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REDEFINING PEDIATRIC MEDICINE | **ONE CHILD AT A TIME**



2010 | Annual Report



Children's Mercy
HOSPITALS & CLINICS

Kansas City

Dear Friends,

Every child is unique. Parents and pediatricians have always known that, and now new discoveries and new technology are making it possible for each child's medical care to be unique as well. The hospital's nationally-renowned clinical pharmacology and personalized medicine programs, along with our new global center for genomic medicine, are using state-of-the-art research and knowledge to create new medicines, new doses and new treatments that are customized to the unique physiology and needs of each individual child.

We're celebrating that progress in this year's annual report, as Children's Mercy is truly redefining pediatric medicine – one child at a time. In the following pages, you'll learn more about our innovation and research in all aspects of pediatric medicine, our leadership in patient care and patient quality, our multi-faceted outreach in giving back to the children and families of our community, and much more.

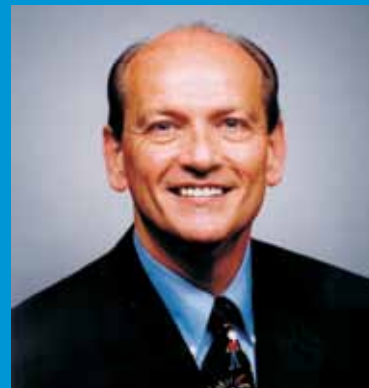
At the same time, we're growing to meet the needs of our region's families. The tremendous generosity of our community in responding to the "Healthier Ever After" campaign is making it possible for Children's Mercy to expand its programs and facilities to ensure that we continue to have the capabilities to provide the highest level care for every child who needs us. You'll read more about that growth and the friends who are making it possible in this report as well.

I hope you will take a few minutes to enjoy our 2010 annual report, from the new drug safety service, which is the first of its kind in the nation, to our state-of-the-art new Center for Sports Medicine, to a preview of the new Elizabeth Ann Hall Patient Tower, to the fun of the star-studded Big Slick Celebrity Poker Tournament and our Red Hot Night gala.

Thank you for all that you do for Children's Mercy Hospitals and Clinics. Your support allows us to take a leadership role in redefining how care will be provided for children in the 21st century. And your commitment and generosity touch so many lives, making an impact – one child at a time.

Sincerely,

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



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ONE CHILD AT A TIME





RESEARCH



INNOVATION

RESEARCH | INNOVATION 2010 HIGHLIGHTS

Inspiration for health care innovation often begins with a question. How can we do this better? How can we make this safer? How can we improve outcomes? How can we help more children?

“We are working hard to support a culture of innovation at Children’s Mercy,” says Charles Roberts, MD, Executive Medical Director/Executive Vice President. “We want our faculty asking questions, exploring answers, and doing everything they can to help children.”

In 2010, the pursuit of answers resulted in Children’s Mercy staff making 463 academic presentations and poster presentations, and publishing 283 manuscripts, 57 chapters and books. Several significant new research endeavors also were announced or implemented in 2010.


- With financial support from Red Hot Night, the Midwest Cancer Alliance, and local foundations, Children’s Mercy initiated the development of an **Experimental Therapeutics Unit in Pediatric Cancer** to conduct early phase studies (phase I and II) of promising new pediatric cancer drugs and treatment regimens. Effective January 2011, Children’s Mercy became the 11th institution invited to become part of the POETIC Network, one of only two consortia that provide treatment alternatives for children with relapsed cancer of all types in North America. Moreover, we will serve as the Clinical Pharmacology core for this network.
- Recognition of our national clinical research expertise in neonatology was reaffirmed when Children’s Mercy was chosen to become the 18th member of **National Institute of Child Health and Human Development Neonatal Network**. Leveraging our strengths in neonatal lung development and the Center for Infant Pulmonary Disorders, we’ll be collaborating with others to perform definitive practice-changing or practice-affirming research to improve outcomes of high risk infants, both term and preterm, now and in the future.
- Building on the momentum of our Center for Personalized Medicine and Therapeutic Innovation, in 2010 we began development of the **Center for Pediatric Genomic Medicine** to provide genome sequence information on severe childhood recessive diseases. In late 2010, Stephen Kingsmore, MD, DSc, an internationally recognized leader in pediatric genomics, joined the hospital to lead this new initiative. The Center for Pediatric Genomic Medicine is developing a universal diagnostic test to detect and diagnose the genetic causes of nearly all single-gene childhood diseases, with the goal of improving treatment and outcomes.
- Children’s Mercy has joined with other area hospitals to form **The Midwest Cancer Alliance (MCA)**. The alliance brings together cutting-edge clinical trials, the latest prevention and screening tools and continuing education opportunities throughout the region in an effort to provide the latest advancements in cancer diagnosis and treatment to the Kansas City region. Through this alliance, Children’s Mercy will receive \$350,000 a year for cancer research which is focused on drug re-purposing and novel cell based therapeutics.
- Through the **Bi-State Nursing Workforce Innovation Center**, nurses at Children’s Mercy and six other hospitals in Kansas City are researching and implementing unit-level opportunities to improve patient outcomes. Nurses involved in the Clinical Scene Investigation Academy of the Bi-State Nursing Workforce Innovation Center reduced heel ulcers by 80 percent, saving close to \$1 million, and reduced overall pressure ulcers at another hospital, also saving close to \$1 million.
- In collaboration with the University of Kansas Medical Center, Children’s Mercy is working to become a leading voice in the local, regional and national movement to prevent and treat childhood obesity and other eating disorders in pediatric patients. The primary goal of the **Center for Children’s Healthy Lifestyles and Nutrition** is to contribute new knowledge regarding pediatric obesity and nutrition ranging from its biological origins to its societal impact. The center is committed to reaching all children in our greater metropolitan area, especially those in underserved, ethnic minority, low-income communities.



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“Our research energy is focused on specialty areas that leverage our strengths and offer the greatest opportunity to make a difference in the lives of children. Through our pediatric personalized medicine and genomics initiatives, we have an opportunity to redefine pediatric medicine across all subspecialties, from our basic understanding of disease and illness to developing safer and more effective treatments and therapies.”

~Gregory Kearns, PhD, PharmD
Department Chairman, Medical Research



It would probably come as a shock to most parents to learn that many commonly prescribed medications for children did not originally involve children during their evaluation prior to approval by the Food and Drug Administration. Even today, fewer than 20 percent of all therapeutic drugs sold in the United States have product labeling that contains full information about pediatric use.

When Congress passed the Best Pharmaceuticals For Children Act in 2002, it acknowledged the deficiencies in understanding how drugs and devices affect children differently than adults. But years later, it was still struggling with how to manage the process of testing.

That's where Children's Mercy comes into play. In September 2010, following a competitive review process, Children's Mercy was notified that its collaboration with Duke Clinical Research Institute and an evolving network of institutions was selected to lead the newly formed Pediatric Trials Network.

The PTN consists of six groups dedicated to the study and safety of pediatric dosing including clinical operations and program management; clinical pharmacology; pharmacokinetic and pharmacodynamics; safety reporting and ethics review; multi-disciplinary development of devices; and training.

Children's Mercy is responsible for the clinical pharmacology core of the network, which includes drug formulations, drug delivery, clinical pharmacology and pharmacogenomics.

