## Norfolk children's hospital could be model for Richmond

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As pediatricians and supporters rally around building a free-standing, independently operated children's hospital in Richmond, Children's Hospital of The King's Daughters, the only such facility in the state operating under that model, is marking more than 50 years of child-centered care in Norfolk.

That hospital has been around since 1961.

"There is a dramatic difference between the adult hospital world and the children's world," said James D. Dahling, president and chief executive officer of the hospital.

"To give you an example, we have child life specialists. We have social workers dedicated and trained in the dynamics of a family, how to get financial aid. We have schoolteachers. We have 20-some schoolteachers within the walls of our facility to be sure children's education does not fall behind. Our staffing ratios, for nurse to patient, are frankly the highest in the state. That's not because we want to waste money, but that's because that's what the needs of children dictate.

"Having an independent corporate structure allows you to make those decisions and make those decisions within the financial capability that you have," Dahling said. "We see that there is a distinction. The community here has recognized that there is a distinction, and thus we are the predominant provider of pediatrics in this market."

This is what all the fuss is about in Richmond.

The group of doctors known as Pediatricians Associated to Care for Kids has taken its case to the Richmond community, running full-page newspaper advertisements and more recently radio spots. The "noise," as pediatrician Melissa Nelson describes the awareness, is growing.

"The (media) campaign has ... also increased the grass-roots effort, which has been really exciting for us," said Nelson, spokeswoman for PACKids.

"I am encouraged and excited about how the community has embraced this. And I knew they would," she said.

This is not the first time the idea of a free-standing children's hospital has surfaced for the region. It is, though, the first time recently that the conversation has extended to the degree it has beyond hospital boardrooms.

Bon Secours Richmond Health System has thrown its support behind the effort, but the other two major hospital systems, Virginia Commonwealth University Health System and HCA Virginia Health System, have not.

As it is now, all three major hospital systems have a significant share of the region's pediatric inpatients. HCA Virginia's three area hospitals with pediatric inpatient beds — CJW Medical Center, John Randolph Medical Center and Henrico Doctors', collectively had more than a third of the Richmond region's pediatric inpatients in 2011, according to data from Virginia Health Information, a nonprofit, private agency that has a contract with the state to collect and report health data.

Bon Secours' four area hospitals have about a third of pediatric inpatients, while VCU Health System has about a fourth of the region's pediatric inpatients but the most of any single facility.

The VCU Health System has invested significantly in children's services: It has acquired the small, specialty Children's Hospital on Brook Road in Richmond, and it is building an outpatient children's pavilion with an attached parking deck on Broad Street on the MCV Campus. The VCU Health System also has medical residency programs in which future pediatricians and other specialists train.

"The door continues to remain open," said John Duval, chief executive officer of MCV Hospitals, part of the VCU Health System.

"We continue to believe that a hospital dedicated to children has to be based on sound business principles and sustainable. We will still have a duty to be accessible to all children, and our academic and research missions have to be preserved," Duval said.

Nelson, who earned her medical degree at VCU before doing a pediatrics residency and fellowship elsewhere, remains hopeful. A children's hospital in the community, Nelson said, is on the must-have list of many pediatric specialists as they consider where to set up practice.

"It would be tremendous for VCU's Pediatrics Department," Nelson said.

"All children's hospitals have done terrific things for the Pediatrics Departments. It's not what VCU is going to do for the children's hospital. It's what the children's hospital is going to do for VCU."

Locations that have been mentioned as possible sites of a new children's hospital include Short Pump, West Creek, Interstate 64 at Staples Mill, and Brook Road where the smaller Children's Hospital of Richmond at VCU is located. West Creek and Short Pump are not on the bus line, which could pose challenges for families without personal transportation.

Nelson said PACKids has no preference on location except that it's accessible and the best location the group can get.

"The good news, based on the study that the Children's Hospital Foundation paid for, there are multiple good sites," Nelson said. "You need to build it in a place where there is room to grow."

The Children's Hospital Foundation, initially created to support the Brook Road children's hospital, became independent when VCU acquired the hospital.

**King's Daughters** in Norfolk draws patients from throughout Hampton Roads, the Eastern Shore and northeastern North Carolina.

The hospital was started by a service group called The King's Daughters, a group of visiting nurses and volunteers who in the early 1900s opened a children's clinic in Norfolk. Later, after years of struggling to meet a growing need, the group was able to get a federal grant. With additional help from community fundraising, the group built the first King's Daughters hospital, an 88-bed, three-story facility that cost about \$1 million and opened in 1961.

The hospital today is in a medical complex that includes Sentara Norfolk General Hospital and Eastern Virginia Medical School. It is near downtown, on the bus line and within blocks of the city's new light rail train, The Tide. The EVMS Department of Pediatrics operates out of King's Daughters, and they partner to train new pediatricians.

"Every market is different," said Dahling, the CHKD president.

"Here, it's important to realize this is a 50-year evolution. When we started, we as an institution, we were obligated to work with some of the adult systems. We could not build everything we wanted to have. It's taken 50 years. We have now gained the support of the community at large. We are a regionalized care-delivery system. All of the other health systems have given up their general pediatric services."

The hospital's board of directors includes leaders from the business and faith communities and representatives from The King's Daughters, which continues to operate as a nonprofit focused on promoting pediatric wellness and fundraising for the children's hospital.

"We do all the time partner with adult providers in town," Dahling said, explaining that even though they operate independently, they aren't isolated.

"The maternal-fetal medicine doctors who are physicians of Eastern Virginia Medical School practice their high-risk obstetrics program at Sentara Norfolk General. The babies that are born there through that program who require the level of care provided at CHKD come across a walkway into CHKD transported by our team," Dahling said. "It's a very collaborative working relationship that I think results in the highest quality of care for those very compromised babies."

He added: "We have other relationships. We are talking to a variety of other institutions in our community about what can we do together."

Fundraising is constant. About half of the hospital's patients are covered by Medicaid. On any given day, about 140 of the hospital's beds are filled with patients, about a 68 percent occupancy rate. Dahling said they have "dramatically" shifted many services to the outpatient arena.

The hospital had a financial margin of 12 percent for the fiscal year that ended June 30, 2011, according to Virginia Health Information. The hospital's 2012 annual report on the website reports a margin of 5.6 percent.

**Kari Lewis has been** at CHKD for 24½ years, the past four as director of pediatric social work, which oversees the child life specialists.

"Helping children make sense of what's happening to them in the hospital is a big part of what child life does," Lewis explained. "Because they work with things most adults would consider toys, people might think of them as the 'play people' in the hospital. But they are very important members of the medical team."

Lewis is full of anecdotes that illustrate the importance of that child-centered focus in words and deeds.

One story she tells is of a phlebotomist who walks into a child's hospital room and innocently says to a 5-year-old boy, "I'm here to get your blood," meaning, of course, a tiny sample of blood. The little boy doesn't hear that.

"The 5-year-old thinks they are going to get every drop he had. So the 5-year-old said, 'When am I going to die?' "Lewis remembers. Another time there was a child who heard the "di" in diabetes and wondered how soon death would happen.

"Knowing the child development background and knowing how literal kids are is vital to understanding how to care for them," Lewis said. "We all work hard to develop our ability to communicate well with children. It's part of our culture."

TLsmith@timesdispatch.com

(804) 649-6572