$600,000 given to Children's

A $600,000 gift from an Ohio State University alumna has established the first endowed chair at Children's Hospital in the name of Dr. Henry G. Cramblett, a professor of pediatrics and microbiology and immunology in the OSU College of Medicine.

The chair will "enable us to attract an outstanding individual who is nationally known for clinical, research and teaching excellence in the area of infectious diseases," said Grant Morrow III, medical director of Children's Hospital and chairman of the department of pediatrics in the OSU College of Medicine.

The money came from the estate of Helen Simpson Lambacher, a 1933 OSU graduate.
Children's Hospital seeks state money for education center

By Alan Johnson
Dispatch Statehouse Reporter

To help finance building a $160 million education center, Children's Hospital is relying on state capital improvements money for the first time in its history.

The Ohio Board of Regents recommended Dec. 15 that the state allocate $8 million for a 100,000-square-foot education center, a joint venture of the hospital and the Ohio State University College of Medicine's pediatrics department.

Because the amount recommended by the regents is less than half of what is needed, hospital officials and local legislators are hoping the pot can be sweetened when the state's two-year capital improvements budget comes up for a vote in the spring.

"We're hopeful that by explaining the logic of the need, the project will speak for itself," said G. Malcom Murray, Children's corporate director of administrative services.

Franklin County legislators said obtaining full state funding for the project will not be easy because of statewide competition for capital improvement dollars.

Gov. Richard F. Celeste, after receiving funding requests from the regents and state departments, will submit a proposed capital improvements budget to the legislature in late January.

"There's always heavy competition for state capital dollars," Rep. Mike Stinziano, D-Columbus, said. "But the people at Children's did their homework and made a good case to the Board of Regents."

Sen. Richard C. Pfeiffer Jr., D-Columbus, said hospital officials "have made a good case, talked to the right people and pushed the right buttons. The $8 million will stay in the budget, and I hope the entire $16 million can be included."

The proposed center, still in the design stage, would be on the southeast corner of the hospital complex and would face S. 18th Street. If state money is approved, construction could begin next summer and be completed in early 1992.

Children's Hospital Foundation at Children's Hospital Foundation received $8 million from private donors last year. But donations are used for many projects and are not earmarked for construction, Murray said.

Murray said hospital officials want to build the education and conference center in part to accommodate 100 OSU medical faculty and staff members who work full time in cramped quarters at Children's.

Through a 40-year-old arrangement, the university's pediatrics and pediatric surgery departments have been located at Children's. But the hospital receives no capital or operating money for the program, Murray said.

The hospital spends more than $6 million annually on its education programs, he said.

The proposed center would also serve 1,500 medical students and nurses from 12 Ohio colleges and health-care professionals who come to the hospital annually for pediatric training. Another 5,000 people attend health-care confer-
Help sought to build new education center

COLUMBUS, Ohio (AP) — The Ohio Board of Regents has recommended that the state allot $3 million to help build a $18.6 million education center at Children's Hospital of Columbus.

It is the first time in the history of the hospital that it has looked to the state for capital improvement money.

The regents' recommendation on Dec. 15 would contribute to the proposed 100,000-square-foot center, a joint venture of the hospital and the Ohio State University College of Medicine's pediatrics department.

Because the recommendation is for less than half of what is needed, hospital officials and local legislators hope more state funds can be included in the state's next two-year capital improvements budget that is to be considered in the spring.

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The proposed center would also serve 1,500 medical students, nurses from 12 Ohio colleges and health-care professionals who come to the hospital annually for pediatric training. Another 5,000 people attend health-care conferences and community outreach meetings annually at Children's.

The hospital, which has never requested state money for a project, would pay the estimated $378,000 annual cost of operating the education center.
Hospital to build facility

By Pamela Thompson
Lantern staff writer

The groundbreaking ceremony for a state-funded education facility was held Thursday at Children's Hospital. The state of Ohio approved $13 million of the $18.3 million project which is scheduled for completion in March 1992.

The six-floor, 130,000 square foot building will provide space for offices, a high-technology laboratory, a computer-assisted instruction laboratory, a medical library, a patient/family library and an auditorium for use as a teaching center, conference rooms and classrooms.