"This puts us in a role to help set priorities on what needs to be studied," says Gregory Kearns, PhD, PharmD, Professor of Pediatrics and Pharmacology, UMKC, and Chairman of the Department of Medical Research and the Marion Merrell Dow / Missouri Chair of Medical Research at Children's Mercy. "The NIH has a prioritized list of drugs which it knows are used in kids but lack complete information. Through the Pediatric Trial Network, we make a critical analysis of each with regard to use and what is known, and then we design studies to fill those gaps."

The Pediatric Trial Network is supported by a commitment of \$95 million in funding over seven years from the Eunice Kennedy Shriver National Institute of Child Health and Human Development. Funding will be spread across numerous studies and many institutions. Within the first few months of the Pediatric Trial Network, Children's Mercy has provided leadership in the development of three high profile studies, one of which is a novel device developed by Dr. Susan Abdel-Rahman, a member of the PTN Clinical Pharmacology Core here at Children's Mercy.

"We're not just doing studies for a drug company here," says Dr. Kearns. "We're doing studies to find out critical information on how drugs are used in children...to make them safer, more effective. These studies have the potential to truly change the way pediatric medicine is practiced."



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~Gregory Kearns, PhD, PharmD



“Our goal is to make sure that we are giving the right medication, in the right dose to most effectively benefit each patient.”

~Jennifer Lowry, MD



“Are you allergic to any medications?”

That question has been a common part of the admission process for hospitals around the world. But Children’s Mercy specialists believe that it isn’t the right question and the result has been drugs or whole classes of medications being taken out of the physician’s tool kit to treat illness and disease.

So how do you change a medical practice that has been implemented for decades? One child at a time.

In August 2010, Children’s Mercy implemented the Individualized Pediatric Therapeutics Drug Safety Service in conjunction with two care teams in the hospital. For hospitalized patients who have a positive history of any event, a team consisting of a clinical pharmacologist, pharmacist, and the child’s inpatient physician document the detailed history and assign the event to one of the following adverse reactions: allergy/hypersensitivity, side effect, precaution, preference or unknown.

The program has already reviewed more than 500 admissions and for 30 percent of the patients, reclassified their drug allergies as side effects. Patients like Jaycie Smith.

At age 2 months, Jaycie was only the 14th child in the world diagnosed with Ohtahara Syndrome, a neurological disorder that causes seizures, developmental delays, neurological and respiratory problems. Jaycie’s care has been complicated by “allergies” to several medications, including many antibiotics such as gentamicin, penicillin and cephalosporins.

“She wasn’t able to have any of those drugs or medications, which made it very difficult when she got sick because there were only a handful of medicines she could take,” says Taira Smith, Jaycie’s mom. “Most of the time she ended up in the hospital, partly due to her allergy list. Most of the antibiotics she could take were IV only.”

Since being evaluated by the IPT Drug Safety Service, many of those drugs are now again available or are being reevaluated for use with Jaycie. She can now take gentamicin and her reaction to penicillin and cephalosporins are being reevaluated with challenge doses and skin testing.

“It used to be every reaction was interpreted as an allergy,” says Jennifer Lowry, MD, Director of the IPT Drug Safety Service at Children’s Mercy and Associate Professor of Pediatrics, University of Missouri-Kansas City School of Medicine. “Patients and families often confuse side effects as allergies.”

An adverse reaction is a harmful effect of a substance that may occur at a normal dose. An allergy is one type of reaction that is indicated by an immunologic response or other mechanism unique to the patient. A side effect is a response that can be expected based on the properties of the substance.

Most medications have side effects. For example, many antibiotics can cause nausea. Ibuprofen may cause a stomach ache. Yet, in the past, these types of reactions may have been classified as allergic reactions to medications.

Patients’ families are now asked, “Has your child ever had an adverse reaction from a food, medication, or other item?” That question is followed by a series of questions that help determine what type of reaction the patient experienced and what possibly caused it.

If a change in classification is made, it is noted in the patient’s chart. A letter is sent to the family and to the child’s primary care physician notifying them of the change.

That simple change can result in more appropriate care.

“Our goal is to make sure that we are giving the right medication, in the right dose to most effectively benefit each patient,” says Dr. Lowry.





ACADEMICS



GRADUATE MEDICAL EDUCATION

ACADEMICS | GME 2010 HIGHLIGHTS

At Children's Mercy Hospitals and Clinics, we start at the beginning when it comes to defining excellence in pediatric medicine.

We take pride in training the next generation of pediatric specialists and researchers with lessons and techniques not practiced in other pediatric hospitals. Partnering with the University of Missouri-Kansas City School of Medicine, we emphasize the importance of preparing our residents and fellows to be the best in their field, redefining pediatric medical education with every step.

“Our faculty is committed to the practice of evidence-based medicine that focuses on the art of patient- and family-centered care,” says Jane Knapp, MD, Chair, Department of Graduate Medical Education; Associate Chair of Pediatrics; Associate Dean, UMKC School of Medicine; Professor, UMKC School of Medicine. “Our residents and fellows are taught to incorporate this mindset within every specialty and clinic at the hospital, building on the traditional strength of the Medical Education program.”

- Received approval to launch our first **pediatric cardiology fellowship**, the only fellowship of its kind in the region. Through this program, fellows are exposed to a variety of normal and abnormal cardiovascular conditions in the region's leading pediatric cardiac center - an experience that is certain to produce highly skilled pediatric cardiologists who will help meet the increasing needs of a growing population of children diagnosed with congenital heart conditions.
- Received approval for **accreditation or reaccreditation for fellowships** in Developmental and Behavioral Science, Psychology, Child Neurology, Otolaryngology (ENT), Critical Care, Gastroenterology, Radiology and Pediatric Dentistry - totaling 25 subspecialty fellowship training programs housed at Children's Mercy.
- Developed the **Continuous Quality and Practice Improvement course** for fellows, an interactive, mentor-led learning experience that is designed to provide trainees with the skills and knowledge to continue to improve the quality and productivity of patient and clinical care.
- In 2010, Children's Mercy Hospitals and Clinics offered 471 programs worth 1,155 **continuing medical education** credit hours to 7,525 physicians. In addition, 10,367 other health care professionals also attended and benefited from these educational programs, for a total of 17,892 attendees.
- Introduced two awards to recognize excellence in medical student education: the **Herbert A. Wenner, MD, for Faculty Excellence in Medical Student Education**, awarded to Elizabeth Simpson, MD, General Pediatrician and Associate Professor of Pediatrics at UMKC School of Medicine; and, the **Barbara Allphin Residents as Teachers Award**, awarded to Tim Casias, MD, (Pediatrics) and Heath Wilt, DO (Internal Medicine-Pediatrics).
- Expanded our Library Services staff and added new resources to enhance the overall value of the **Health Sciences Library and the Kreamer Family Resource Center**.
- Developed an **Advocacy Lecture series** designed to expose residents to life outside the hospital. Inspirational community and hospital speakers are invited to discuss topics ranging from political health care reform advocacy to grass roots community service development.
- Received reaccreditation from the Accreditation Council for Graduate Medical Education (ACGME) as an **Institutional Sponsor for Graduate Medical Education** programs.
- Participated in three workshop **presentations at national conferences** for medical student education and residency program directors.



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“Our residency program graduates continue to excel with board passage rates well above the national average and life-long skills that transition well whether it’s a move into private practice or pursuit of a pediatric specialty. At Children’s Mercy, we are changing how residents and fellows are taught by exposing trainees to personalized medicine, genomics, research and new treatments that put them at the forefront of how care is provided. And, ultimately, preparing them to be leaders in redefining pediatric medicine.”

