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Children's Mercy Hospital Annual Report 2007

Children's Mercy Hospital

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2007

Children's Mercy Hospitals and Clinics Annual Report

Expanding
the future
of pediatric
health care



Children's Mercy
HOSPITALS & CLINICS
www.childrensmercy.org

It's often said that the way we treat our children today sends a signal to future generations of children we may never meet. That statement's truthfulness inspires a special kind of passion in the 5,200 Children's Mercy medical professionals and staff members who last year alone cared for the lives of hundreds of thousands of this region's pediatric patients. With an operating budget that now approaches \$1 billion supporting clinical programs, medical research, and family care initiatives respected nationally for their excellence, Children's Mercy and its clinics today serve as the region's preferred destination for pediatric medicine.



While statistics may demonstrate the magnitude of our enterprise, statistics are inadequate to demonstrate its significance. That significance is told not by statistics, but by stories: stories about children whose lives are saved and whose treatment gives them a chance to face a normal and healthy future; stories about devoted medical professionals whose personal interest in the well-being of patients and families brings hope during crucial moments of a child's care; stories about volunteers whose seemingly limitless capacity for unselfish expression brings greater capacity to clinical professionals, leaving them unfettered to focus on the care of a patient; stories about medical researchers whose laboratory breakthroughs are bringing us ever more closely to the eradication of certain childhood diseases and whose work can be walked from the laboratory to the bedside of a child when that research doctor's expertise is critical to that patient's treatment; and stories about donors—large and small—whose generosity can be seen in the construction of expanded facilities and whose resources enable the education, recruitment and hiring of medical specialists from a national pool of talent now truly attracted to Children's Mercy as a preferred place to practice pediatric medicine.

Our clinical professionals, our administrative staff and our board also contributed this year to an important story. It's the story of our long-range plan for expansion that will allow us to anticipate and respond to the increasing demand for our clinical care and to enlarge our commitment to conducting vital medical research. We are particularly grateful to the Hall Family Foundation's contribution of \$43 million in support of that plan and grateful to the hundreds and thousands of other donors who in the past year and in the future will follow the foundation's lead by contributing resources to help Children's Mercy and this region achieve our vision.

While we know the work we do now sends signals to future generations we may never meet, we also know we must be measured by what we accomplish today on behalf of that individual patient in one of our clinics or hospitals, where care is enriched by compassion, science is enlarged by spirit, and clinical technique is enhanced by responsiveness to the needs of the entire family. Children's Mercy is an institution that today stands as testimony to a regional community's highest regard for the health and well-being of its young people. For your continued support, you have much to expect of us, and it is our privilege to strive to exceed your highest expectations as we move together to improve and expand our programs and services today and tomorrow.

Randall L. O'Donnell, PhD
President and Chief Executive Officer



Milton Fowler, Jr., MD, helps a young patient in one of our Urgent Care Centers.

CLINICAL CARE

During the past 12 years, Children's Mercy has seen considerable patient growth: outpatient clinic visits are up 104 percent; admissions have increased 100 percent; average daily census is up 65 percent; and surgical procedures have grown 142 percent. That growth was the driving factor in the development of a long-range expansion plan – announced in December 2007 – that will provide the capacity and resources to care for the more than 400,000 and growing pediatric patients we serve each year. To further accommodate that growth, we are continuing to increase our medical staff and expand our array of pediatric clinics and services, while maintaining our commitment to providing the highest quality of care to every child.

“Children deserve nothing but the very best and Children's Mercy is committed to providing first class health care for all children. With this vision, and with the help and dedication of our community, we are taking steps to make sure that the future is bright for many more generations.”

Randall L. O'Donnell, PhD, President and CEO

Transforming



Nurses did not become nurses to do paperwork. They did not become nurses to search for supplies. Nurses are nurses at Children's Mercy to care for kids.

And thanks to being chosen as part of a nationwide project, we're getting a chance to figure out how to let nurses do more of what they want.

It's the nature of modern health care for nurses to spend more and more time away from the bedside. There's charting

to be done and other administrative duties to perform. Providing direct patient care accounts for about 50 percent of a nurse's shift; the other half the time, nurses are away from the bedside.

"Our goal is to increase the time spent in direct patient care to 75 percent," says Cheri Hunt, Vice President and Chief Nursing Officer.

The project is known as Transforming Care at the Bedside, a joint effort by

the Robert Wood Johnson Foundation and the American Organization of Nurse Executives. Children's Mercy Hospitals and Clinics is the only hospital in Kansas or Missouri and one of just three children's hospitals nationwide (along with Boston and Cincinnati) on the project.

"We can do whatever we want, as long as it helps us meet the goals of better patient care," Hunt explains. Hunt and others are excited about the opportunities to contribute to this

Children's Mercy is implementing changes so nurses like Marilyn Banks can spend more time caring for patients and less time on paperwork and administrative duties.

E-x-p-a-n-d-i-n-g

What will a child born today need in terms of health care by the time she is 15?

That was the challenge that faced a long-range planning committee established by Children's Mercy in 2006, and the results of their planning were unveiled and kicked off in 2007.

That was also the vision adopted by the Hall Family Foundation, which provided Children's Mercy with an extraordinary lead gift of \$43 million to support the long-range expansion plan. It was the largest single gift ever received by Children's Mercy and one of the largest given to a children's hospital anywhere.

The expansion plan calls for doubling the size of the Children's Mercy campus on Hospital Hill by the year 2022, adding more inpatient beds, outpatient specialty clinics, research labs and offices, plus expanding services such as the Emergency Department, Surgery, Radiology/MRI and more. It also includes expansion at Children's Mercy South in Overland Park, Kan. and the establishment of Children's Mercy East, an outpatient/urgent care center in Independence, Mo.

Even before the expansion plan was finalized, Children's Mercy had "expanded" again, with the opening of Children's Mercy West/The Cordell Meeks Jr. Clinic in Wyandotte County, Kan. in the summer of 2007. The new building nearly doubled the space of the former Parallel Parkway Office, a primary care clinic serving more than 17,000 children annually. The new clinic is named in memory of Judge Cordell Meeks, Jr., who was serving as chairman of the hospital's Board of Directors when he died in 2006.

Care at Bedside

process and to learn from others.

"This is truly on a national level. We will be sharing with others across the country and we will be learning from others as well.

"We hope that in the end, we will have more satisfied nurses and better care for patients. Improving care for our children is always our number one goal."





That fateful call – the one every parent fears. There's been an accident and your child is hurt.



Jacob, mom Sandra and brother Josh stand in front of the barn where Jacob had his accident.

Sandra Alig sat at her desk as she does every morning, unaware of what was awaiting her that day. A day of such distress that time seemed accelerated, while the events will stand still in her memory forever.

Jacob, her son, was 15 years old and doing repair work on the roof of a barn when he fell through, dropping 20 feet to the ground below.

“I got the call letting me know that Jake had an accident and was taken to the closest hospital in Harrisonville, Mo.,” says Sandra. “I was so upset and shocked, I didn’t even ask what his injuries were, I just had to get to him.”

Sandra’s oldest son Josh was only a few miles away from the hospital, so she called him to meet her at the hospital.

“I work in Overland Park, Kan., so driving those 40 miles was the most tortuous time of my life,” says Sandra.

And it would only get harder, as she received a call back from Josh, who had already looked in on his little brother, where he saw that Jacob’s injuries were very severe. He was covered in blood, with bones sticking out of his arm.

Josh told his mom that she needed to call him back once she arrived at the hospital, and that he would come out and get her.

“Why?” Why did he have to come out and meet me is all Sandra could think about. “I didn’t know if Jacob was dead, paralyzed or what. I only knew

that Josh was trying to protect me from something.”

Looking back, Sandra realizes that to see his little brother in that condition must have been very difficult on Josh as well, but he knew she would be hysterical, and that he had to be the calming and supportive presence during a time of great need.

Right after she arrived, she was told that Jacob was being transported to Children’s Mercy Hospital.