The speakers included Children's Hospital Board of Trustees President Ann J. Wolfe, Rep. Michael Stinziano, D-Columbus, Sen. Stanley J. Aronoff, R-Cincinnati, Children's Hospital Executive Director Stuart W. Williams, Children's Hospital Medical Director Dr. Grant Morrow III and Ronald L. St. Pierre, OSU associate vice-president health services and academic affairs.

Stinziano said the new building is unique because it represents a partnership between the state and the community.

Currently, 1,700 full-time OSU medical students, 13 schools of nursing and other allied health schools get their pediatric training at Children's Hospital each year.

The hospital also sponsored conferences in 1989 which were attended by 3,600 people from the United States and 11 foreign countries.

The OSU departments of pediatrics and pediatric surgery have been housed at Children's Hospital for more than 50 years.

St. Pierre said the facility will allow an expansion of the educational process and it will be hard to rival because of the tremendous resource it offers.

"The building coupled with our affiliation with a great university will provide the teaching atmosphere that I think is absolutely essential for the care in which all of our children are entitled," Morrow said.

The additional $5.3 million needed to build the facility will come by funding from the private section, Wolfe said.
Hospital to rebid $18 million project

After contractor complaint, Children's decides to open bids publicly

By BETH MOLLARD

A complaint from a local contractor has persuaded the developers of an $18.3 million pediatric education building at Children's Hospital to bid the project publicly.

David A. Croson, owner and president of J.A. Croson Co., said he protested to officials after discovering that bids on the project would not be made public. The building is using $13 million in state funding and is a joint venture between Children's Hospital and Ohio State University. Croson contends that any building using state funding must be bid following the state's public bidding requirements.

State public bidding for construction projects requires the Department of Administrative Services to advertise the bids. Bids must be publicly opened and contracts must be awarded to the lowest and most responsible bidder.

Privately bid projects do not have to meet those requirements.

Children's Hospital, a private, nonprofit organization, will own the building, which is to be built on hospital grounds. Under the terms of a joint-use agreement, the OSU medical staff can use the building for 15 years to teach medical students and interns working at the hospital.

Officials of the project on Oct. 2 advertised in the Columbus Dispatch for "statements of qualifications" from firms interested in being placed on a list of potential bidders. Under such procedures, only those companies declared qualified by the project manager are permitted to actually bid. By contrast, in a publicly bid project, any company can bid directly on the advertised project.

Croson wanted to bid on the heating and air conditioning portion of the project, estimated to be worth more than $1 million.

A joint-use agreement between Children's and OSU shows that the project was required to be advertised, but not through the state Department of Administrative Services, which normally advertises the bidding for publicly funded projects. Also, bids were not required to be opened publicly.

Croson was allowed to bid on the project and did so. However, on the same day he bid, he formally protested the bidding procedure and threatened to sue the two entities unless the project were bid publicly.

"We told them we had serious problems with how they are proceeding on the project," said Croson's attorney, Denis J. Murphy of Carlile, Patchen, Murphy & Allison. State law requires that projects receiving state funding be bid publicly, he said.

Because of Croson's protests, the bids for the heating and air conditioning were never opened. Bids for other parts of the project were opened, but now will be returned to the bidders, Murphy said.

As a result of the protest, the project is being rebid publicly, confirmed Children's Hospital attorney Robert F. Howarth Jr. of Baker & Hostetler. He acknowledged it was Croson's protest that persuaded the hospital and university to change their minds.

The hospital originally believed it could bid the project privately because it was using hospital revenue bond funding for the non-public portion of the project, Howarth said. He believes that a 1985 Ohio Supreme Court decision provides a legal basis for the use of private bidding when bonds of this type are used.

Howarth said that sometime in the next few weeks, Children's Hospital and OSU will submit documents to the State Controlling Board that will indicate that bidding and contract awards on most aspects of the project will follow state-mandated public bidding procedures. However, Children's Hospital and OSU will ask the Controlling Board for a waiver of some provisions of the public bidding law. The Controlling Board must approve all such waivers on publicly funded projects.