~ Jane Knapp, MD

CARDIOLOGY FELLOWSHIP | ADVANCING TEACHINGS OF THE HEART

A national prominence in clinical pharmacology, tissue-engineered heart valve research and personalized medicine have helped pave the way for Children's Mercy Hospitals and Clinics to launch its first Pediatric Cardiology Fellowship. The new, three-year fellowship is the only one of its kind in the region, enhancing the hospital's position as a clinical and academic leader.

"With all of our recent advancements in pediatrics, we are providing trainees the unique opportunity to redefine pediatric heart care by combining exceptional clinical exposure with innovative research," says Stephen Kaine, MD, Pediatric Cardiologist and Associate Professor of Pediatrics at the UMKC School of Medicine. "With this fellowship program, our contributions to the field of pediatric cardiology will be even stronger."

The Pediatric Cardiology Fellowship includes formal academic training, mentorship in clinical research and opportunity for collaboration with the Heart Center's Cardiovascular Research Laboratory. In addition, interested fellows have the unique opportunity to obtain a Master of Science in Health Professions Education, sponsored jointly by the UMKC Schools of Medicine and Education.

"With our new, state-of-the-art hybrid suites, large clinical volume and faculty who are focused on excellence in teaching and research, we offer fellows a unique opportunity to learn and develop their expertise, potentially changing the way pediatric cardiology is practiced here and around the world," says Dr. Kaine.

Just 15 years ago, the Section of Cardiology was a handful of cardiologists with just one cardiovascular surgeon in the Section of Cardiovascular Surgery. Today, the Ward Family Center for Congenital Heart Disease includes 14 board-certified cardiologists and four cardiovascular surgeons - a growth that turned the idea of a pediatric cardiology fellowship into a reality.

With only an estimated 50 pediatric cardiology fellowship programs offering 110 first-year positions in the nation, Dr. Kaine notes the competitiveness of a fellowship program in the specialty. For its single first-year position, Children's Mercy received approximately 50 applicants, subsequently selecting Natalie Jayaram, MD, a graduate of the University of Kansas School of Medicine. A former pediatric resident at Children's Mercy, Dr. Jayaram is completing her final year of residency at the Mayo Clinic. In addition, Jon Wagner, DO, also a former Children's Mercy pediatric resident, has been accepted as a second year fellow who will transfer into the program.

"From the outset, we have had tremendous interest and support for our program, which is at the forefront of pediatric heart care," adds Dr. Kaine. "As the population with congenital heart conditions grows, we'll remain dedicated to preparing the next generation of pediatric cardiologists."





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~Stephen Kaine, MD



“We want our fellows to participate in and even lead the continuous improvements in their fields. Learning doesn’t stop when you don a white coat and begin professional practice.”
~Douglas Blowey, MD



As health care continues to reshape and evolve, those in the medical profession need to reshape with it, identifying new and innovative ways to manage patient care and conduct cutting-edge research. Recognizing the importance of staying at the leading edge of pediatrics, the Medical Education department at Children's Mercy launched the Continuous Quality and Practice Improvement (CQPI) course this past year.

As one of the first children's hospitals with this unique educational offering, the comprehensive course at Children's Mercy is designed to train pediatric fellows to continuously improve the quality and productivity of patient care, their overall work environments, their medical teams and the quality of their careers and work life.

"We want our fellows to participate in and even lead the continuous improvements in their fields," says Douglas Blowey, MD, Medical Director of the CQPI course at Children's Mercy. "Learning doesn't stop when you don a white coat and begin professional practice."

Participating fellows attend a series of faculty-led lectures that highlight the tools of continuous quality and practice improvement. Faculty from both clinical and non-clinical settings within Children's Mercy offer a wide variety of perspectives for multiple patient care scenarios and experiences.

The fellows then apply those classroom-setting lessons to a quality improvement project that puts them in a position to positively affect patient care at the bedside. Current projects include optimizing the appropriate assessment of blood pressure in the ambulatory setting, developing an easy method to teach self-management to some of our youngest diabetes patients, and identifying a standard treatment of care for patients admitted for a common ENT condition that is known to be mismanaged.

"In addition to knowledge content, it's critical that the fellows demonstrate their abilities to use technology to access scientific evidence, interpret the evidence they uncover and then apply it to the care of their patients," adds Kevin Mroczka, Administrative Director for the CQPI course.

The project Jennifer Goldman, MD, a Pediatric Infectious Diseases and Clinical Pharmacology fellow, is pursuing not only puts her in a position to succeed in the course, but has the capability of redefining how a frequently utilized antibiotic used to treat many types of infections is safely monitored in pediatric patients.

Working with Angela Myers, MD, MPH, Director for the Infectious Diseases Fellowship Program, an infectious diseases pharmacist and the CQPI team, Dr. Goldman is examining how to appropriately monitor vancomycin levels, to allow for correct monitoring in patients that need it and to avoid unnecessary blood draws and expense in those that do not.

"Establishing when to properly monitor vancomycin blood levels could result in increasing a patient's comfort level while keeping costs down," adds Dr. Goldman.

Dagoberto Betancourt, a 15-year-old who is being treated at Children's Mercy for a bone infection, has a treatment plan that requires close monitoring of his vancomycin levels to assure the optimal antibiotic therapy is being delivered.

"We all want to do what is best for our patients and the CQPI program allows us to approach challenges in a methodical way to enhance care in the patients we treat," says Dr. Goldman.





PATIENT CARE



QUALITY

PATIENT CARE | QUALITY 2010 HIGHLIGHTS

From the days when our hospital's co-founder, Dr. Katharine Berry Richardson, began insisting on sterile operating rooms in the 1920s, through the polio epidemic of the 1950s, to today, Children's Mercy has consistently been in the forefront of "redefining" the medical care provided for children. And 2010 was no exception, as Children's Mercy continued to add new programs and expand much-needed services in innovative areas ranging from personalized medicine and H1N1 influenza to refractive surgery and epilepsy.

- > The hospital's Center for Personalized Medicine and Therapeutic Innovation created two nationally-innovative new programs in 2010, both designed to more specifically customize treatments for children according to their unique individual needs. The new **Individualized Pediatric Therapeutics (IPT) Clinic** provides specialized testing for children who are not responding as expected to the normal medications prescribed for a particular condition. And you can read more about our new **IPT Drug Safety Service** for inpatients on page ____.
- > The region's only exclusively-pediatric **Center for Sports Medicine** opened at Children's Mercy in 2010, providing the specialized services of pediatric orthopedists and pediatric sports medicine specialists for the care of pre-high school and high-school male and female athletes.
- > Children's Mercy also became only the 12th designated **Level IV Epilepsy Center** in the nation, providing the most comprehensive range of inpatient and outpatient care for children with epilepsy.
- > Our **Comprehensive Sleep Disorders Program** added Kevin Smith, PhD, one of only a few behavioral sleep medicine specialists in the nation, to the staff. Many sleep disorders have psychological and behavioral dimensions as well as physical ones, and the addition of Dr. Smith completes the comprehensive range of services available at the Children's Mercy center.
- > Other new services include the **Comprehensive Headache Clinic**, which provides a multidisciplinary approach for children who have recurring headaches, and a new **Center for Vascular Anomalies** which provides a comprehensive range of care for anomalies such as port wine stains or hemangiomas.
- > The hospital's Nursing Department implemented an innovative new system, the **Quality Caring Model**, a patient care model which provides a conduit for nurses to understand what is expected of them and why, and how their role affects the overall care of themselves and others. The model is unique to each nursing position and provides a framework for caring for patients and families, caring for others, caring for community and caring for self.
- > In July 2010, all inpatient nursing units, plus Respiratory Therapy and the Emergency Department, began using the **Optilink Plus** online scheduling system. This system allows "real time" editing and viewing of staff schedules, both from the hospital or from remote locations, and gives nursing units full Optilink workload and workforce management capability and productivity reports.
- > 2010 was a year of transitions for the hospital's medical staff, as well. **V. Fred Burry, MD**, retired as Executive Medical Director/Executive Vice President after serving at Children's Mercy for 45 years. He was succeeded by **Charles Roberts, MD**, who previously served as Associate Executive Medical Director and Section Chief of Gastroenterology. **Michael Artman, MD**, joined the hospital faculty as Pediatrician-In-Chief and Chair, Department of Pediatrics.

