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City should focus on care for sickest

By Lee Ann Liska

University Hospital is not like any other hospital in this region. We provide nationally-recognized care for this community's sickest, most injured and poorest patients.

That we provide such nationally-recognized services in this community isn't an accident. It didn't happen by chance. It is deliberate, planned, historic and expected.

It is also at risk.



The care our patients receive is made possible for two reasons: the combined patient care, teaching and research missions of University Hospital and the UC College of Medicine, and our ability to deliver on these missions as part of an integrated health system.

Jewish Hospital's departure from the Health Alliance is the tipping point for the current integrated health system which now enables the specialized care we provide. If a community-focused solution is not in place before the sale of Jewish Hospital, the exceptional care we provide is at risk.

So, how and why is University Hospital so different? Just consider the stories of these patients.

Corey was born on the roof of University Hospital because we are the only hospital with trauma physicians on our helicopters.

Sharon is alive today because she received her new her liver at University Hospital, home of the only liver transplant program in the region.

Mark's heart attack didn't kill him because he came to University Hospital. We have the fastest heart attack treatment times in the region.

Michael's recovery from a 30-foot fall is credited to his arrival at University Hospital with this region's only Level 1 Trauma Center.

Robert's stroke may have been devastating but for the treatment he received from University Hospital's comprehensive neuroscience program - the only one of its kind in Cincinnati.

Misty's daughter is alive today because the doctors of University Hospital successfully delivered her by emergency cesarean section during her emergency triple bypass operation.

The safety net care, or community benefit, we provide to uninsured or underinsured patients is unparalleled in our region.

Of the \$113.6 million in community benefit provided by all hospitals of the Health Alliance in fiscal year 2008, more than \$96 million - or 85 percent - came from University Hospital. In fiscal year 2009, the same hospitals of the Health Alliance provided more than \$116 million in community benefit and nearly \$100 million came from University Hospital - this again is 85 percent.

Our community benefit includes a variety of critical health services that operate at significant losses; the total in 2009 was \$20.4 million. This included our outpatient clinics (\$9.7 million), Air Care (\$2.4 million), behavioral health services (\$5.3 million), renal dialysis services (\$1.9 million) and our emergency dental clinic (\$795,000).

There are several other examples, but those are among the leading ones. These services can only be sustained year after year as part of an integrated health system, precisely what will be dismantled with the sale of Jewish Hospital by December 31, 2009.

It doesn't have to be this way. Our community needs more time. If public and private sector leaders commit themselves to finding a community-focused solution, this crisis can be avoided.

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