The waiver is necessary because Children's already has selected the architect on the project, the local firm of Bohm NBBJ Inc., attorneys indicated. Normally, the architectural firm must be first approved by the state Department of Administrative Services, and a waiver of competitive bidding must be granted by the State Controlling Board.

In addition, attorneys indicated that the Controlling Board will have to approve language ratifying the selection of Turner Construction Co. as the construction manager. Turner has already been hired for the project.

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State law does not require that construction managers be hired by using public bidding procedures. Construction managers oversee projects on behalf of owners and usually receive a fixed percentage of the final construction contract cost.

But the joint-use agreement currently refers to Turner as the "general contractor." The state requires that general contractors bid competitively for public projects. Like construction managers, general contractors supervise subcontractors on a project. However, a general contractor bids on total construction costs and must keep costs below the amount bid.

Neither Children's Hospital nor OSU representatives would say who initiated the idea of private bidding. "I don't know where it came from," said James E. Meeks, OSU special assistant to the president for legal affairs. "I am interested in making clear that the university was a conduit for the funds."

"This is a pass-through item," added James O. Nichols, OSU treasurer and acting vice president for business and administration. He said that funding was simply passed from the state through OSU to Children's.

"The lead was taken by Children's," he said. "They frankly handled the whole thing."

OSU does substantially benefit by gaining use of the building, however, both Nichols and Meeks said.

"Because the money is flowing through OSU, we are working with OSU," responded Howarth. "They have all got a say and are parties to the joint-use agreement." He added that OSU would be preparing the Controlling Board request.

The Children's Hospital-OSU project is one of several examples of state funding that has been funneled through a state university to a private entity, according to Thomas M. Bay, director of capital planning for the Ohio Board of Regents. The arrangement allows the state to use higher education bonds rather than the state's general bonding capacity as the source of funds.

According to the October joint-use agreement, the university will have use and occupancy of the pediatric education facility for a period of 15 years. The agreement stipulates that the building is to be constructed by the hospital on hospital grounds.

The seven-story, 130,000-square-foot building will include classrooms, an auditorium, offices and a library. The hospital will be allowed to use the basement and first floors, with OSU having the right to use the remainder of the building except for some storage areas.

The joint-use agreement authorizes Children's to sign the contract with Turner as general contractor. Turner then is authorized to prepare bid qualifications, seek bidders and submit recommendations for contract awards.
ORTHOPEDICS: "RE-STACKING THE DECK" FOR KIDS' HEALTHIER, HAPPIER LIVES!

SPOTTING SIGNALS OF CHILDHOOD DEPRESSION

CHILDREN'S & THE OHIO STATE UNIVERSITY: A HEALTHY PARTNERSHIP SINCE 1944!
EDITOR'S NOTE: This is the first of a two-part series on the long-time affiliation between Children's Hospital and The Ohio State University. Please watch for the final installment in the fall issue of this magazine.

According to an old axiom in the news business, good news alone doesn't usually make good copy.

Children's Hospital and The Ohio State University, however, are used to being the exception to the rule, by generating an enormous amount of "good" news—be it the latest research breakthrough or yet another story of an individual human life dramatically saved or changed for the better. These are examples of some of the benefits of the long-time affiliation between Children's and Ohio State. But, in fact, the real news is not the existence of a Children's/OSU partnership so much as the many beneficial impacts of that affiliation upon the community served by these institutions!

**A Firm Historical Footing**

In fact, the partnership between Children's and OSU has a firm historical base, dating even to before World War I. And that association has grown until, today, literally hundreds of thousands of persons, young and old, benefit from the multi-faceted educational, research and patient-care programs of Children's and OSU.

From an historical perspective, tracing the growth of this inter-institutional relationship virtually mirrors Children's development early this century, from what Columbus journalist and historian Mary McGary termed a "precocious little institution," with more dreams than dollars, into what is today a complete children's medical center, replete with superb academic and research components.

When Children's opened in 1892, its formal mission was simple: "Help sick, infirm and disabled children of every race, sect or condition, who through poverty or neglect need the shelter and the care such as only a [children's] hospital... can give."