“Josh stayed with Jacob while I drove back to Kansas City. I wanted to be there by the time the helicopter landed,” says

The Emergency department at Children’s Mercy Hospitals and Clinics was singled out as one of the top five best in the country, according to a Child magazine survey, identifying the top children’s hospitals in the United States.

Sandra. “I was still hysterical and crying, but at least I knew Jacob was alive.”

It was not until Sandra was reunited with Jacob in our Emergency Department that she saw his injuries for the first time.

“Jacob came in with severe injuries

and was obviously in a lot of pain which needed to be addressed quickly and in a safe manner. This required more than just medicine, but physical and emotional support,” says Lisa Schroeder, MD, Emergency Medicine at Children’s Mercy Hospitals and Clinics and Assistant Professor of Pediatrics at the UMKC School of Medicine, who was the Emergency Room physician who cared for Jacob. “We always remember that while Jacob was the patient, his entire family was deeply affected by his injuries and discomfort. We know that family can provide comfort that no amount of medication can.”

As Sandra recounts, Jacob’s arm was so deformed that a nurse had to support it as they walked to radiology, actually holding it in place while he was being x-rayed.

“I was still in such shock, and Jacob was in so much pain,” says Sandra. “But the staff of the ER was incredible, and that nurse was not going to leave his side. His arm couldn’t be moved, and she made sure that it didn’t.”

It was 4 a.m. before Jacob was brought to his room on 5 Henson, and only then did Sandra feel any relief.

“I felt better once we were at Children’s Mercy,” said Sandra. “I knew Jacob was going to be well taken care of, but he was in so much pain that I was still anxious until I was able to be with him.”

Finally, more than a day after receiving that phone call, Sandra allowed herself to leave Jacob’s side, if only for a couple of hours. But even then, it was only because of all the support she had from both her son Josh, and all the employees of Children’s Mercy.



“The nurse from the ER actually came up a couple of times to look in on us,” says Sandra. “From the moment we came into the ER, through surgery and finally on 5 Henson, the care we received was phenomenal. I don’t know what I would’ve been like if it weren’t for everyone taking such good care of us.”

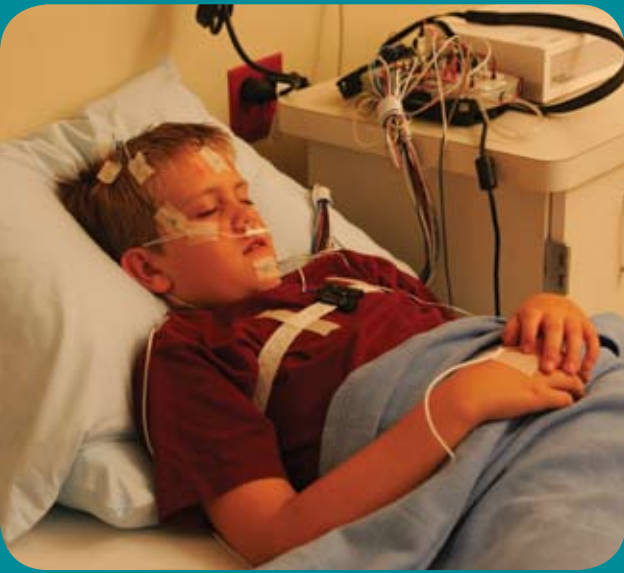
It’s been a year since Jacob fell through the barn’s roof. He’s had a total of eight surgeries thus far, and is looking to have at least one more.

According to Dale Jarka, MD, Orthopaedic Surgery at Children’s Mercy Hospitals and Clinics and Assistant Professor of Orthopaedic Surgery at the UMKC School of Medicine, and Jacob’s orthopaedic surgeon, the accident frayed a nerve in Jacob’s arm, but the multiple surgeries have restored feeling in all of his fingers except one.

“Jacob and I were lucky to have such quality care and compassion shown to us. Though he doesn’t have full mobility in his arm, considering how far he fell, he’s lucky to be alive,” says Sandra. “Everyone at Children’s Mercy went above and beyond to care for all of us.”

Other Highlights

Children’s Mercy continued to expand the services offered for children in 2007, while existing programs drew regional and national recognition:



Getting the right amount of sleep each night is as important to a child’s health as eating the right food and getting enough exercise. Children with sleep problems can now be diagnosed and treated at the only exclusively-pediatric sleep program within a 200-mile radius, as Children’s Mercy opened its new **Sleep Disorders Clinic and Diagnostic Unit** in 2007. Outpatient clinics are held at both Children’s Mercy Hospital and Children’s Mercy South, and overnight sleep studies are available at a new four-bed diagnostic unit at Children’s Mercy South. Robert Beckerman, MD, is Medical Director for the new program, and his “Dream Team” provides state-of-the-art care for children who suffer from a wide range of sleep disorders, including apnea, night terrors, sleepwalking, sleep-related movement disorders and much more.

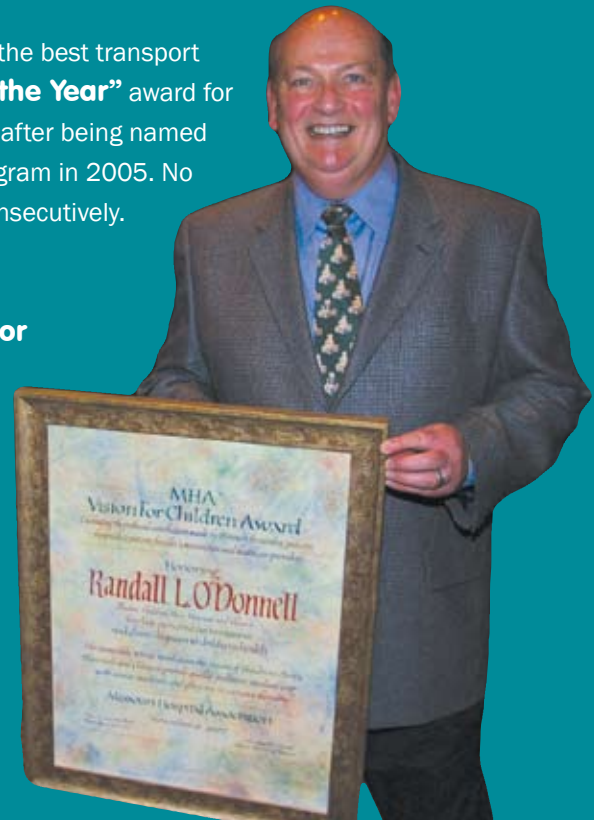
Children’s Mercy is now also the only program in the region to offer a comprehensive, multidisciplinary outpatient program for children and teens with eating disorders such as anorexia nervosa, bulimia and excessive or compulsive exercise disorders. The new **Eating Disorders Program** opened in the summer of 2007 under the medical direction of Michael Spaulding-Barclay, MD.



The Children’s Mercy Critical Care Transport Program was recognized as the best transport program in the nation when it received the **“Transport Program of the Year”** award for 2007 from the Association of Air Medical Services. This award comes after being named best fixed wing program in 2006 and best ground transportation program in 2005. No other program in the U.S. has ever won all three awards, let alone consecutively.

Randall L. O’Donnell, PhD, President/CEO, received the **Vision for Children Award** from the Missouri Hospital Association in November of 2007. The award recognizes the profound contributions that the leaders of children’s hospitals make to the children, families and communities they serve.

Dr. O’Donnell also received the **Outstanding Alumni Award** from the University of Iowa College of Public Health, where he received his doctoral degree in 1977.





Maurice Watson, past chairman of the hospital's Board of Directors, was honored with the prestigious Excellence in Governance Award from the Missouri Hospital Association in June of 2007. Watson served on the hospital board for 13 years, including four years as board chairman.

The hospital's Emergency Department was named as one of the **Top Five Pediatric ERs in the Nation** in the bi-annual survey conducted by Child Magazine.



