



November 27, 2018

John J. Dreyzehner, MD, MPH, FACEOM
Commissioner
Tennessee Department of Health
710 James Robertson Parkway
Nashville TN 37243

Re: Ballad Health's Request to Coordinate Newborn Services

Dear Commissioner Dreyzehner:

As you know, the Children's Hospital Alliance of Tennessee ("CHAT") advocates for the highest level of evidence-based care for children in Tennessee, and has worked closely with the Department of Health over the years in its advocacy for improved health for children.

A major component of work done by the Legislature and Department involved the development of Tennessee's system of regionalized perinatal care, a national best practice. CHAT recognizes the critical importance of perinatal regionalization. Our position on this matter is based on the evidence, the recommendations of the American Academy of Pediatrics, and the state's perinatal advisory committee.

The leaders of our member hospitals have carefully reviewed the letter submitted to you by Ballad Health on November 19, 2018, which supports information submitted by Ballad on November 12, 2018, regarding a proposal to coordinate newborn care services across the region and to consolidate NICU services at Niswonger Children's Hospital.

Tennessee's guidelines for the regionalization of the perinatal system are outlined in the *Guidelines for Regionalization, Hospital Care Level, Staffing and Facilities* published by the Department of Health. In this report, the Department says, "Regional Perinatal Centers are Level III or Level IV institutions that have been designated by the State to coordinate certain

regional activities that related to professional education, patient transport and inter-hospital functions, as well as care of patients.”

The system, as envisioned by the Department, is designed to comport as closely as possible to the recommendations of the American Academy of Pediatrics Committee on Fetus and Newborns (“AAP”) in its policy statement on levels of Neonatal Care, which was published in 2012. The State’s policy specifically references these recommendations.

In making the proposed regional changes, which will improve timely access to the specialists recommended by the AAP in a higher volume center, Ballad Health is taking steps to do what the State policy directs its state-designated perinatal center to do – namely, it is attempting to better coordinate the care of patients within the perinatal region. The evidence clearly shows that high-risk infants have a better chance of survival and reduced risk if they are born in a high-volume center with access to potentially needed specialties. By implementing Level 1 access throughout the region, in accordance with the State’s Perinatal plan, and having one higher-volume center which is (a) the only Level III NICU in the region certified for Perinatal services by the Joint Commission, (b) fully staffed 24/7 by neonatologists or neonatology nurse practitioners and pediatric residents, (c) supported by 25 subspecialties, including pediatric surgery and other medical specialties and (d) designated by the State to specifically coordinate such services, Ballad Health is better complying with state law and policy than the state of affairs that existed prior to the merger between Mountain States Health Alliance and Wellmont.

Prior to the merger, CHAT is aware that the overwhelming majority of transfers of newborns from Holston Valley Medical Center were transferred as far as 5 hours away at times when Holston Valley did not have the needed specialties. In a significant number of cases, the services were available at Niswonger Children’s Hospital. This type of precedent goes directly against the policy of regionalization. With Ballad’s proposal, this seems to be changing for the better. CHAT supports this effort.

Ballad Health points out a very relevant problem in their letters to the Department. Both NICU’s in the region have experienced declines in the number of NICU patients, and there is a decline in overall pediatric volume and pediatric population. This is a threat to the sustainability of a high quality perinatal system. It is better to proactively make these changes in a planned way rather than to permit quality to deteriorate due to unsustainability of lower volumes. Resources are clearly too diluted, and there is no indication this will improve on its own. We agree with Ballad’s assertion that it is imperative to realign newborn services in order to maintain the NICU volumes that are recommended. We further agree that dilution of volume by continuing to operate two NICU’s is likely to impact ability to sustain pediatric specialties at Niswonger Children’s Hospital over time.

We believe state regionalization guidelines should be followed regarding the availability of subspecialists to ensure appropriate care for preterm infants. These subspecialists are and

should continue to be located at Niswonger Children's Hospital. We support a single designated perinatal center in the region, supported by academic research in partnership with the clinical staff and East Tennessee State University, at Niswonger. We believe such consolidation is an essential cornerstone to ensure the strongest and best delivery of perinatal care and specialized pediatric care. All of us can have the utmost confidence in the quality of care in Niswonger Children's Hospital's NICU, particularly given its recognition with the Joint Commission's highest certification for Perinatal Care.

Thank you for always welcoming input as we strive together to ensure that Tennesseans experience the highest levels of health and well-being.

Sincerely,

A handwritten signature in cursive script that reads "Mary Nell Bryan".

Mary Nell Bryan
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cc: Alan Levine
Executive Chairman,
President, and Chief Executive Officer
Ballad Health

Lisa Carter
Chief Executive Officer, Niswonger Children's Hospital
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