Characteristics of Children's Hospital which we take for granted today were notably absent in the original hospital—in particular, paying patients,
Medical research and an educational component. The latter came with the formal affiliation of Children's with The Ohio State University in 1916. It was tenuous at first, subject to termination by either party on seven days' notice, but the agreement had an immediate effect on the hospital's staff size and organization and marked the beginning of its eventual development into a treatment, training and research center. Interestingly, although the suggestion was entertained in 1916 to actually relocate Children's to the site of OSU, no action was taken. The notion was a recurrent one in succeeding decades, however, the leadership of the two institutions always came down on the side of maintaining Children's separateness, both institutionally and geographically. The trustees' decision in the early '70s to build Children's modern Patient Tower at the hospital's present location—the first of a multi-million-dollar expansion/renovation program—made any further relocation consideration moot.

By 1921, under the new affiliation agreement, more than 60 medical students had added pediatric clinical observation to their training, and two interns from the '21 senior medical class were assigned to the hospital.

A remarkable predictor for future trends toward academic and scientific advance and cost control, Children's Dr. Marion S. Reynolds told the board of trustees in 1926 that "the modern hospital must be measured in terms of educational stimulus... and the number of days of hospitalization it has prevented."

Also in 1926, an intern affiliation was arranged with The Ohio State University, giving medical students two months' training in pediatrics at Children's, and the hospital was beginning to feel the serious need of a resident physician.

Among several key 1928 developments was the preparation of an area within the hospital for a new nurse training program, again in affiliation with the university. Soon, in addition to medical and nursing students working and observing
n the hospital and clinic, there were home economics students helping and observing the nutrition clinic, and social science and psychology students involved with these hospital services.

By the mid-'30s, the nursing training program was certifying nearly 100 students a year through its four-month course, some 200 medical students a year were rotating through the hospital, and the medical staff had reached more than 60. Obviously, by this time, the association of Children's and OSU had proven healthy, for both institutions and the community.

But Children's current Medical Director, Grant Morrow III, M.D., says that the real academic turning point (and what he considers the most important step in formal affiliation) in the hospital's history occurred on the eve of World War II when Dr. Earl H. Baxter, a staff member since 1924, was named Children's chief of staff. A longtime OSU faculty member, Baxter was jointly appointed chairman of pediatrics at OSU and Children's, and, in 1941, the medical college's division of pediatrics was given full departmental status. According to McGarey's history of Children's Hospital, Baxter's appointment as the first chairman signified a meshing of the hospital's fortunes with the emergence of the new medical specialty — pediatrics — recognizing children from birth through adolescence as a special class of patients.

A man of vision, Baxter embraced a philosophy on pediatrics encompassing not only care, but education and science, too. The stage had been set for Children's to begin to achieve its destiny of becoming a world-class pediatric institution.

In his first report to Children's trustees, Baxter said, in part, that a children's hospital must be a training center "for the patient, the resident staff, attending staff, nursing personnel, both bedside and social service, as well as the medical profession and, indeed, the community at large." And he added that the hospital must be the recognized center for development and dissemination of "pediatric thought in the community" and must have the opportunity "to carry out certain investigative procedures and problems, commonly known as research..."

Children's current Executive Director, Stuart W. Williams, also credits the vision of Baxter, as well as that of Bruce Graham, M.D. (who succeeded Dr. Baxter as medical director). Williams also stresses the significance of the cooperative resolve of Children's/OSU leadership to concentrate pediatrics at Children's Hospital, rather than duplicate effort.

"The vision and leadership of those who came before us were crucial to the overall success and efficiency in delivery and advancement of children's health care in Greater Columbus and throughout the service region, as well as the advancement of pediatric education and research," Williams asserts.

**Children's and OSU Today**

Recently, current leaders of both institutions discussed those beneficial impacts — as well as how the partnership came about, how it evolved through the years and where it is headed in the future. Contributing perspectives, according to their specific leadership roles, were: Stuart W. Williams, Children's chief executive officer; Grant Morrow III, M.D., Children's medical director and chairman of the OSU Department of Pediatrics; Janet Porter, Ph.D., Children's chief operating officer; Dr. Gordon Gee, president of The Ohio State University; and Manuel Tzagournis, M.D., dean of the Ohio State University College of Medicine.