Again in 2007, Children's Mercy was recognized with the **Excellence in Organ Donation Medal of Honor** from the U.S. Department of Health and Human Services. Children's Mercy was one of only two Missouri hospitals recognized for achieving and sustaining an organ donation rate of 75 percent or more of eligible donors.



The hospital's oncology program was the only pediatric hospital program in the U.S. and one of only two programs in Missouri or Kansas to receive the prestigious **Outstanding Achievement Award** from the American College of Surgeons Commission on Cancer.



Other honors garnered in 2007 include:

Named one of the **100 Best Adoption-Friendly Workplaces in the U.S.** by the Dave Thomas Foundation.

Named one of the **Top 10 Companies in Kansas City** by Kansas City Magazine.

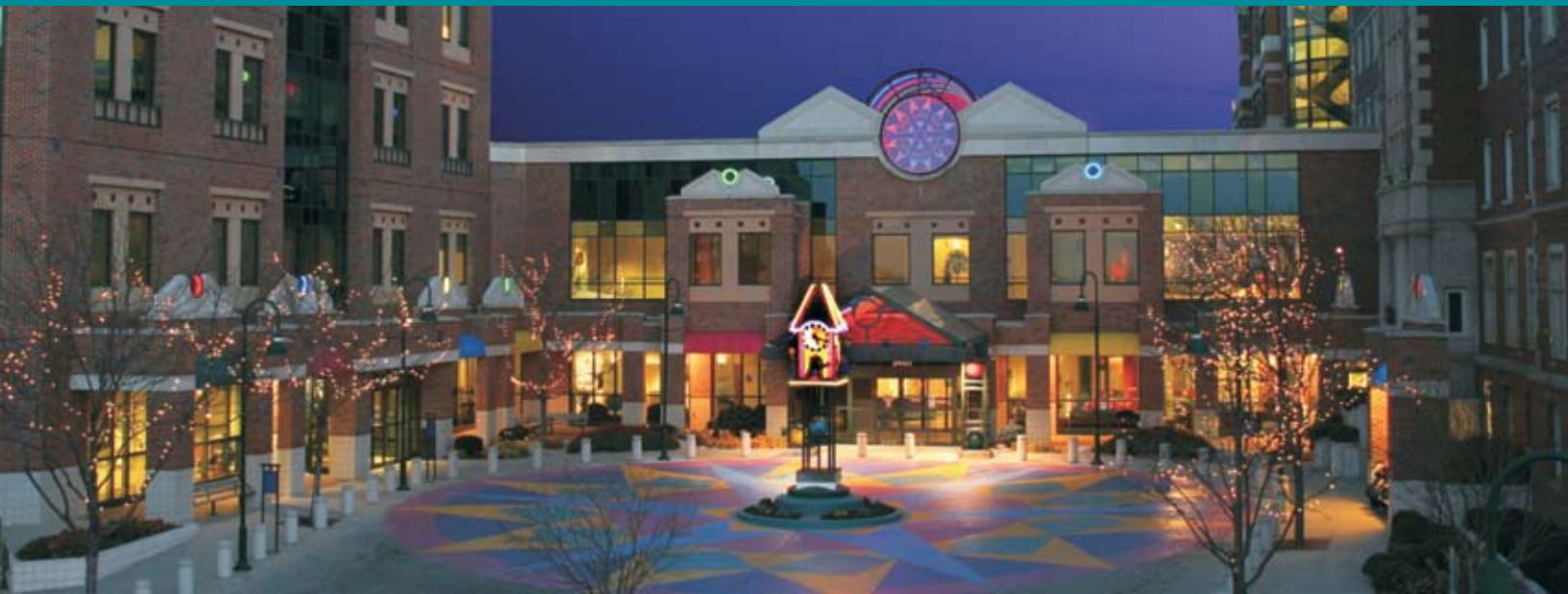
Named one of the **Top Ten Places to Work in Kansas City** among large employers by the Kansas City Business Journal.



Thirty-six Children's Mercy physicians were included in the **Super Doctors** listing in KC Magazine (representing more than 10 percent of the entire list!) **Laura Fitzmaurice, MD**, was named as one of the **"Top Doctors"** of 2007 by Ingram's Magazine, and **Gary Pettett, MD**, was chosen as one of four **"Doctors of Distinction"** by the Metropolitan Medical Society of Greater Kansas City.



The Overland Park Economic Development Council presented Children's Mercy South with the **Business Hall of Honor Award** for 2007, an award given to businesses committed to economic development as well as improving the quality of life in Overland Park, Kan.



Susan Abdel Rahman, PharmD, is leading groundbreaking research at Children's Mercy.



RESEARCH

Since the development of a new research vision just over a decade ago, Children's Mercy has been on an upward growth trend in pediatric research. More faculty are involved in research today than ever before in the hospital's history, the hospital has more than 48,000 square feet dedicated to research space with more to come as part of the hospital's expansion plans, and our researchers and faculty are rising to national prominence thanks to their groundbreaking work in numerous areas. But we're doing more than creating new knowledge and applying it here at Children's Mercy; through licenses, patents and technology we are sharing our knowledge with others around the world to improve pediatric health care for children everywhere.

"It's as important to discover the knowledge that's used as to use the knowledge that's discovered."

Gregory Kearns, PharmD, PhD, Medical Research Department Chair



Pediatric Pharmacology

On a national level, children are the most fragile and often most neglected patients when it comes to the development of new medicines, therapies and technology. That is about to change though, thanks to the Institute for Pediatric Innovation and its Pediatric Hospital Consortium.

Children's Mercy Hospitals and Clinics is one of three founding members of the national consortium along with University Hospitals Rainbow Babies and Children's Hospital/Care Medical School of Cleveland, Ohio and Lucile Packard Children's Hospital at Stanford

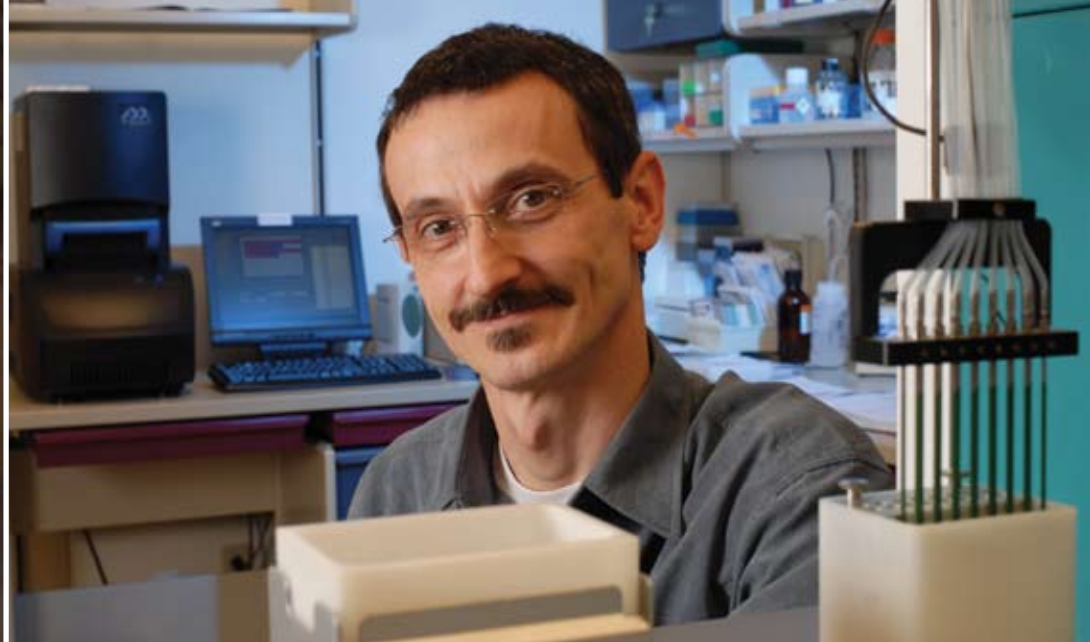
University. The consortium, founded as part of the Institute for Pediatric Innovation, is funded by an initial grant from the Ewing Marion Kauffman Foundation.