- > Children's Mercy staff were active throughout the year responding to crises at home and abroad. In January, a number of different staff members traveled to **Haiti** to provide care for children following the devastation after the earthquake there. Then in the summer and fall, Children's Mercy served as one of the lead hospitals nationwide in providing immunizations for the **H1N1** influenza virus, as well as providing a record number of influenza vaccines for hospital staff and the family members of our patients.

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“Although the health care needs of children have continued to change over the years and Children's Mercy continues to redefine and enhance the state-of-the-art care we provide for them, some things related to patient care have not changed since we were founded 113 years ago. The very foundation of our patient care mission is that we will always provide compassionate, family-centered care to every child in our region who needs us, regardless of their family's inability to pay.”

~Karen Cox, RN, PhD

PEWS | ENHANCING CARE THROUGH EARLY WARNING

Last October, Children's Mercy Hospitals and Clinics implemented the Pediatric Early Warning System (PEWS) on all medical and surgical floors at Hospital Hill and Children's Mercy South.

PEWS is a scoring system that takes into account a child's vital signs, behavior, cardiovascular and respiratory symptoms to identify patients who are unstable clinically and may be heading for deterioration and cardio-pulmonary arrest. PEWS assessment assigns a numeric score then, based on that score, an algorithm is followed to guide communication and documentation.

"We want to identify the warning signs early and have a process to follow that fosters good communication among clinicians, allowing earlier intervention to address the patient's clinical status," says Becky Paulsen, RN, MS, CPN, Director, Medical/Surgical Nursing Services at Children's Mercy.

According to Paulsen, other children's hospitals across the country have seen reductions in non-ICU cardio pulmonary arrests after implementation of a PEWS system. During the first quarter post-PEWS implementation, Children's Mercy Hospital saw a reduction in the number of Code Blue calls on the Medical/Surgical units.

"Research at another children's hospital found an average 14-hour delay in response to patients' deteriorating conditions," Paulsen says, "and I believe we would find something similar here if we repeated the study. Outcomes of the patients are often still good, but when we delay responding, we run the risk of a deterioration that could lead to a poor outcome. We can do better than that."

"The program has effectively identified patients at risk of deterioration, reduced codes on the units, reduced mortality and length of stay in our patients, and led to anecdotal reports of improved teamwork and communication among staff," says Keith J. Mann, MD, who helped co-direct the implementation of PEWS, and the Associate Chair for Quality Improvement for the Department of Pediatrics and the Medical Director for Quality and Safety for Children's Mercy Hospital.

Children's Mercy is part of a large cohort of children's hospitals in the United States implementing PEWS and other strategies to decrease Code Blue calls on medical/surgical units. There are plans to expand the PEWS system to other departments at Children's Mercy.





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“We want to identify the warning signs early and have a process to follow that fosters good communication among clinicians, allowing earlier intervention to address the patient’s clinical status.”

~Becky Paulsen, RN, MS, CPN



“Adolescent injuries incurred during sporting or dance activities can be devastating to young athletes. Our goal is to get student athletes like Ty’Quan back in the game safely, and then keep them in the game. We know sports are important to our youth and we know that youths who play sports lead a healthier life, do better in school and have an increased sense of well-being.” ~Greg Canty, MD



Get sidelined with an injury as a student athlete and your whole season could be lost.

That's precisely what the Center for Sports Medicine at Children's Mercy wants to prevent from happening for the area's youth athletes who have growing bodies that require a special expertise in sports medicine when it comes to treating injuries.

Opened in October 2010, the Center for Sports Medicine at Children's Mercy treated more than 700 patients in its first six months. The center is led by Kevin Latz, MD, Section Chief and Surgical Director, Greg Canty, MD, Medical Director, and Donna Pacicca, MD, Orthopaedic Surgery and Research.

Drs. Canty and Latz form a unique leadership combination that makes the center at Children's Mercy stand out as a sports medicine program that is qualified to handle the needs of student athletes. Dr. Canty is a pediatrician fellowship trained in emergency medicine and sports medicine. Dr. Latz is fellowship trained in pediatric orthopaedic surgery and sports medicine.

"We are one of only a handful of programs in the country with pediatric-trained medical and surgical sports medicine specialists to provide world class care to student athletes in the region," says Dr. Canty. "As opposed to a specialist not familiar with pediatrics, our advanced training puts us in a position to better evaluate the current and long-term effects of injuries in student athletes and improve how they are being cared for today and into the future."

In addition, the expertise and scope of the Center for Sports Medicine team allows for a swift approach to examining student athletes as they are able to offer rapid-access appointments within the network of care for acutely injured patients in order to get them back on the playing field, court or mat as soon as possible.

For Ty'Quan Hightower, a 16-year-old wrestler for the Blue Springs High School Wildcats, getting back on the mat quickly became a top priority when a knee injury during a match sent him to the bench.

After consulting with his primary care physician, Ty'Quan was referred to Dr. Canty with bursitis - an inflammation of the fluid-filled sac (bursa) that lies between a tendon and skin in the knee. During Ty'Quan's first appointment, Dr. Canty confirmed the diagnosis, numbed the area and proceeded with treatment by draining the fluid in the knee.

"Ty'Quan is a member of a couple of elite wrestling programs and we knew the importance of getting him back on the mat," adds Dr. Canty. "We have the qualifications and ability to do the procedure successfully on site in our clinic and, in this case, we were able to get him on a recovery program that put him back in action in two weeks."

The sophomore wrestler, who also wrestles on a regional club team, plays football and runs track, was glad to put the injury behind him as the Wildcats finished the 2011 season as the MSHSAA Wrestling Class 4 state champs.

