but it lifts the employees’ spirits as well.”

Benefits: 

- Unique perils: Huge transportation benefits, local discounts.
- Employee: 35+.

Getting in: It’s obvious. Just insiders say make sure you can handle kids of all kinds—rambunctious, withdrawn, and often very, very sick.

Employees’ spirits are also boosted by ue benefits—100 percent medical, tuition reimbursement, and domestic-partner coverage. Plus the hospital’s transportation department offers a host of perils, monetary incentives for walking or biking to work, and free parking for carpoolers. Employees also get discounts at local gymnias, sports restaurants and great eats on movie and theater tickets.

Despite all the great perks, the real draw at the hospital is and always has been the chance to help the kids. “No matter how crazy or hectic it may get,” says internal communications manager Melissa Hughes, “it feels good to work for an organization with such a compelling mission.”

Career Advice

“Never reveal your current salary because you lose your negotiation power when you do. Also never be afraid to ask for more once a job has been offered. That’s the way the world works; simply say, ‘I was expecting a little more.’”

-Robin Leaven

For more tips on finding success in nursing, check out Robin’s book, Soaking in Your Stitches.
Develop the next generation of pediatric health-care leaders

- Educate future providers
- Recruit through our training programs
- New subspecialty fellowship programs
- Offer creative educational programs to improve expertise of health-care professionals
We offer fellowships in 70 specialties

67% of our faculty trained at Children’s
50% of community pediatricians trained at Children’s
Secure Children’s financial future

- Target investments to drive clinical growth.
- Use “lean” processing to eliminate waste and control costs.
- Expand philanthropy through community engagement.
Citizen’s Advisory Committee

Thank You
Nationally, inpatient demand for pediatric diseases is estimated to grow 3.1% annually through 2010. Causes include:

- Increased severity of pediatric illnesses
- Increases in prematurity and low birth weight
- Increased prevalence of chronic conditions, e.g., diabetes and development disorders
- Growing prevalence of obesity which complicates care
- More patients surviving childhood diseases and utilizing health care services longer
- Single bed rooms needed to control the potential spread of infectious diseases
Local Trends in Pediatric Care

Children’s experience is similar to national data

• Increases in length of stay among Children’s patient population
  — Many are survivors of severe childhood conditions such as cancer, cystic fibrosis and prematurity

• Outpatient visits have grown 11% over the last four years
  — Visits increased by 5,000 visits from 2005 to 2006
  — New ambulatory care building is already at capacity

• Demand may actually exceed national projections due to population growth
  — Kitsap county, with 30% childhood population exceeds national average (27.5%)
Children’s Needs to Grow to Meet Demands for Pediatric Health Care

- Currently running at high occupancy (75% YTD)
- Children’s regional specialty care programs are attracting more patients
- Need to move from double-bed rooms to single-bed patient rooms
- Evolving medical technology requires more hospital space
Existing Occupancy Rates

• Currently the hospital has an average occupancy of 94% using all rooms as single rooms and 75% using all double beds available.

• Because of the highly unpredictable nature of pediatric illness the recommended average occupancy level is 65%
  – Specialized nature of beds
  – Length of stay leading to beds needed for overlap time
  – Wide range rather than “average”
Projecting Future Bed Needs

- Children’s has analyzed factors impacting hospital utilization including:
  - Population Growth
  - Length of Stay (LOS) by disease type
  - The impact of increased access

- Using this method, the projections for growth on the Laurelhurst campus are for a need for roughly 500 to 600 beds over the next 15 to 20 years or more

- This means 250-350 new beds
15-20 Year Hospital Growth Projections
Hospital Growth Projections, Cont.
What questions do you have?
Emergency Department

• 24-hour, seven days a week care for children in an acute or crisis situation.

• Pediatric emergency medicine physicians handle all types of pediatric emergencies except major trauma.
Emergency Room: Future Configuration
Existing Campus
Emergency Room: Future Consideration
ED & Clinical: Floors 3 & 4
Concept Plan: Site Aerial View
Concept Plan: Existing Campus and Hartmann Building and Facilities
Concept Plan: Proposed Campus and Hartmann Building and Facilities
Concept Plan: Existing Major Institution Overlay with Heights

LEGEND
- MIO Height District
- Setback
- Roadways
- Buildings

ZONING
- SF 5000  Single Family Residential
  - 30' height limit
- LDT  Lowrise Duplex Triplex
  - 25' height limit
- L3  Multi Family Residential, Lowrise 3
  - 30' height limit
- L2  Multi Family Residential, Lowrise 2
  - 25' height limit
- NC2-30  Neighborhood Commercial 2
  - 30' height limit
- NC2-40  Neighborhood Commercial 2
  - 40' height limit

EXISTING MAJOR INSTITUTION OVERLAY WITH HEIGHTS
Concept Plan: Proposed Major Institution Overlay with Heights
Concept Plan: Existing Building Elevations
Concept Plan: Proposed Building Elevations
Concept Plan: Proposed Hartmann Building Elevations
Concept Plan:
Considerations from Early Community Input

- Design and locate future structures to minimize size and height
- Consider future developments off-campus
- Minimize transportation and parking impacts, including helicopter and ambulance trips
- Minimize impacts such as light, noise, and drainage
- Balance landscape buffers and community use of open space
Seattle Children’s Hospital Master Plan website:

http://masterplan.seattlechildrens.org/