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## Pediatric care shrinks across California

More than 800 beds were lost from 1998 to 2007, with roughly half of those cuts in Los Angeles County.

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Within two hours of Roman Rodriguez's birth in Fontana, ambulances rushed him to Childrens Hospital Los Angeles, 50 miles away. State-of-the-art equipment kept the newborn alive as doctors performed five surgeries to repair intestines that had wiggled through a hole in his diaphragm and landed on his right lung.

Roman—who had spent every day of his young life at the hospital in Hollywood—was still on oxygen, with more surgery possible, when doctors told his mother in early December that it was time for the 6-week-old infant to leave. They needed his bed for a sicker child. He was transferred to a nearby hospital that dedicates far fewer resources to pediatric care.

"Now it's like he has to start all over again, which is very difficult for us and for him," his mother, Crystal Carmen, said at the time.

Three weeks ago, after five more surgeries, Roman moved yet again, this time back to the hospital in Fontana where he was born.

"It's nicer," Carmen said of the shorter commute. "We just feel that if he [had stayed] at Childrens, he would be home already."

This is the juggling act of pediatric care in California, where parents and medical professionals are grappling with a significantly diminished network of care for the state's 10 million children.

In the last decade, even as the number of children has grown, more than 65 hospitals have either eliminated their children's units or shut down altogether. More than two dozen others have reduced the number of beds for children. Most counties north of Sacramento now lack even a single dedicated pediatric bed.

In all, more than 800 inpatient children's beds were lost from 1998 through 2007—a 19% drop, a Times analysis found. More than half of those losses have been in Los Angeles County, where dozens more pediatric beds have been eliminated since. The analysis did not look at intensive care beds for children and infants.

Concentrating children's services at specialized centers can sometimes provide better care. Sick children are not equivalent to smaller-scale adults. Their treatment requires particular training and equipment. But the widespread loss of pediatric beds appears to be driven more by financial pressure than any shift in medical protocol or practice.

Policy experts, nurses and many pediatricians worry that young patients are now concentrated at too few hospitals, even with more children being treated as outpatients.

Hospitals have cut back on services for children without serious, coordinated analysis of how the losses statewide could affect the quality of care, particularly with many

regions expecting a population increase. With the economic downturn forcing even more hospitals to the brink of closure, the condition of the children's healthcare system in the state reflects the ad hoc manner in which many decisions affecting life and death are made, according to healthcare experts.

"In California, things are a mess," said pediatrician Paul Wise, a children's health policy researcher at Stanford. "There seems to be a lack of any coherent monitoring or oversight."

Faced with shrinking budgets, many California hospitals have been forced to shift resources toward adults, who receive higher state and federal subsidies. To make matters worse, California's Medi-Cal reimbursement rates for children's healthcare ranks last in the country, said Diana Dooley, chief executive of the California Children's Hospital Assn.

"Some children will be denied the level of care that they need," Dooley said. "They'll have to get no care or they'll have to get care that isn't delivered by . . . pediatricians trained in the special needs of children."

In November, voters approved a \$980-million children's hospital bond, which will help pay for construction projects underway or planned. But even that cash infusion won't make up for the beds already lost in what Wise calls an evaporation of pediatric care.

In the Central Valley, hospital closures and population growth have strained Children's Hospital Central California. Serving 10 counties and 45,000 square miles, officials there have set aside six RV parking spaces for patients' families and allow them to tap the hospital's power supply.

In some cases, lack of nearby pediatric care turns relatively simple medical issues into more serious threats.

Two days before Thanksgiving, Heidi Mosier took her infant son Brauhner to the emergency room closest to her home in Taft, worried by his severe diarrhea. She waited 11 hours for someone at Mercy Hospital of Bakersfield to see her son, who grew increasingly dehydrated and pale. The hospital has not had any licensed pediatric beds since 2002.

When doctors finally examined Brauhner, Mosier said they seemed unaccustomed to treating infants and had difficulty inserting an IV.

"They had to try every part on him—arms, legs, ankles, feet, everywhere—until they got one," she said.

Doctors at Mercy transferred Brauhner to Memorial Hospital in Bakersfield. An emergency room doctor there immediately put him in an ambulance that raced up Highway 99 to Children's Hospital Central California, where he was diagnosed with a highly treatable milk allergy.

Brauhner was admitted to the 338-bed facility, about 150 miles from home. Mosier was fortunate that her mother had an RV to lend, making it possible for family to be nearby during the 11-day hospital stay.

In recent years, pediatricians nationwide have been providing anecdotal reports of pediatric bed closures and the ramifications, but researchers are only just beginning to study the phenomenon. The American Academy of Pediatrics, in an unpublished study, determined that pediatric bed losses are proportionally much greater than those for adult patients.

Hardest hit have been rural, non-teaching hospitals, which lost about 80% of their pediatric beds between 1992 and 2004, ac-

ording to Dr. Ted Sigrest, who serves on the academy's committee studying the trend.

"Small, rural, non-teaching hospitals really only rarely have pediatric beds now," Sigrest said. "A lot of the kids are being admitted to the larger teaching hospitals, and parents are traveling farther to have their kids admitted."

As a result, Sigrest said, 65% of the larger teaching hospitals reported overcrowding and a majority reported delays in admission.

Even with cutbacks in care, competition for pediatric specialists is fierce. Children's Hospital Central California has been trying to hire a pediatric surgeon for two years, said chief executive William Haug. He estimates that there may be 75 to 100 openings nationwide, with only about a dozen available surgeons.

In California, researchers at the UCLA Center for Health Policy Research are expected to release a report in the next few months finding that staffed pediatric beds are not keeping pace with population, leaving hospitals scrambling for open beds and in some instances treating children as outpatients when admitting them would be preferable.

Currently, the state has about one licensed pediatric bed per 2,500 children. But UCLA researcher Dylan Roby said that although it seems clear that pediatric care is strained, no one really knows how many beds are needed because the issue has not been adequately studied.

Much of the burden for caring for sick children now falls on the state's eight regional children's hospitals—where caring for patients has become a complex and costly shuffle. At times, children are turned away for lack of room.

Children's Hospital Los Angeles, which has 286 pediatric beds, diverted ambulances from its emergency room for 328 hours in 2008.

"We get a number of calls from community hospitals and we say, 'Sorry, we're full,'" said Richard Cordova, the hospital's president and chief executive. "We may have four

or five patients in the emergency room waiting for admission and four or five scheduled for surgery tomorrow."

And even though more children are being treated in outpatient clinics, Cordova said, "the waiting time for the next appointment gets longer and longer and longer."

Locally, hospitals that still serve children are bracing for ripple effects of the latest losses.

Los Angeles County-USC Medical Center recently moved into its new building with 36 beds specifically for pediatric patients. An additional 19 are available for pediatric use but can also be used for adults. Before the November move, the facility had 74 inpatient beds for children, already a steep drop from the 135 licensed pediatric beds there in 2006.

Pediatricians on the front lines said the drawdown would be acutely felt throughout Los Angeles County. Aside from the county's dedicated children's hospital, only four others provide a full array of pediatric subspecialty care: Miller Children's Hospital in Long Beach, UCLA Medical Center in Westwood, Harbor-UCLA Medical Center in Torrance and County-USC.

"In my 30 years here, this is the biggest hit we have ever sustained," said Dr. Lawrence Opas, County-USC's chief of pediatrics and director of graduate medical education at USC's Keck School of Medicine.

"I don't see how this will not be harmful."