



Ohio Children's Hospital Association

Saving, protecting and enhancing children's lives

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**Testimony before Ohio Senate Health, Human Services, and Medicaid Committee**

**HB 12 – As Passed by the House**

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Good afternoon Chairman Burke, Vice Chair Huffman, Ranking Member Antonio, and members of the Senate Health, Human Services, and Medicaid committee. My name is Nick Lashutka and I am here to testify as a proponent of House Bill 12 as President & CEO of the Ohio Children's Hospital Association (OCHA).

Last fall OCHA commissioned the Health Policy Institute of Ohio (HPIO) to develop an ***Assessment of Child Health and Health Care in Ohio*** with the goal of identifying Ohio's top child health and healthcare-related priorities and providing a starting place for a child-focused health policy agenda that can pave the way for a healthier Ohio. To our knowledge this is the first effort of its kind in the country.

The *Assessment* revealed disturbing news for children's health in our state: Ohio ranks in the bottom half of states on 65% of metrics with national ranking data. Why are we doing so poorly? According to the report, "health is influenced by several modifiable factors including clinical care access and quality, health behaviors and the social, economic and physical environments in which families live. Although Ohio has many strengths related to health care access, we perform worse than other states on the social, economic and physical environment, public health and prevention, and many health behaviors". The report also emphasizes, "**Many of the health challenges Ohioans face today are rooted in experiences and conditions that could have been better managed or prevented during childhood**".

In addition, Ohio's children are more likely to have two or more adverse childhood experiences (ACEs), which are strongly linked to the development of a wide range of health problems – these include a child's exposure to family dysfunction, violence in the home or neighborhood, and living in a family with financial hardship.

Children's hospitals are seeing a growing number of children with behavioral and mental health needs; often, families don't know where to turn. This has put pressure on facilities not designed to care for combative, aggressive or at-risk patients. This complex issue is leading to higher costs of care and longer hospital stays, contributing to provider burnout and injuries, and uncovering the lack of specialized community services. New strategies are needed to ensure these children have the best outcomes. Many children's hospitals are developing programs that support staff in recognizing signs, preventing escalation, and connecting patients and families with the right kind of care.

Children are also arriving to school often with undiagnosed behavioral health problems that contribute to the challenge of children being able to learn in the classroom. Too often we hear from our educator partners that they

don't have the ability to properly provide care for these children, leading to poorer education outcomes. If children aren't healthy, they aren't in the best position to learn, putting additional pressure on an already challenged education system.

We need to do more, which is what brings me here today. In addition to my role at OCHA, I also have the privilege of serving as President of SPS which includes our six-member OCHA hospitals plus the Cleveland Clinic Children's Hospital and Mercy Children's Hospital in Toledo. SPS is the national leader in pediatric patient & employee safety, that started right here in Ohio 10 years ago. By partnering with Ohio's business community and specifically the Ohio Business Roundtable, we have brought the rigor of High Reliability Organizations into the health care setting and made a commitment to eliminate serious harm in our hospitals. SPS is one example of the incredible power of Ohio's children's hospitals – because by working together we are able to achieve better results faster – and help each other succeed in a way we could not do as effectively or efficiently as individual hospitals. Through implementation of the Network's best practices, children are being protected from harm. **Since 2012, this national effort has saved 13,952 children from serious harm and led to an estimated savings of \$249.4 million, with a consistent upward trend in harm prevented every month.**

Prevention works. We know the Learning Network Model with Quality Improvement (QI) methods utilized by SPS delivers results. The QI model should and can be applied to creating an environment in Ohio that promotes the healthy development of children across the multiple sectors of 1) children's hospitals 2) schools 3) pediatric primary care providers and 4) parents. The creation of a Children's Behavioral Health Prevention Network Stakeholder Group is a necessary first step to build a comprehensive, cross-sector, integrated system that will facilitate social, emotional, and behavioral development. This stakeholder group will lay the groundwork – aiming to work together using rigorous quality improvement science to develop specific measurable outcomes across these sectors, improving behavioral health outcomes for children. Creation of such a system has the potential to make significant advancement to prevent behavioral health conditions for Ohio's children by improving outcomes and ultimately reducing costs to the health care system and other sectors such as our education system.

Chairman Burke, Vice Chair Huffman, Ranking Member Antonio and members of the committee, thank you for your time. I have with me here today Dr. Bob Ammerman with Cincinnati Children's Hospital Medical Center and Ms. Susan Bunte with Cincinnati Public Schools to share more about the important work they're doing to address the mental and behavioral health needs of the children they serve. I'd be pleased to answer any questions you may have.

# The SPS Journey Toward Zero Harm



# THE SPS TIMELINE

**2009**

Ohio collaborative expands to include all eight pediatric referral centers and to focus on additional quality improvement projects.

Ohio Children's Hospitals Solutions for Patient Safety (OCHSPS) network is launched.

SSIs in high risk children were reduced by 60 percent and ADEs were reduced by 50% across all eight children's hospitals in Ohio.

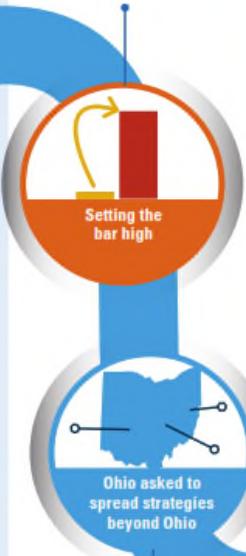


**2005**

The Ohio Children's Hospital Association (OCHA) begins developing pediatric quality measures for public reporting and begins collaborating to prevent cardiac and cardiopulmonary arrests outside of ICUs

**2010**

OCHSPS leaders set a bold, audacious goal: to be the safest state in the country for children to receive healthcare and to eliminate serious harm in the State of Ohio by the end of 2015.



**2011**

OCHSPS has reduced serious safety events by 55 percent and serious harm events by 40 percent.

OCHSPS asked to lead national effort to implement the strategies they created in children's hospitals throughout the country.

**2013**

The network grows to 78 hospitals in 33 states and Washington, DC.

SPS partners with Child Health Patient Safety Organization (PSO), the nation's only PSO dedicated to children's hospitals.



**2012**

25 hospitals from across the nation joined the initial 8 Ohio hospitals in the first phase of the Children's Hospital's Solutions for Patient Safety (SPS) network.

**2014**

80+ SPS hospitals work to achieve specific goals through a revised SPS structure that incorporates prevention standards and high reliability culture work.



**2015**

SPS grows to 100+ hospitals, including Canada.

**2017**

SPS grows to 130+ hospitals.



**2016**

SPS announces intention to eliminate employee harm in children's hospitals.

**2018**

SPS is now 135+ hospitals strong – all working to eliminate harm in children's hospitals.

SPS awarded Eisenberg Patient Safety & Quality Award for innovative patient safety work across the U.S.



**135+ Hospitals**