"Because children make up such a small percentage of the total population needing medical care, their needs are often overlooked in any national health care discussion," says Randall L. O'Donnell, PhD, President/CEO of Children's Mercy. "This new consortium will bring together world-class pediatric specialists, pediatric nurses and allied health professionals who are national

leaders in their fields to help ensure that children's needs remain in the spotlight and receive the attention they deserve."

Initially, the consortium is centering its efforts on three main areas:

- Analyzing the need for equipment specifically for use in neonatal intensive care units;
- Gaining a better understanding of the resources available within the consortium hospitals through a detailed resource inventory and analysis; and
- Developing a pediatric reformulation program to develop



safe, stable, validated and palatable formulations of existing medicines in dosages or delivery forms specific to the needs of children.

Children's Mercy has the largest pediatric pharmacology research program in the country, so participation in the consortium, and with the pediatric reformulation program in particular, was a natural fit.

"When a medication that can benefit an infant or small child is only available as a tablet formulation, challenges

abound which often can result in either denying a child a needed therapy or preventing the administration of the precise dose needed. Through the collaboration between IPI and the Pediatric Pharmacology program at Children's Mercy, we will create a mechanism whereby we can discover, develop and evaluate new formulations of currently used drugs that are created especially for infants and children. This unique initiative has the potential to improve therapeutics for our patients at Children's Mercy and throughout the world," says Greg Kearns, PharmD, PhD, Chairman of the Department

of Medical Research and the Marion Merrell Dow/Missouri Endowed Chair in Pediatric Research at Children's Mercy Hospitals and Clinics, and Professor of Pediatrics and Pharmacology, University of Missouri-Kansas City School of Medicine.

Above: Roger Gaedigk, PhD, Clinical Pharmacology and Steven Leeder, PharmD, PhD, Chief, Developmental Pharmacology and Experimental Therapeutics, are both making great strides in pediatric pharmacology.



Sibling Rivalry


Megan and Robert are brother and sister, and both have Type I diabetes. They must poke the tip of their finger four to six times a day to check blood sugars. In addition to living with a diet of limited sugars and carbohydrates – not an easy task for any teenager – they have to give themselves three or four shots each and every day to regulate those blood sugars.

Once you have developed diabetes, it is a lifelong altering disease. And because the risk for the disease is genetic, their younger sister Samantha is at greater risk to develop it herself. Her risk is much greater because she already has antibodies in the beta cells that produce insulin. The antibodies indicate that autoimmunity is already working to destroy the insulin producing cells in her pancreas.

The research of Wayne Moore, MD, PhD, Endocrinology Section Chief at Children’s Mercy Hospitals and Clinics and Professor of Pediatrics at the UMKC School of Medicine, is striving to prevent Samantha from ever having to face the same ordeal as her older brother and sister.

“Prevention is the best cure,” says Dr. Moore. “There are many efforts to ‘cure’ diabetes after it has developed. Our focus is on preventing the children from ever having to deal with the disease.”

In the case of Samantha, testing for antibodies provided Dr. Moore with unmistakable indicators that she is very



Younger sister Samantha hopes to have a future free from diabetes unlike siblings Robert and Megan.



Children's Mercy has one of the largest pediatric endocrinology/diabetes teams in the country.

likely to develop diabetes within the next two to three years.

Through collaboration with the National Institutes of Health's TrialNet, an international network focusing on Type 1 diabetes, Dr. Moore and a team of physicians, research coordinators, and diabetes educators are utilizing oral insulin, where the medication is in a capsulated form, to prevent or delay the onset of diabetes in those that are at increased risk for developing the disease.

"Prevention would be fantastic, but even a delay in developing diabetes means

we can reduce their exposure to many chronic complications like heart disease and kidney failure," says Dr. Moore.

The research is in its infancy, and this study is only the first step in a series of studies intending to prevent diabetes.

"Both Megan and Robert are diabetic. And while there is no cure today, hopefully our research will prevent their little sister Samantha from acquiring it tomorrow," says Dr. Moore.



Research Highlights

Children's Mercy Hospitals and Clinics is one of three founding members of The Institute for Pediatric Innovation Consortium of Pediatric Hospitals. The consortium was established to develop new products and medications that are specifically tailored for children's unique needs. "Because children make up such a small percentage of the total population needing medical care, their needs are often overlooked in any national health care discussion," says Randall L. O'Donnell, PhD, President/CEO of Children's Mercy. "This new consortium will bring together world-class pediatric specialists, pediatric nurses and allied health professionals who are national leaders in their fields to help ensure that children's needs remain in the spotlight and receive the attention they deserve."

Children's Mercy leadership in the area of genomic technology is taking another step forward with the development of new company to patent, license and sell new technologies created by hospital researchers and scientist. The new company will be led by **Heather Newkirk, PhD**, whose work on DNA probes has led to the development of new microtechnology to help scientists more efficiently view smaller segments of chromosomes, providing more accurately pinpointed diagnoses.



In addition to innovative therapies, totally new areas of biology and medical therapeutics are being studied for patients with congenital heart disease. With the addition of **Richard Hopkins, MD**, and his research on tissue, cell and gene engineering therapies and bioengineered heart valves, Children's Mercy is on the brink of new discoveries with the potential to revolutionize heart surgery for babies by creating heart valves that will grow with the child. The hospital's expansion plans call for a Cardiac Surgery Research lab adjacent to two new operating rooms to support this research.



Children's Mercy is combining industry-leading research with community education to address the growing problem of overweight and obesity in children. The hospital's **PHIT Kids program**, under the direction of **Sarah Hampl, MD**, has received national attention for its success in addressing the problem through a unique approach that includes an emphasis on socio-economic factors, in addition to the usual focus on nutrition and exercise.

Antimicrobial resistant organisms are a major cause of hospital acquired infections. Excessive use of antibiotics can cause resistance among certain pathogens, while controlled use may curb this resistance. Under the direction of **Jason Newland, MD**, Children's Mercy is leading efforts to monitor the use of antibiotics within the hospital and make recommendations on appropriate antibiotics, dose and length of therapy.

Children's Mercy researcher **Susan Abdel Rahman, PharmD**, is leading research to better understand Trichophyton tonsurans, the most common cause of pediatric dermatophytoses such as ringworm. Dr. Rahman's groundbreaking research methodology in this area is now being adopted worldwide and could lead to better strategies to prevent, treat and eradicate fungal infections.

Children's Mercy is developing a broad-based research approach to address sickle cell disease in children. Work by **Gerald Woods, MD**, Hematology/Oncology division chief, as well as **Kathleen Neville, MD**, and **Efe Iyamu, PhD**, (at right) addresses not only the causes of sickle cell and how it works, but also more effective drug therapies for treatment of the disease and associated pain.





Denise Bratcher, DO, examines a patient while medical students observe.

ACADEMICS

Recently the American Medical Association declared that safe, quality medical care is ultimately dependent on a well-educated physician work force. While the available pool of pediatric specialists and subspecialists is shrinking nationally, the training programs and pool of talent at Children's Mercy continue to grow. Our pediatric residency training program is building a national reputation and attracting students from throughout the country, and our expanding fellowship programs are training the next generation of pediatric specialists in more than 20 subspecialty areas. These programs, along with our training programs for medical students, nurses and other clinical specialties are thriving as part of the hospital's enduring commitment to educating and training health care professionals to serve here and all around the world.

"We have a moral obligation to do the best we can because these are the people who will care for future generations of children."

Denise Bratcher, DO, Residency Program Director



Moving to the Head of the Class

The role of physician as teacher is one that has always intrigued Denise Bratcher, DO, Infectious Disease specialist, Pediatric Residency Program Director and Associate Professor of Pediatrics at UMKC School of Medicine.