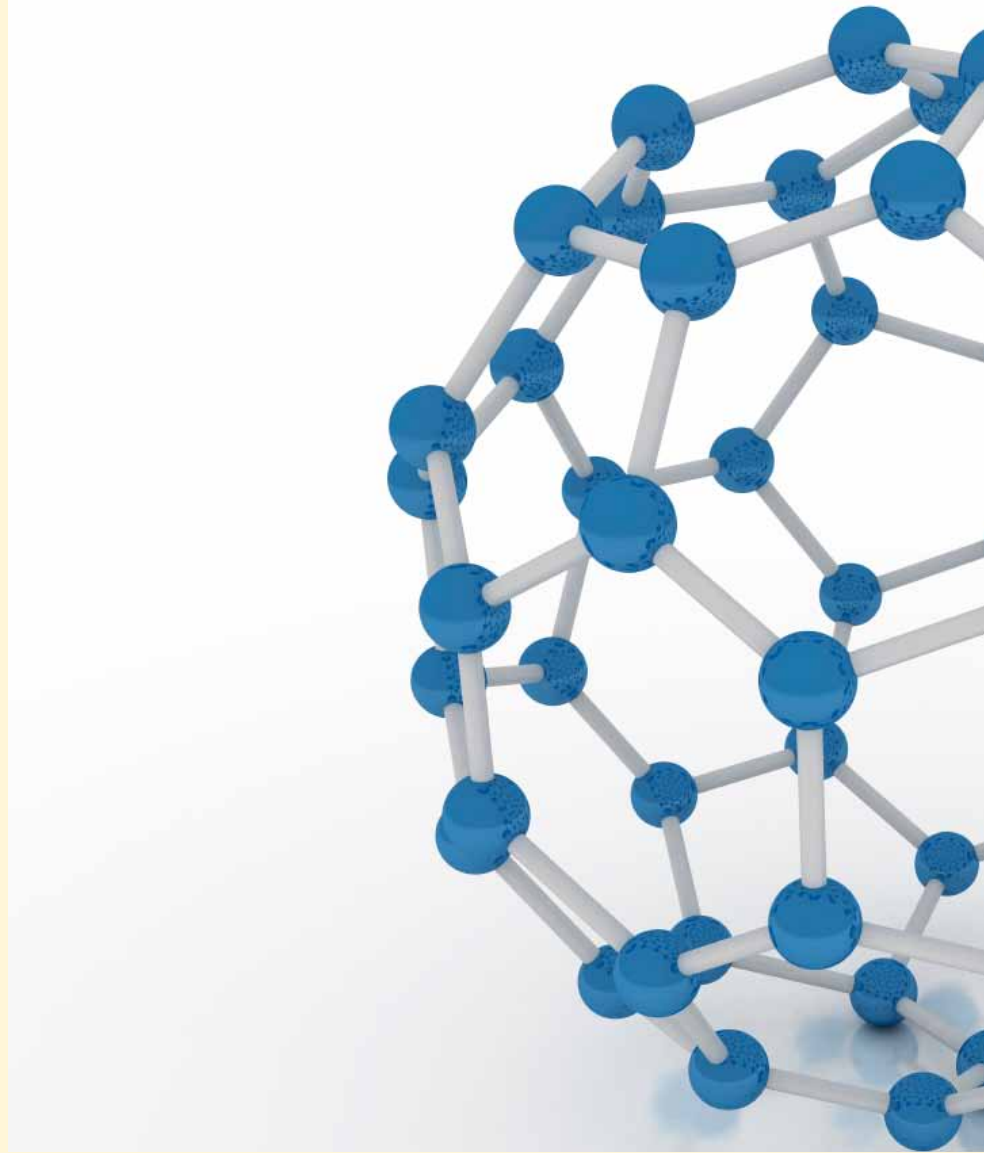
"We were thrilled Dr. Canty was able to do the procedure at Ty'Quan's first appointment," adds Keisha Pulliam, Ty'Quan's mom. "Ty'Quan has been wrestling for two years and was eager to rejoin his school and club teams. We just ordered his championship ring!"

The Center for Sports Medicine offers cutting-edge imaging utilizing a 3T MRI, and works with the hospital's team of musculoskeletal radiologists to provide the best imaging options available in the region for injured athletes. Services are provided at all three Children's Mercy locations - Children's Mercy Hospital, Children's Mercy South and Children's Mercy Northland - with the bulk of the clinic schedule at Children's Mercy South.

Along with the three physicians, the multidisciplinary team includes physical therapists, nurses, orthopaedic technicians and an athletic trainer working to help rehabilitate injured athletes and get them back on the playing field - or wrestling mat - safely. The team is prepared to handle common to complex athletic injuries including ACL injuries, sports-related fractures, dislocations, sprains, strains, concussions and overuse injuries.

"Adolescent injuries incurred during sporting or dance activities can be devastating to young athletes," says Dr. Canty. "Our goal is to get student athletes like Ty'Quan back in the game safely, and then keep them in the game. We know sports are important to our youth and we know that youths who play sports lead a healthier life, do better in school and have an increased sense of well-being."





HEALTHIER



EVER AFTER

HEALTHIER EVER AFTER 2010 HIGHLIGHTS

Among the unsung heroes at Children's Mercy are our donors. By the thousands, the people of Kansas City and beyond give so the children can receive the care they need.

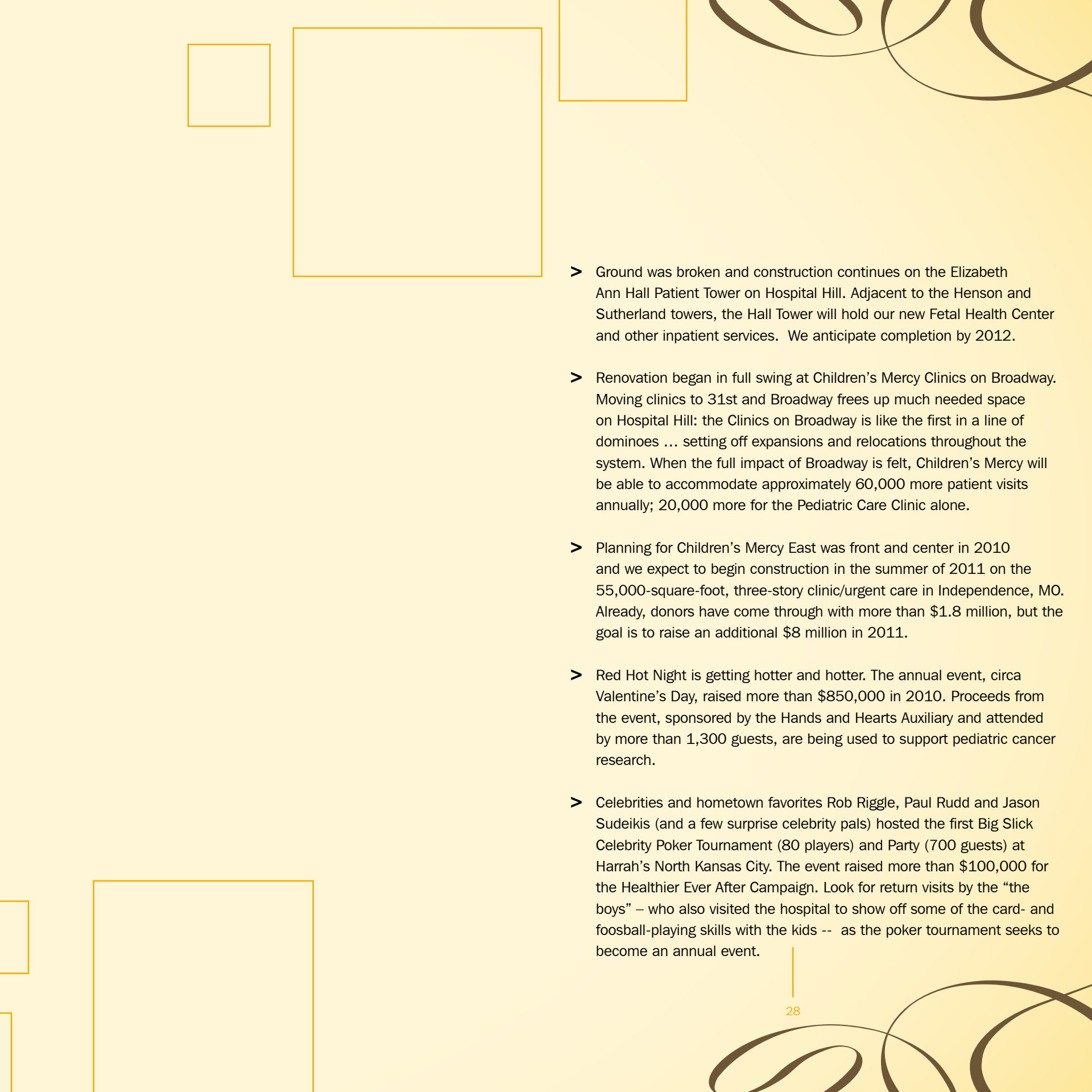
The numbers can be staggering when you consider the needs. Hundreds of thousands of times each year, children walk through our doors searching for healthier ever after. One child at a time, the doctors, nurses and other health professionals work tirelessly to tend to our most vulnerable.