These leaders' perceptions on the unique community impacts of today's CH/OSU partnership — as well as where this relationship is headed in what is sure to be a fast-changing future, to be defined by the mood of cost-consciousness and systems reform — will be the subject of the final portion of this series, to be published in the fall issue of *Pediatric*...
Children's Hospital and The Ohio State University:
A HEALTHY PARTNERSHIP
SINCE 1941!

The parents of Central Ohio may rest easier at night, in the assurance that their children have at their disposal the finest health care available anywhere in the world.

A unique partnership between Children's Hospital and The Ohio State University is among the key reasons that is so. In fact, officials of the two institutions say that the pediatric healthcare system in Central Ohio is unlike that of any other major city in the United States. This stems from a conscious decision by leaders of both institutions — supported by the medical community at large — to concentrate specialized pediatric care at Children's Hospital.

The affiliation of the two institutions dates back more than a half-century and was the subject of the first part of this two-part series, published in the summer Pediascript issue. Briefly, milestones in the metamorphosis of the partnership include: Dr. Earl Baxter's joint appointment, in 1941, as the first medical director at Children's... and the first chairman of the OSU Department of Pediatrics, based at Children's; the decision by Children's leaders, in 1954, mandating that key university representatives be included on the board of trustees of the then-new Children's Hospital Research Foundation; and a research affiliation agreement, in 1987.

Today, the partnership between Children's and The Ohio State University is very multi-faceted, offering immeasurable benefits to the patient care, research and education programs of both institutions — as well as making possible unparalleled, yet affordable, children's health care.

In this final series installment, several leaders from Children's and OSU compare the philosophies of their institutions — one essentially a private hospital, the other, a major state university. And they examine the complexities of mutually beneficial programs, their impacts on quality and cost of service to the community, as well as where the relationships will be headed as Children's and OSU embark upon a new century.

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Combining perspectives, according to their specific leadership roles, were: Stuart W. Williams, Children’s chief executive officer; Grant Morrow III, M.D., Children’s medical director and chairman of the OSU Department of Pediatrics; Janet Porter, Ph.D., Children’s chief operating officer; Dr. E. Gordon Gee, president of The Ohio State University; and Manuel Tragoumis, M.D., dean of The Ohio State University College of Medicine.

Children’s and OSU Today: Different But Alike

Although the institutional philosophies and missions of Children’s and The University do not precisely mirror one another, excellence is their common theme. Children’s Executive Director Stuart W. Williams says that the institutional philosophies, while similar, do differ somewhat in "focus."

The philosophies of Children’s and The University are different but complementary—compatible and consistent with one another," he reflects. "Ohio State University has an academic mission, while we at Children’s have, primarily, a patient care mission, with strong commitments to both academics and research. The institutions are not doing precisely the same thing; if we were, then we would really need to add something to each other’s programs. Instead, we each have a little different interest—but with a common goal for children—and, therefore, we can truly complement one another. It is a true team effort that has resulted in development of a pediatric program that is unique in the country."

Gee enthusiastically agrees.

"We can make impressive gains, since Ohio State and Children's Hospital have already reached prominence. We truly have brought the best of two worlds together," he said.

"Both institutions have a 'three-legged stool' approach, as I have always called it," Morrow said. "By that I mean both have patient care, teaching and research as their mission. We provide a very unique, sophisticated teaching environment for nurses, lab technicians, medical students, residents, fellows. That is a real advantage to The Ohio State University. And we also have their academic mantle and the support of The University which, in turn, makes it easier for us to perform our mission here at Children's."

Tragoumis is mindful of that mission.

"Children’s Hospital and The University have reaped countless benefits by working together," he said. "The partnership enables us to provide an outstanding teaching opportunity to our medical students and to researchers who have a special interest in pediatric medicine. But more importantly, young patients and their families can find comfort knowing the patient care available at Children's is destined to remain among the best and most advanced in the nation, because of this relationship."

Like Morrow, Janet Porter stresses that, while pediatric medical care is a shared concern of Children’s and University Hospitals, the vital link is between Children’s and the University as a whole. And that link is an academic one.