Inspired by the teachers and clinical instructors she has had throughout her own career, Dr. Bratcher has always viewed education as a central part of her responsibilities as a physician. When she took over as director of the pediatric residency program in 2006, Dr. Bratcher brought with her a personal dedication to mentoring and teaching, as well as an institutional commitment to improving the academic experience

for all residents and medical students we train.

“Children’s Mercy has played an important and active role in educating physicians since the first residents were trained here in the 1940s,” says Dr. Bratcher. “As medicine and technology change, we are continuing to change as well to offer the best educational experience possible.”

Change was a key word for the residency program in 2007 as several initiatives were implemented to strengthen the professional learning experience and quality of life for residents. These initiatives touched on nearly every

aspect of the clinical experience including patient rounds, educational conferences, mentoring and expanded clinical and research opportunities, while also addressing the unique stresses of medical training that can affect every aspect of a physician’s life.

“We have a moral obligation to do the best we can because these are the people who will care for future generations of children,” Dr. Bratcher says. “Our goals are still the same: provide a clinically rich educational experience, to deliver high quality pediatric patient care, and to have 100 percent board pass rates.”



William Truog, MD, discusses a patient's care with neonatology fellows in the Intensive Care Nursery.

Academics Leadership

Pediatrician-in-Chief

Kevin Kelly, MD
 Joyce C. Hall Distinguished
 Professor of Pediatrics
 Associate Dean, UMKC School of
 Medicine

Graduate Medical Education Leadership

Jane Knapp, MD
 Medical Director of
 Graduate Medical Education

Ravi Kallur, PhD
 Administrative Director of
 Graduate Medical Education

Pediatric Residency Program Directors

Denise Bratcher, DO
 Pediatric Residency Program Director

Lorraine Brewer, DO
 Associate Program Director

Keith Mann, MD
 Associate Program Director

Internal Medicine/Pediatrics Program

Brenda Rogers, MD
 Internal Medicine/Pediatrics Residency
 Program Director

Medical Student Education

Nasreen Talib, MD
 Medical Student Education
 Program Director

Maria Dycoco, MD
 Associate Program Director

Kathleen Mourning, MD
 Associate Program Director

Fellowship Program Directors

Allergy/ Immunology
 Paul Dowling, MD

Child Neurology
 William Graf, MD

Clinical Pharmacology
 Greg Kearns, PharmD, PhD

Craniomaxillofacial Surgery
 Virender Singhal, MD

Developmental-Behavioral Pediatrics
 Carol Garrison, MD

Neonatal-Perinatal Medicine
 William Truog, MD

Pediatric Child Abuse & Neglect
 Irene Walsh, MD

Pediatric Dermatology
 Amy Jo Nopper, MD

Pediatric Emergency Medicine
 Chris Kennedy, MD

Pediatric Endocrinology
 Jill Jacobson, MD

Pediatric Gastroenterology
 James Daniel, MD

Pediatric Hematology/Oncology
 Gerald Woods, MD

Pediatric Infectious Diseases
 Mary Anne Jackson, MD

Pediatric Nephrology
 Doug Blowey, MD

Pediatric Ophthalmology
 Scott Oliitsky, MD

Pediatric Otolaryngology
 Daniel Bruegger, MD

Pediatric Pathology
 David Zwick, MD

Pediatric Radiology
 Lisa Lowe, MD

Pediatric Rehabilitation
 Robert Rinaldi, MD

Pediatric Surgery
 George W. Holcomb, III MD


Surgical Critical Care
 Daniel Ostlie, MD

Higher expectations reach across the board to clinical care, quality of education, and research. The program's board pass rate is already consistently at or above the national level.

More information on these new initiatives is provided on the following pages.

"We don't have big quantum leap changes, but we are at the point where we are still tweaking," says Dr. Bratcher. "We've made big strides, but we're not willing to rest on our laurels."





Bobby Schremmer, MD (second from left), and Chris Kennedy, MD (right), have implemented a program using patient simulators to train residents, fellows and hospital staff.

Practice Makes Perfect

High-fidelity Simulators

The Future of Medical Education is Here Today

There's been an accident. Your 5-year-old boy was hit by a car. Your heart races and your pulse quickens as paramedics take him to the hospital. All you can do is hope that all will be OK. You're entrusting your child to the staff of the emergency room. While situations like this require precise skills, it's not on your child that you want them to practice. They need to already know, to be capable and experienced.

This is the role of the Center for Excellence in Pediatric Resuscitation. Medical education used to be nothing more interactive than lecturing over a mannequin. But now, education for all patient care employees can entail a high fidelity human simulator. Developed by Christopher Kennedy, MD, and Robert Schremmer, MD, both pediatric emergency medicine specialists at Children's Mercy, the pediatric simulation program uses high-fidelity simulators, ranging in age from newborn to 5 years old, to replicate scenarios through which individuals or teams of health care providers must perform assessments and act on their findings.

Each simulator unit has many life-like features including breathing, pulse, and realistic voice, heart, and breath sounds. The units can even simulate a seizure. Additionally, the simulators, which resemble mannequins, can display real life responses to procedures and medications administered by the learners. Depending on the scenario's objectives – and the actions taken by the students – the simulator may recover, become sicker, or even die.

These simulators provide proficiency that can never be obtained in the classroom, with measures that were previously available only in real-life situations—but with one significant benefit over a real child.

“Unlike actual patients, if there’s a bad outcome, the machine can simply be reset, allowing the practitioner to attempt the same scenario as many times as required to master the procedure,” says Dr. Kennedy.

Initial funding for the program was provided by a grant from the Chapman Foundation. Though the program began

“Patient simulation is the future of medical education,” according to Dr. Kennedy. “Eventually, the need for simulation will even extend beyond education to include staff credentialing and certification, product development, and many other domains.”

And the training and assessment of clinical competence available through the simulator will increase the



at Children’s Mercy, the goal is to reach out to all providers in the region. Hospitals will not be the only focus, but also pre-hospital providers, and primary care offices. Since the mannequins are portable and controlled by wireless laptops, they can be taken to locations familiar to community providers. A five bed simulation center, called The Playroom, is also available for skills training and other types of fixed-location scenarios.

likelihood that real patients can arrive to be cared for at Children’s Mercy. So when it’s your little boy that is going to the emergency room – when you have to entrust his well-being to others – you can know that the staff will be ready.

New technologies such as medical simulators are being integrated into the training of Children’s Mercy staff, residents, fellows and medical students.

Graduate Medical Education Highlights

Restructured **patient care teams** and hired team coordinators to help improve communication, decrease the administrative workload and allow residents to spend more time at the bed side.

Implemented **Professor Rounds** in which upper level residents, working with faculty mentors, present patient cases as an unknown to students, residents and faculty.

To help instill the value of research at the foundational level, the residency program developed **Build Resident New Skills Through Research Mentoring - BRNSTRM** (pronounced BRAINSTORM). Residents are teamed with a core of researchers who have clinical, quality-based bench, education and or translational research experience. Through a month long elective, participants are exposed to aspects of the research process that will allow them to excel after residency and achieve academic success in fellowship training and beyond.

Initiated the development of a **Visiting Professors program** in which residents and students will have the opportunity to interact with outside faculty through conferences and lectures, as well as social opportunities.

An **international health elective** has been created for second and third year residents. This one-month, call-free rotation is offered through partnerships with other hospitals around the world to provide a consistent, safe experience for residents to learn about medicine in other cultures. Partnerships have been established or are being explored with providers in China, Africa, India and Panama.



Long work hours and mounting debt are just two of the stress factors facing residents.

Lorraine Brewer, DO, Associate Program Director, has led research on Resident Stress and Coping to help identify stressors and coping mechanisms that can be implemented. Her research was chosen for a poster presentation at the Pediatric Academic Societies annual conference. To address financial stress, counseling has been made available through the hospital's employee assistance program.

The residency program has initiated development of a **primary care tract** consisting of a three-year curriculum with rotations and didactics specifically geared toward practicing in the community. The new tract is designed to better prepare residents who are interested in primary care.