As the needs of children grow, the need for donors does, as well. It seems there is no end in sight to the demands for space: space for clinics in Midtown; space for inpatients on Hospital Hill; space for new moms so they aren't separated from their babies; space for a chapel where parents and visitors can seek solace; and space for children in the suburbs so they can have care closer to home.

This is where the Healthier Ever After Campaign comes in and, where the donors' commitment to the children shines brightest.

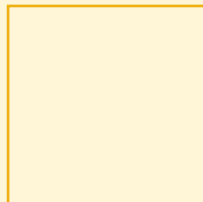
In the past four years, Children's Mercy has raised \$125 million, the highest four-year total in our hospital's history. More than 21,000 donors have contributed more than 37,000 gifts to the campaign.

This is what "it takes a village to raise a child," means. This is what it means to redefine pediatric medicine, one child at a time. Together, we're making amazing progress. Together, we make a great difference in the lives of many. Together, our children will leave their hospital "healthier ever after."

- 
- > Ground was broken and construction continues on the Elizabeth Ann Hall Patient Tower on Hospital Hill. Adjacent to the Henson and Sutherland towers, the Hall Tower will hold our new Fetal Health Center and other inpatient services. We anticipate completion by 2012.
 - > Renovation began in full swing at Children's Mercy Clinics on Broadway. Moving clinics to 31st and Broadway frees up much needed space on Hospital Hill: the Clinics on Broadway is like the first in a line of dominoes ... setting off expansions and relocations throughout the system. When the full impact of Broadway is felt, Children's Mercy will be able to accommodate approximately 60,000 more patient visits annually; 20,000 more for the Pediatric Care Clinic alone.
 - > Planning for Children's Mercy East was front and center in 2010 and we expect to begin construction in the summer of 2011 on the 55,000-square-foot, three-story clinic/urgent care in Independence, MO. Already, donors have come through with more than \$1.8 million, but the goal is to raise an additional \$8 million in 2011.
 - > Red Hot Night is getting hotter and hotter. The annual event, circa Valentine's Day, raised more than \$850,000 in 2010. Proceeds from the event, sponsored by the Hands and Hearts Auxiliary and attended by more than 1,300 guests, are being used to support pediatric cancer research.
 - > Celebrities and hometown favorites Rob Riggle, Paul Rudd and Jason Sudeikis (and a few surprise celebrity pals) hosted the first Big Slick Celebrity Poker Tournament (80 players) and Party (700 guests) at Harrah's North Kansas City. The event raised more than \$100,000 for the Healthier Ever After Campaign. Look for return visits by the "the boys" – who also visited the hospital to show off some of the card- and foosball-playing skills with the kids -- as the poker tournament seeks to become an annual event.



Participating in the ground-breaking for the Elizabeth Ann Hall Tower are (from left) Board Chair Page Branton Reed, Campaign Committee Co-Chairs Sarah and Jon Baum, President and CEO Randall L. O'Donnell, PhD, and Campaign Committee Honorary Co-Chairs Adele and Donald Hall, joined by children from the Bright Horizons child care center.





Red Hot Night Gala 2010 co-chairs Jean-Paul and Heather Wong and Kathleen and Justin Nemechek



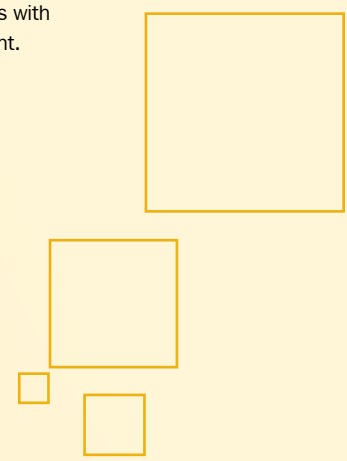


Red Hot Night Emcee, Trent Green with his wife Julie and Deanna and Greg Graves, Honorary Chairs





Celebrity hosts, Rob Riggle, Paul Rudd, and Jason Sudeikis with Chris and Melissa Wood, 2010 Hands and Hearts president.



Actor Will Ferrell with Hannah and Brandon Fancher, Children's Mercy Cancer Center Auxiliary and Big Slick Committee member.



Paul Rudd hanging out with a Children's Mercy patient before the Big Slick Poker Tournament.



Children's Mercy South Fundraising Committee takes a hard hat tour through the newly renovated and expanded space. Left to right: Milton Fowler, MD, Chief of Children's Mercy South Urgent Care; Mike Malfer; Charles Roberts, MD, Executive Medical Director/Executive Vice President (back); Melissa Nash; Dan Beutler; Marshaun Butler, Children's Mercy South Administrator.



Employees from Thermo Fisher Scientific collected toys for Children's Mercy.

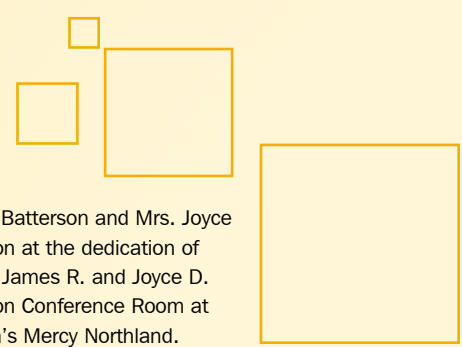



3rd Annual Benjamin Twyman Golf Tournament

Jo Stueve, Executive Vice President, Co-Chief Operating Officer, Page Branton Reed, Children's Mercy Hospital Board Chair, Charlie Roberts, MD, Executive Medical Director/Executive Vice President of Medical Administration, and Margj Pence, Board member, celebrate a visit with special guests Mickey and Minnie Mouse.

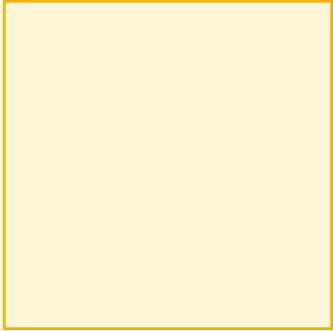


Kristin and Mike Malfer hosted a cocktail reception for Children's Mercy South. Among those in attendance were CEO and President Randall L. O'Donnell, PhD, Dan and Jo Beutler, Hilary and Tom Watson, and Kristin and Mike Malfer.



Dr. Bob Batterson and Mrs. Joyce Batterson at the dedication of the The James R. and Joyce D. Batterson Conference Room at Children's Mercy Northland.