"The casual observer might assume our relationship is fundamentally a medical one," she said. "But it is not just 'Children’s and the College of Medicine' or 'Children’s and the Department of Pediatrics.' The fundamental relationship is between Children's Hospital and The Ohio State University. And both institutions are founded upon the principle that the boundaries of knowledge must be expanded for social good."

A Win-Win Situation

Morrow notes that the over-arching "academic mantle" provided by OSU, embracing so many specific relationships and programs between the two institutions, truly opens many opportunities for Children’s Hospital which the institution likely would not otherwise enjoy.

"You have a better opportunity to recruit the best people, and to give the best care, when you have an academic environment. This places them in an exciting, interactive situation wherein you are asking questions, solving problems and teaching the next generation of caregivers," Morrow asserted. "Having a strong affiliation with OSU, and having the Department of Pediatrics housed at Children’s Hospital, really makes this a better hospital, providing better care to the children."

The affiliation is a cornerstone of Children’s busy educational activities, Williams points out, with large numbers of trainees in pediatric medicine and surgery, nursing and various allied healthcare professions rotating through Children’s Hospital each year. There is even a joint fellowship in hospital administration. And, Williams adds, hundreds of students annually come for pediatric training at Children’s through arrangements with a number of other educational institutions, besides OSU.

The fact that Children’s absorbs much of the indirect costs of providing pediatric training to so many students was clearly underscored recently. Williams notes, when the State of Ohio made $13 million available toward the cost of building the Children’s Hospital Education Center, dedicated in November 1992. Demonstrating the interrelation-ship within this facility is the Children’s Medical Library, which is officially part of the OSU College of Medicine Library system. Gee emphasizes just how integral the educational, research and care functions ultimately are to one another.

"As Ohio’s land-grant university, we have an obligation to transmit the products of scholarship to the people of Ohio," Gee noted. "Our unique partnership with Children’s Hospital is an important expression of our commitment to service. It helps all of us literally bring research to life in a way that benefits patients, students and our community."

"We take very seriously our partnership with Children’s, working together for the people of Ohio," he added. "As we prepare the next generation of healthcare professionals, we recognize the remarkable teaching opportunities that this partnership provides."

Children’s impressive and fast-growing research program is another clear winner in the partnership of hospital and university. According to Morrow, the fact that most Children’s researchers hold OSU appointments is indispensable to their being able to compete aggressively for scarce grant dollars from the federal government and other agencies.

"In a sense, we have the best of both worlds. Being an independent institution, we get community support, while we also receive various kinds of support from our association with The University. Our research program provides a very good example of the latter; we could not get appreciable research dollars if our people did not have faculty appointments," Morrow said.

Gee asserts that research will play an increasingly important future role, as well.

Undoubtedly, investment in medical research is needed today to deal with runaway health costs, he reflects. "Ultimately, the spiraling cost of health care will be stemmed not only by cost containment policies, but by more vigorous research efforts that will reduce the cost of care and treatment. This partnership can help us achieve that goal.

Let it appear that Children’s Hospital is the chief beneficiary of the inter-institutional association. Porter points out that the benefits are mutual.

"Both Children's and the university benefit from the fact that Children's is a community hospital," she said. "In some ways, we have the benefits of community support, as well as the benefits of not having the bureaucracy that might occur in an academic medical center. We have the best of both worlds."

"That benefits both Children’s Hospital and The University," she continued. "The University benefits whenever any of their academic arms are particularly strengthened—be it the Department of Pediatrics, the Department of Surgery, or the College of Nursing, or any of the departments that send students here. Most important, how-
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Clearly, both Children's Hospital and The Ohio State University reap many mutual benefits from their affiliation — with the children of the community as the ultimate beneficiaries. But, not one to take the relationship for granted, Williams says credit should be placed where it is due.

"People are always looking for marriages of the private and public sectors," I think Children's Hospital in Columbus really provides one of the best examples of how that kind of coalition can work," he asserted. "What we have in Columbus, Ohio, is a relatively small community of around a million to a million-and-a-half people, with one of the largest children's hospitals in the country! Look at the children's hospitals in Atlanta, Chicago, San Diego, Denver — cities that are several times our size; yet our hospital is twice the size of those institutions. That is because there was a unique and conscious decision toward consolidation of pediatrics that took place in Columbus years ago.