Beginning in 2007, new residents were required to complete an **Individualized Learning Plan** which allows the residents to look at their personal goals and opportunities. The learning plan is a self directed map to learning. Faculty advisors meet with residents at least twice a year to help residents further define their career goals and evaluate educational and practice opportunities.



Fred and Shirley Pryor, Children's Circle of Care members, served as honorary chairs of Red Hot Night³.

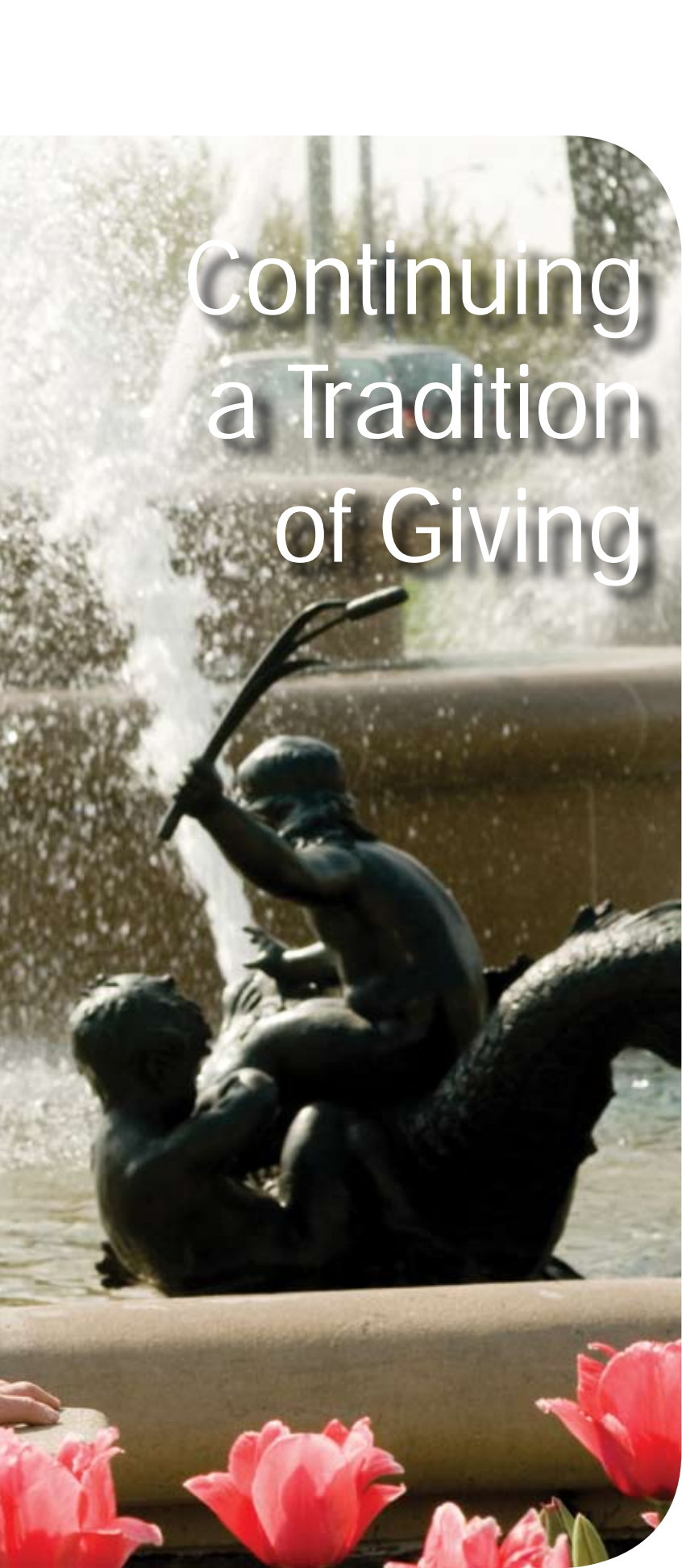
DONORS

Creating a world class children’s hospital requires more than the efforts of those who work within the walls of Children’s Mercy. Fortunately, Children’s Mercy has been blessed with strong community support since its founding in 1897. Since day one, our donors and volunteers have helped us not only provide an open door to excellent care for all children, but they have enabled us to grow our staff, technology and facilities into one of the leading pediatric health centers in the world. As we undertake our new expansion, we are grateful for the generosity of those listed in this report and their commitment to improving the health of children in our community.

“Children’s Mercy has a legacy of providing high quality care to every child, regardless of their family’s financial situation. We are truly a mission-driven organization and thanks to the help of our donors, we are able to put our money where our mission is.”

Brad Leech, Vice President and Chief Development Officer, Resource Development





Continuing a Tradition of Giving

Jamie Berg looks forward to the times when she gets to make a few patients at Children's Mercy Hospitals and Clinics forget about their aches and pains.

"I remember one evening I was a part of a group putting on a magic show and the kids were so excited," Berg says. "You know they don't feel good, but for a minute they get to forget about being sick. It's nice to know they were going to go to bed feeling happy that night."

Moments like this remind Berg why being involved with Children's Mercy has become a family tradition.

"Growing up, my parents made a point to make Children's Mercy a place to give back to, whether it be volunteering or donating," says Berg. "It has always been a priority for my parents."

She knew it was a tradition she was meant to continue.

Berg first got involved with Children's Mercy by becoming a member of the Hands & Hearts for Children auxiliary. Now, she and her husband, Jeff, who works for a commercial real estate development and brokerage group, will co-chair the 2009 Red Hot Night⁵, the hospital's largest fund-raising benefit.

"I remember when I first joined the group, I had no idea what I was doing, but I've come to realize it's such an important part of the hospital," says Berg, a stay-at-home mom. "Our fund-raising efforts help provide state-of-the-art care for those children who need it."

The Brookside couple has two children, 3-year-old Zach and 2-year-old Eliza. As a mother, Jamie Berg is grateful for a children's hospital so close to home.

"My husband and I are very lucky to have two healthy children and to know that a hospital of this caliber is in our backyard is very reassuring," Berg says. "You hear stories all the time from friends and family who have been grateful to the hospital in their time of need. I truly believe that Children's Mercy is one of the most important aspects of Kansas City."



Children's Circle of CareSM

Leaders in Giving

The Children's Circle of Care honors Children's Mercy's leading benefactors. These individuals, couples, family foundations and privately held corporations make gifts of \$10,000 or more in cash or appreciated assets to Children's Mercy in a calendar year. Royal Circle membership is awarded to donors whose cumulative, present value giving totals at least \$1 million since January 1, 1995.

A Rich History

In January of 2007, Children's Mercy was invited to join the prestigious Woodmark group, a consortium of the top 24 free-standing pediatric hospitals in North America that celebrate their top donors through the Children's Circle of Care. Since the Woodmark group was founded, Children's Circle of Care members have contributed over \$2.6 billion to 24 participating children's hospitals across North America. The mission of the Children's Circle of Care is to *advance philanthropy that supports patient care, teaching, research, and advocacy through education, and to recognize leading benefactors of participating children's hospitals.*

A Lasting Impact

Funds from Circle donors allow Children's Mercy to lead the way in advancing patient care, training the next generation of pediatric specialists, and making scientific discoveries that will lead to life-saving treatments for children. The Children's Circle of Care also ensures that Children's Mercy can continue to provide undivided attention and unsurpassed care to every child in our community and beyond, regardless of their family's inability to pay.

An International Community

Children's Circle of Care members are part of an international community, committed to ensuring that every child has access to exceptional health care. Circle members from across the continent convene each year at the North American Leadership Conference and Gala. Hosted by a different leading children's hospital and held in a different city each year, this premier event offers guests the opportunity to meet prominent philanthropists, physicians, researchers and clinicians from North America, learn about the latest advances in pediatric health care, and celebrate leadership in pediatric health care philanthropy.