Jack Novorr, front row second from left, has been donating to Children's Mercy since he saw reports of children displaced by Hurricane Katrina on the news. He enlists his mom and dad, Jennifer and Scott, to help along with his siblings: Tate, Sophia and Lilah.

Lily Wayne, artist and donor, creates her Bubbly Buttons designs and donates the proceeds from her artistry to Children's Mercy.



BAUM FAMILY | CREATING A LEGACY OF GIVING

Success, in business and in life you might say, is about doing the things you promise to do.

In business, you advertise your services or products. People buy them. You deliver. Success!

Away from your day job, you make plans with your children, your friends and with others. You follow through.

A happy life. Success.

So it is with Children's Mercy Hospitals and Clinics. One child at a time, we're promising to redefine pediatric medicine. And in the eyes of at least one of the leaders of the Healthier Ever After comprehensive campaign – we're delivering.

"The people who have been well served are the ones most grateful, the ones most willing to listen, to help," said Jonathan Baum, who along with his wife, Sarah, are the convening chairs of the campaign.

Healthier Ever After is the \$200 million fund-raising effort to propel the hospital toward new levels of excellence in pediatric care, faculty support, facilities and research.

What it boils down to, Baum said from the offices of his family's firm, George K. Baum & Co., is taking care of business. Doing what you say you'll do.

At Children's Mercy, that means providing an extraordinary experience for all the children and families who come in contact with our staff, our hospitals and our clinics.

The Baum family is a perfect example of how that dedication makes dreams – and promises – come true.

In the early 1970s, Jon's little brother, George, was diagnosed with juvenile diabetes. Jon remembers his mom packing up the family for trips to Children's Mercy Hospital. Those memories of an adolescent linger for Jon today.

"You cannot wander the halls – and I remember the endocrinology clinic was a long walk – without being struck by the incredible need," he said. "We saw just a small snapshot ... incredible need."

Years later, after he and Sarah had children, the Baums continued to visit Children's Mercy.

"We've spent a lot of time there with our kids (as patients)," Baum says. "And I am still struck by the needs. It's a different organization, it's a different place and there's different technology. But the needs don't look any different."

There's also another motivator for Baum. As a Kansas City businessman, he wants to make sure others know just how important Children's Mercy is to the community. A real asset, he said.

"Our children and our families are so much better off that they can get the care they need here in Kansas City instead of going elsewhere," he said. "I don't think business leaders think about that ... we take it for granted."

One way Baum and his family are reminding people about the importance of Children's Mercy is through a major gift that represents a true inter-generational family contribution to Healthier Ever After. The Baums have contributed \$1 million to the Elizabeth Ann Hall Tower under construction on Hospital Hill. Ground was broken last summer; the first patients should move in during 2012.

The Baums are just one of the grateful families so important to the success of Children's Mercy and its fund-raising goals. Despite the recession, 2010 was a near record-setting year for the hospital thanks to these families.



And intergenerational giving will continue to be important. By some estimates, \$41 trillion will be transferred by families from one generation to the next by 2050 (\$12 billion by 2020.) As part of this, more families will be establishing foundations, setting their sights on a family legacy and setting examples for the younger generations to follow.

“This is the right thing to do,” Baum says of the gift last year that included equal shares from he and his wife; his parents, Kenny and Ann Baum; the George K. Baum Company; and the George K. Baum Family Foundation.

The right thing ... like delivering on your promises. Being a success. Helping children live Healthier Ever After.



“Our children and our families are so much better off that they can get the care they need here in Kansas City instead of going elsewhere. I don’t think business leaders think about that ... we take it for granted.”

~Jonathan Baum

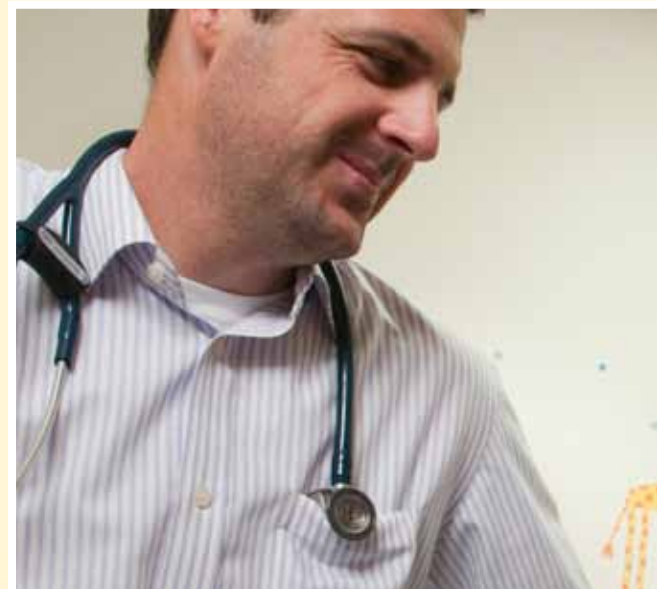


Photo By: Isaac Alongi



“Through oncology, clinical pharmacology and our expertise in personalized medicine, we have a significant knowledge base and understanding of how medications work in children.”

~Kathleen Neville, MD



EXPERIMENTAL THERAPEUTICS | ENHANCING PEDIATRIC CANCER CARE

No evidence of disease. It is a phrase that every parent of a child with cancer dreams of hearing...and many do. The outcomes for cancer patients at Children's Mercy are among the highest in the nation.

But for some children, remission never occurs or even after a remission, the cancer returns. If traditional treatment has failed, the options are limited. Treatment for recurring or refractory cancer typically involves enrolling in early phase drug trials, which in the past meant traveling long distances, placing increased stress on already burdened families.

In 2010, Children's Mercy began development of an integrated Experimental Therapeutics in Pediatric Cancer Program, a collaborative effort between Hematology/Oncology and Clinical Pharmacology. The program has received funding from multiple sources, including the 2010 Red Hot Night event. With our high volume of oncology patients and our expertise as the largest pediatric clinical pharmacology program in the country, we are well positioned for this type of program.

The Experimental Therapeutics in Pediatric Cancer Program is designed to conduct phase I and II studies of promising new pediatric cancer agents and treatments. The program is led by Kathleen Neville, MD, MS, Clinical Pharmacology and Medical Toxicology, and co-directed by Keith August, MD, MS, Hematology/Oncology. Dr. Neville is board certified in Clinical Pharmacology, Hematology/Oncology, and Pediatrics, giving her unique expertise to do this type of research.

"We owe it to our children now, and the children of the future, to do this research," says Dr. Neville.

Ayden Carpenter is one of those children.

Ayden, 6, was diagnosed with Ewing's Sarcoma, a cancer that affects the bones and soft tissue. Ayden's initial treatment appeared to work and he went into remission. Then a few nodules grew back in his lungs.

"Our goal was to get him into remission again so we could try stem cell rescue, but that meant higher doses of chemotherapy and hospitalization," says Geneva Carpenter, Ayden's mom.

Through the Experimental Therapeutics program, Ayden was able to enroll in a trial using a new drug that had the potential of fewer side effects than traditional chemotherapy.

"Without the trial, our only option was the higher doses of chemotherapy and that would entail hospitalization. That was our last choice," says Carpenter. "On the trial, he is running around, playing and having fun."

