

these include centers of excellence, inpatient hospitals, ambulatory surgical centers, and clinics. This designation and reorganization process is now underway. It will make each facility more efficient and lower costs while still providing excellent care. It also matches the current shift to outpatient services that is occurring across North America. At this time, the transition of the Erie and Tampa hospitals to clinics has been completed. The Houston Hospital has been merged with Galveston Burn Hospital to create the new Texas Hospital. The Cincinnati Burn Hospital, Cincinnati, OH, has merged with the Dayton Children's Hospital in Dayton, OH, and will be operational in early 2021.

2020 Covid-19 Pandemic

This has been a difficult year for SHC, just as it has for all pediatric facilities in North America. It has been even more challenging as SHC has 22 hospitals in 18 states, one Canadian Province (Montreal) and one in Mexico (Mexico City). Patient safety has been challenging, elective surgery drastically reduced, and outreach clinics cancelled. Fortunately, it has dramatically increased our use and efficiency of telehealth to maintain communication with patients and families. SHC has survived along with all other pediatric programs and is anxious to return to more normal activities.

The Future

The story so far has been one of 98 years of progression of our system to the point that we are recognized, as previously stated, as being among the leaders in the world of pediatric orthopaedics, pediatric burns, and pediatric spinal cord injury. In fact, in 2020 five of our programs were rated in the top 50 pediatric orthopaedic programs in the United States by *U.S. News and World Report*. This included University of California-Davis/SHC Northern California #8, St. Louis Children's Hospital/SHC St. Louis #12, Primary Children's Hospital/SHC Salt Lake City #37, University of Pittsburgh Medical Center/SHC Erie #45 and Doernbecher Children's Hospital/SHC Portland #50. We anticipate more programs being ranked next year due to changes in reporting. Overall, there is tremendous potential for further

enhancement at SHC, but the system faces some very significant challenges. The cost of healthcare has skyrocketed! The fact that we are dealing with increasingly complex patients and performing increasingly complex procedures, has driven up the operating costs for our hospitals. At the same time, healthcare has rapidly progressed from inpatient services to outpatient services. The way we manage conditions has changed with intense efforts to minimize the length of stay in the hospital. In addition, insurance providers have defined what qualifies as an "inpatient facility." That has resulted in a dramatic reduction in the utilization of beds in many of the hospitals. Because of these and other factors, further changes to the system are anticipated. This includes further redesignation of our hospitals.

As is clearly established in the Mission & Vision Statements, Shriners Hospitals for Children looks forward to the next 100 years of serving children!

Mission Statement of Shriners Hospitals for Children

- Provide the **highest quality care** to children with neuromusculoskeletal conditions, burn injuries, and other special healthcare needs within a compassionate, family-centered, and collaborative care environment.
- Provide for the **education** of physicians and other healthcare professionals.
- Conduct **research** to discover new knowledge that improves the quality of care and quality of life of children and families.

This mission is carried out without regard to race, color, creed, sex or sect, disability, national origin, or ability of a patient or family to pay.

References

1. McCollough III, Newton C., The Evolution of Shriners Hospitals for Children in North America, *Clin Orthop Relat Res*. 2000 May;(374):187-94
2. Shimberg, Elaine Fantle, A Heritage of Helping, published by Shriners Hospitals for Children 1996