Children's Mercy Hospital was there for our family when our daughter had cancer. Our involvement with the Children's Circle of Care is a way for us to express our gratitude and to help ensure that Children's Mercy Hospital is there for other families in their time of need.

- Whitney Kerr, Jr. 2007 CCC Member



CHILDREN'S MERCY HOSPITALS AND CLINICS **CIRCLES OF GIVING**

The **Circles of Giving** recognize and honor those individuals who make gifts to Children's Mercy Hospitals and Clinics on an annual basis. Membership is based on gifts received throughout the calendar year. The mission of all three circles is to advance philanthropy which supports patient care, teaching, research and advocacy through educating and recognizing the leading benefactors of Children's Mercy Hospital.

The **Circles of Mercy, Hope and Dreams** recognize donors for their cumulative annual gifts at the following levels:

Circle of Mercy - \$5,000 - \$9,999
Circle of Hope - \$2,500 - \$4,999
Circle of Dreams - \$1,000 - \$2,499

The **Circles of Giving** were established as part of an ongoing effort to encourage philanthropic support of operations at Children's Mercy and raise awareness about the little things which add up to immeasurably enhanced quality of life for thousands of children and their families. Whether your gift supports the operating fund, purchases a piece of equipment, or increases an endowed fund for cancer research, it all adds up to support of the mission which makes Children's Mercy the special place we all know it to be. We want our donors to know what a difference they make in the lives of the children for whom we care. We hope that these Circles of Giving do just that.

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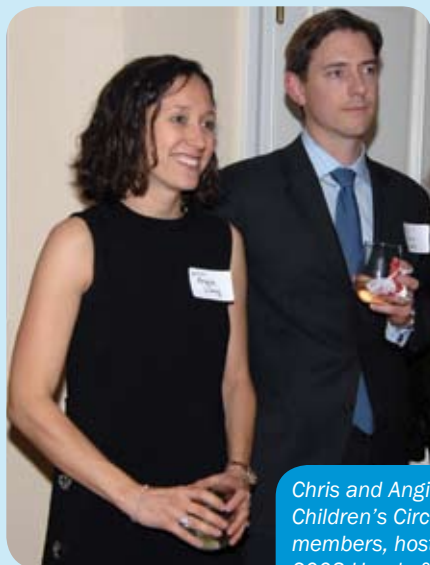
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Adele Hall, Children's Circle of Care member, connects with Children's Mercy patient, Kodi Stevens, age 4 and his father, Brian Stevens at the 2007 Children's Circle of Care Celebration.



Chris and Angie Long, Children's Circle of Care members, hosted the 2008 Hands & Hearts Patrons Party.

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have included
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their estate plans.**



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Michelle and Tom Bath and Maureen and Michael Bukaty, Red Hot Night³ event co-chairman. The event on February 10, 2007 raised \$600,000, which purchased new ambulances for Children's Mercy's Transport Department.

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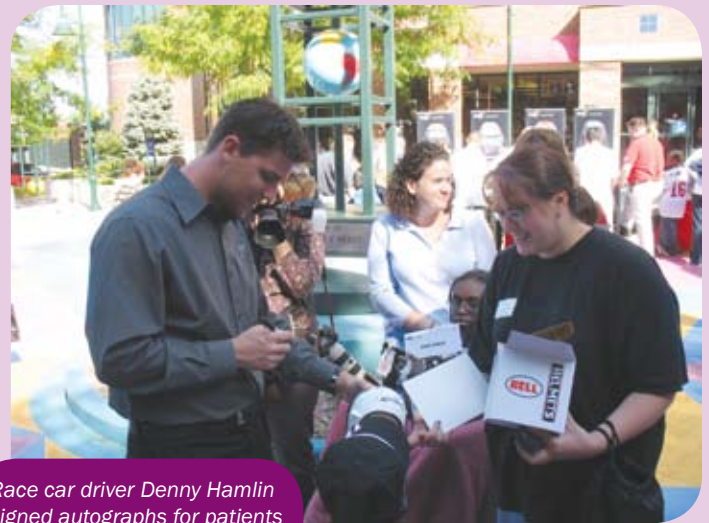


Jay Wolfe's 2007 annual holiday toy drop-off brought more than \$45,000 of toys for Children's Mercy patients! Brad Leech, Children's Mercy, Jeff Wolfe, Jo Stueve, Children's Mercy, Bo Tucci, Brian Tucci, Cindy Wolfe-Tucci and Dorene Shipley, Children's Mercy.

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 Power & Water Solutions Inc.
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 ProPharma Group
 PSP Industries
 Reece & Nichols Realtors
 Regal Distributing Company
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Race car driver Denny Hamlin signed autographs for patients and families as part of the FedEx NASCAR donation event to Children's Mercy.

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Ile Haggins, the new director of Children's Miracle Network for the Kansas City region, accepts a check from the manager of the new Wal-Mart store in Olathe, Kan., for funds raised as part of the store's grand opening. The Wal-Mart and Sam's Club stores in our region raised more than \$489,000 for CMN in 2007.

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\$1 Million and Above

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\$500,000 - 999,999

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Allison Libeer (middle) came to the hospital with her mother, Jennifer (left) and grandmother, Marjorie Trinkl (right), volunteer and retired nurse at Children's Mercy, to present donations from her birthday party to buy toys and books for the children.



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Bryan P. Cardwell	Aimee R. Doll	Christine L. Gaughan	Tina T. Hoang	Brandon G. Kinney	Charles A. Martel III
Bethany A. Carnes	Shirley Donahue	Barbara J. Gebauer	Bonnie G. Hodge	Christine Kirkpatrick	Gemy R. Martin
Heather A. Carrel	Joyce M. Douglas	Jeanne R. Gentile	Leah C. Hogan	Sarah M. Kirkpatrick	Kelsey D. Martin

Active Volunteers

Erin J. Martinez
Kimberly D. May
Susan C. Mayfield
Diane McCaffrey
Carolyn McCaul
Marti McClammer
Bobbi McConnell
Kelsey L. McCormick
Sandy M. McCray
Mary L. McCully-Gentry
Dee McDaniel
Harley McDaniel

Enid G. Mooney
Eleanor Moore
Deborah Moreno
Connie R. Morgan
Susan M. Morgan
Tammi Morgan
Ninfa Moritz
Elizabeth Morris
Mary J. Mowery
Maureen Mueller
Scott D. Mueller
Thomas A. Mueller

Rene Owens
Rosemary Padilla
Luann Palmer
Nancy F. Palmer
Susan M. Palmer
Mary Jo Panzero
Joo-Hee Park
Liz Paugoulatos
Heather N. Paxton
Isabel Paxton
Brooke R. Pearl
Rose A. Pearl

Andrew A. Ray
Amanda Raymundo
Billie J. Reagan
Laura S. Redmond
Helaine S. Reed
Theresa Reed
Walter L. Reed
Clarence Regas
Kari J. Rehberg
Beverly P. Rein
Caroline Reintjes
Claire E. Reintjes
Jeannette A. Reintjes
Laura Rhein
Dan G. Rhoades
Karan S. Rice
Shirley L. Roberts
Donald L. Robertson
Cheryl K. Roht
Suzanne M. Romain
Emily E. Rook
Peggy K. Rooney
Elaine L. Rosen
Amy P. Rosenthal
Ann M. Rosenwasser
Betty Rowland
Patricia Roy
Charlotte A. Ruben
Debra Rubin
Pauline S. Rubin
Ed Rush
Sharon Rush
Milvi S. Saarna
Sue A. Sabaugh
Nancy D. Sachse
Shirley Sanders
Katie M. Sanford
Alex Sanso
Cecilia Santacruz
Angela M. Saran
Jennifer R. Sawyer
Nancy Z. Saylor
Joe K. Scarlett
Lisa W. Schellhorn
Beverly L. Schmidt
Shereen L. Schreuder
Alex J. Schriner
Beverly Schuepbach
Courtney S. Schulte
Bill Schultz
Cathy P. Schultz
Doug H. Schwabauer
Kelly J. Schwabauer
John F. Schwertley
Bud Seaman
Georgia Seaman
Julianne S. Sear
Joy Searls
Renee Seay
Jaime N. Seematter
Kelly K. Seleska
Ryan E. Sells
Kara L. Settles
Karey L. Shafer
Patricia K. Shamet
Patsy J. Shawver
Tina S. Shea
Julie R. Shields
Dorothy Shockley
Deborah M. Sicoli
Cindy Siemers