"I give OSU a lot of credit," Williams continued. "They could have been a lot more provincial and said, 'Let's bring the Department of Pediatrics over to OSU, so that we can do our own thing.' Instead, they had the courage several decades ago to take a leadership role and commit to not having a pediatric unit at OSU. And they said: We will work with the community and place into the private sector our academic arm. We will put the core of the pediatric program at Children's Hospital. As a result of that courage, they really benefited, so did the community, and so did Children's Hospital. What OSU and the community gained as a result of this vision was a first-class, total pediatric program.

Significantly, he added that OSU's lead probably helped influence other area hospitals to place the community's needs ahead of profits or other considerations.

Porter, too, acknowledges the vision of past community leaders, particularly in light of competition nowadays in other markets around the country.

"We have a situation of joint leadership, and that means community leaders and medical leaders. It is really a win-win proposition. And, too, it provides a foundation the community can, and does, build upon."

While mindful of present benefits, Gee asserts that the foundation alluded to by Williams will continue to be crucial to future progress, as knowledge, technology — and economic issues — continue to unfold.

"Our faculty at Children's brings to the hospital not only the expertise of their colleagues in the College of Medicine, but also the resources of one of the world's most comprehensive universities," he says. "Today's health care problems require us to look across traditional boundaries. We must go beyond our respective disciplines to find answers to the problems of families and communities. I believe that the leadership that we are showing in this area will be imperative as we confront the health care challenges of our nation."

Williams often evokes warm images of home and family, especially when speaking of the positive community impacts of the Children's/OSU relationship. And Porter makes it clear that the affinity of community-based pediatrics for Children's is anything but shallow public relations hype. In fact, she points out that those students rotating through Children's for the "pediatric component" of their training often develop a closeness that has a very practical side, beyond emotional or psychosocial loyalties.

"Our academic affiliation with OSU has made the children the ultimate winners," Porter asserts. "It is a fact that the pediatricians in this town want to send their kids here. Why? I would argue that they want to admit their patients here, first, because they believe the care is better — with subspecialists and pediatric nurses and other professionals."

"But there are other advantages that we just would not have without OSU," she added. "One is that these pediatricians want their patients to come here because most of them trained here. There are, after all, no pediatric residencies offered at OSU, or Riverside, or Mt. Carmel. So, the people who did train here know all the subspecialists. And not only do they know first hand about that quality of care, but they also get a very important service — that of round-the-clock coverage by pediatric residents — that they and their patients could not get anywhere else."

The Partnership...and Price Tag

The "price tag" for health care today is, of course, a complex and emotionally charged theme, nationally and locally. But, Morrow stressed, costs have always been a shared and ongoing concern of the medical profession itself, not only of government and the consumer. He pointed out that care delivery at Children's is nationally — is rapidly shifting toward an outpatient mode, with significant attendant economies.
CON'T FROM PAGE 8

But he is also quick to touch upon the economies inherent in the inter-institutional collaboration of Children's and OSU.

"As relates to health care costs, by not duplicating a lot of areas of service and not being in competition, Children's and The University have benefitted the community overall," he said.

"Operating as a regional program, we have not duplicated pediatric units, instead concentrating all the pediatric patients down here. Resultantly, we are able to be very competitive in terms of costs. I might add that, in the sense that we at Children's pay for a lot of the costs of research and the indirect costs of teaching that take place here, that really frees up a lot of resources of the university," Porter concurs.

"The leadership at both Children's and OSU believed historically, and continue to believe, that it is in the best interest of the children of Central Ohio for care to be regionalized," she reflected. "That impacts costs tremendously, because we realize tremendous economies of scale, by being able to put so many services together instead of duplicating. Five children's hospitals, each with 60 beds, for example, would represent a very inefficient model, from the cost perspective. Putting those pediatric hospitals, pediatric services together and, thereby, reducing the duplication of everything from staff, to facilities and equipment — everything! — has the potential to save the overall health-care cost to the community significantly."