Virginia S. Sifers
Linda E. Sigler
Kevin M. Simpson
Julie T. Smart
Belinda A. Smith
Hermazene Smith
Jeannine Smith
Michael E. Smith
Mike S. Smith
Samantha Smith
Sharon L. Smith
Mechelle Smokorowski
Pamela J. Snyder
Merna M. Solomon
Paula L. Sorg
Jeanne R. Sosland
Dolores M. Sosnow
Kenneth Spare
Lucy M. Spare
Paul J. Spearman
Ruth Spector
Cheryl Speed
Elizabeth D. Spencer
Cecelia M. Stadler
Luann A. Stanislaus
Alice Stark
Nancy N. Stark
Allyn A. Starr
Linda N. Steadman
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Theresa M. Steffens
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Eileen M. Swearingen
Steve D. Switzer
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Chris O. Tatum
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Fernando Valle
Elizabeth A.
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Robert W. VanVacter
Anne L. Vezeau

Armando Villanueva
Kathy M. Visk
Katie A. Vogel
Susan L. Vollmer
Burt L. Wagenknecht
Bridget Wagstaff
Jenny T. Waldeck
Jeanee L. Wallace
Tim R. Walsh
Xiaorong Wang
Alison W. Ward
David L. Warren
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Randall W. Warren
Kathleen M. Ways
Dawn M. Weaver
Bonnie C. Weber
Sam E. Weeks
Judith E. Weinstein
Nichole A. Weir
Andrea D. Weisz
Kathy Wells
Chad A. Welter
Anne R. Welter
Frank R. Wheeler
Pamela G. Wheeler
Sandy Wheeler
Marie C. Whitacre
Leslie Whitaker
Kathie White
Patti Whitlock
Patricia D. Wicke
Toshia M. Widener
Drolette A. Wiedeman
Molly Wiedeman
Sabra Wiegers
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Suzanne K. Willey
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Juanita C. Williams
Kathleen M. Williams
Ruby N. Williams
Susan L. Williams
Mindy K. Williford
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Lauren A. Wilson
Renee Wilson
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Brett Zarger
Megan Zarger
Wendy O. Zecy
Ashley M. Zondca



Cindy Roberts, Volunteer Services, congratulates Children's Mercy foster grandparent Ola Mae Harrold, who has donated 17,500 hours of volunteer service to the hospital.

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Jill R. McGee
Thomas J. McGrath
Lynne O. McLain
Sandy H. McLarney
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Michelle McMillan
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UMKC School of Medicine

George Whitfield Holcomb III, MD

Surgeon-in-Chief/The Katharine
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Plastic and Reconstructive
Surgery

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J. Steven Leeder, PharmD, PhD

Est. 1995

The Joseph Boon Gregg/Missouri Chair in Pediatric Cardiac Surgery

Gary Lofland, MD

Est. 1997

The William R. Brown/Missouri Chair in Medical Genetics and Molecular Medicine

Vacant

Est. 1997

The Dee Lyons/Missouri Chair in Pediatric Immunology Research

Lanny Rosenwasser, MD

Est. 1998

The Thomas Holder/Keith Ashcraft Chair in Pediatric Surgical Research

Vacant (pending)

Est. 2000

The Sosland Chair in Neonatal Research

William Truog, MD

Est. 2001

The Marion Merrell Dow Chair in Pediatric Pharmacogenomics

Vacant

Est. 2002

Joyce C. Hall Distinguished Professor of Pediatrics

Kevin Kelly, MD

Est. 1967

The Katharine B. Richardson Chair in Pediatric Surgery

George Whitfield Holcomb III, MD

Est. 1973

The Jerry A. Smith Chair in Pediatrics

Vacant

Est. 1985

The Dr. Rex and Lillian Dively Chair in Pediatric Orthopedic Surgery

Bradley Olney, MD

Est. 1989

The Ernest L. Glasscock, MD, Chair in Pediatric Education and Research

Stanley Hellerstein, MD

Est. 1990

The Marion Merrell Dow/Missouri Chair in Pediatric Medical Research

Gregory L. Kearns, PharmD, PhD

Est. 1995

Statistical and Financial Information

Fast Facts 2007

Inpatient Care

Admissions (CMH and CMS)	15,284
Average Length of Stay	5.10 days
Average Daily Census	213.7
Occupancy Rate	68.1%

Patient Days

Medical/Surgical	46,565
Intensive Care Nursery	19,278
Pediatric Intensive Care Unit	6,650
CM South Patient Care Unit	5,521
Total Patient Days	78,014

Outpatient Visits

Hospital clinics	147,803
CM South Specialty Center	51,690
CM Northland	11,716
Primary Care Clinics	67,180
Outreach Clinics	3,142
Total Outpatient visits	281,531

Home Care Visits

1,975

Emergency/Urgent Care Visits

CMH	
Main ED (Urgent Care and ED)	67,606
Emergency Room	46,478
Urgent Care	21,128
CM South Urgent Care Center	46,793
CM Northland	18,532
Total Emergency/Urgent Care Visits	132,932

Surgical Procedures

Inpatient	4,319
Outpatient Surgery	11,413
Total Surgical Procedures	15,732

Medical Staff

553

Volunteers

957

Employees (Total FTE)

4,097

Sources of Revenue

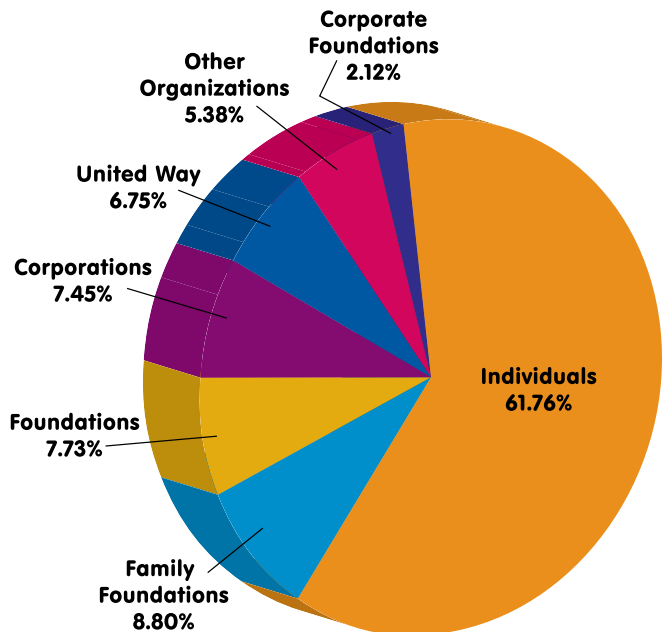
2007

Patient Care Services	575,424,472
Research Grants	6,955,200
Unrestricted Gifts	8,348,272
Investment Income	6,938,330
Restricted Gifts	25,904,828
City of Kansas City, MO	1,200,000
Jackson County	500,000
Other Revenue	<u>11,531,443</u>
Total	<u>636,802,545</u>

Uses of Revenue

Charity Allowances	32,857,411
Salaries and Benefits	316,953,084
Supplies and Other Expenses	149,805,242
Depreciation and Interest	29,585,282
New Equipment	40,114,299
Other	<u>67,487,227</u>
Total	<u>636,802,545</u>

Total Fund-raising





2401 Gillham Road
Kansas City, MO 64108
(816) 234-3000



In academic affiliation with the University of Missouri - Kansas City
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