On Jan. 1, 2011, the Experimental Therapeutics in Pediatric Cancer program became the 11th member of the Pediatric Oncology Experimental Therapeutics Investigators Consortium (POETIC). This group of leading academic medical centers is one of only two consortia that provide treatment alternatives for children with relapsed cancer in North America.

"Through oncology, clinical pharmacology and our expertise in personalized medicine, we have a significant knowledge base and understanding of how medications work in children," says Dr. Neville. "Our strength in this area, combined with the resources of the POETIC members, gives us the opportunity to make a huge, positive difference in the lives of children with recurrent cancer."



CHILDREN'S CIRCLE OF CARE

The Children's Circle of Care, founded in 1995 by a group of North America's most prestigious children's hospitals, recognizes major benefactors of the 24 leading pediatric hospitals. The following individuals, couples and family foundations gave \$10,000 or more in calendar year 2010 to Children's Mercy Hospitals and Clinics.

Dr. David M. and Mary Ann Amos
Mr. Timothy Anderson
Mr. and Mrs. John D. Anglin
Mrs. Lucille Armacost
Mr. and Mrs. James J. Ascher, Sr.
Mr. Andrew Atterbury and Ms. Gwyn Prentice
Sarah and Jon Baum
Mr. and Mrs. G. Kenneth Baum

Mr. and Mrs. Bryan J. Beaver
Jo Lynne and Dan Beutler
Mrs. Mary S. Branton
Grassmere Foundation, Kate and Peter Brown
Dr. and Mrs. V. Frederick Burry, Jr.
Helen and Bob Bushman
Mr. and Mrs. Arnold H. Caviar
Linda D. Cooley, MD, MBA
Karen Cox, RN, PhD
Laura S. and Richard B. Cray
Mr. and Mrs. Robert R. Cross
Dr. and Mrs. William B. Daniels
William A. Dann
The Deramus Foundation
Mrs. Ann K. Dickinson
Robyn and Burton Dickinson
Mr. and Mrs. Daniel L. Dickinson
Rachel and Bill Drake
Mr. Kevin A. Dunn
Peggy and Terry Dunn
Mr. and Mrs. William H. Dunn, Sr.

Rayla and Jerry Erding
Mr. and Mrs. Scott D. Ferguson
Elizabeth J. and James E. Ferrell
Francis Families Foundation
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Mr. and Mrs. David L. Goebel
Jack Goldstein Charitable Trust
Deanna and Greg Graves
Julie and Trent Green
Carla and Randy Griffin
Mr. and Mrs. Donald J. Hall
Hartley Family Foundation
Erica and Bryan Heitman
Mrs. Betty L. Henson
Dr. Stephen L. Hilbert
Anne and J.B. Hodgdon
Mr. and Mrs. Robert E. Hodgdon
Hoffman Family Foundation
Amy and Paul Holewinski
Hughes Family Foundation
Judy and Graham Hunt
Bonne and Cliff Illig
Muriel McBrien Kauffman Foundation
Dr. and Mrs. Howard W. Kilbride
Jane and Michael Kress
Rebecca and William Krueger
Dr. and Ms. Willie E. Lawrence, Jr.
Mr. and Mrs. William J. Lewis
Robert A. Long Family
Dee and Fred Lyons
Edward G. and Kathryn E. Mader Foundation
The Lordi Marker Family Foundation
Anita and Bary Marquardt
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Mr. and Mrs. Paul E. McLaughlin
Sam Meers and Julie Nelson Meers
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Morgan Family Foundation
Dr. J. Patrick and Jane Murphy
Jeanette T. Nichols
Mr. and Mrs. James B. Nutter, Jr.
Mr. and Mrs. James B. Nutter, Sr.
Drs. James and Lina O'Brien
Dr. and Mrs. Randall L. O'Donnell



At our annual Children's Circle of Care and Legacy Society reception, Jon Baum, Chair of the Healthier Ever After Campaign, and Blish and Michael Connor enjoy a special evening celebrating friends of Children's Mercy



Barbara and James Hanson and Becky and Bill Krueger are among the guests at our Children's Circle of Care and Legacy Society reception.

Jeanne and Tom Olofson

Mr. and Mrs. H. Tony Oppenheimer with The
Oppenheimer Brothers Foundation

Dr. Daniel and Mrs. Roxanne Ostlie

Mr. and Mrs. W. Keith Pence

Mr. and Mrs. John Pia

Mr. and Mrs. Jon G. Piebenga

Louise and Tom Reichl

J.B. Reynolds Foundation

Mrs. Loretta D. Riss

Cristy and Charles Roberts

Marvin S. Robinson Charitable Trust

Sandy and Randy Rolf

Charlotte and Bob Ronan

Ross Foundation

Sarah and Landon Rowland and The KC Impact
Fund

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Mr. Paul E. Stewart

Jo and John Stueve

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Mrs. Mariel T. Thompson

Cynthia and Robert Tucci

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Mrs. Adelaide C. Ward

Thomas S. Watson Family Foundation

Mrs. Betty Widmier

Christy and Bret Wilson

Mr. Jeffrey M. Wolfe

Mrs. Sally K. Wood

Anonymous (8)

HEALTHIER EVER AFTER

The following donors have generously contributed \$10,000 or more in support of the capital needs of the Healthier Ever After campaign.

American Girl

Dr. David M. and Mary Ann Amos

Argosy Casino Hotel & Spa

Anonymous

Barbie on the Runway

Mr. Kevin G. Barth

Mr. and Mrs. G. Kenneth Baum

Sarah and Jon Baum

George K. Baum Family Foundation

Betty Virginia Greenwood Family Trust

Black & Veatch Corporation

Mr. and Mrs. Lonnie M. Breaux

Bob and Helen Bushman

Capitol Federal Foundation

Childrens Miracle Network

Chipotle Mexican Grill

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J.B. & Anne Hodgdon Charitable Fund

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 USA 800 Inc. Charity Golf Tournament
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 Dr. Robert and Carolyn Weir
 William T. Kemper Foundation
 Bret and Christy Wilson

2010 TIERED GIVING

Our ability to create a healthier ever after for children is integrally linked to the many patients, families, staff and friends who have made charitable gifts to support our work. Each and every individual donor makes a difference in the lives of the children we serve

\$1,000,000 and above

Elizabeth J. and James E. Ferrell
 United Way of Greater Kansas City
 Mrs. Adelaide C. Ward

\$500,000-\$999,999

DST Systems, Inc.
 Hands & Hearts for Children
 Health Care Foundation of Greater Kansas City
 Estate of Robert N. Taylor
 Truman Medical Center Charitable Foundation

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 George K. Baum Family Foundation
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Dr. Daniel and Mrs. Roxanne Ostlie
Dominic L. Passantino Memorial Golf Tournament
Charlotte and Bob Ronan
Estate of Olive N. Ronchetta
Sarah and Landon Rowland and The KC Impact
Fund
Salesmanship Club Charitable Golf of Dallas, Inc.
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\$10,000-\$24,999

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Linda D. Cooley, MD, MBA
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Mrs. Sally K. Wood
Robert and Polly Zimmerman Foundation

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Amy Wurst
And those who wish to remain anonymous

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Fred and Dee Lyons enjoy the Annual Research Awards Reception with
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David Westbrook Endowed Fund for Pediatric
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Jay and Beverly Wolfe Endowed Fund for Pediatric
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Michael Artman, MD, Richard Hopkins, MD, and
Shui Qing Ye, MD, PhD, were each honored with
an endowed chair at the hospital's annual research
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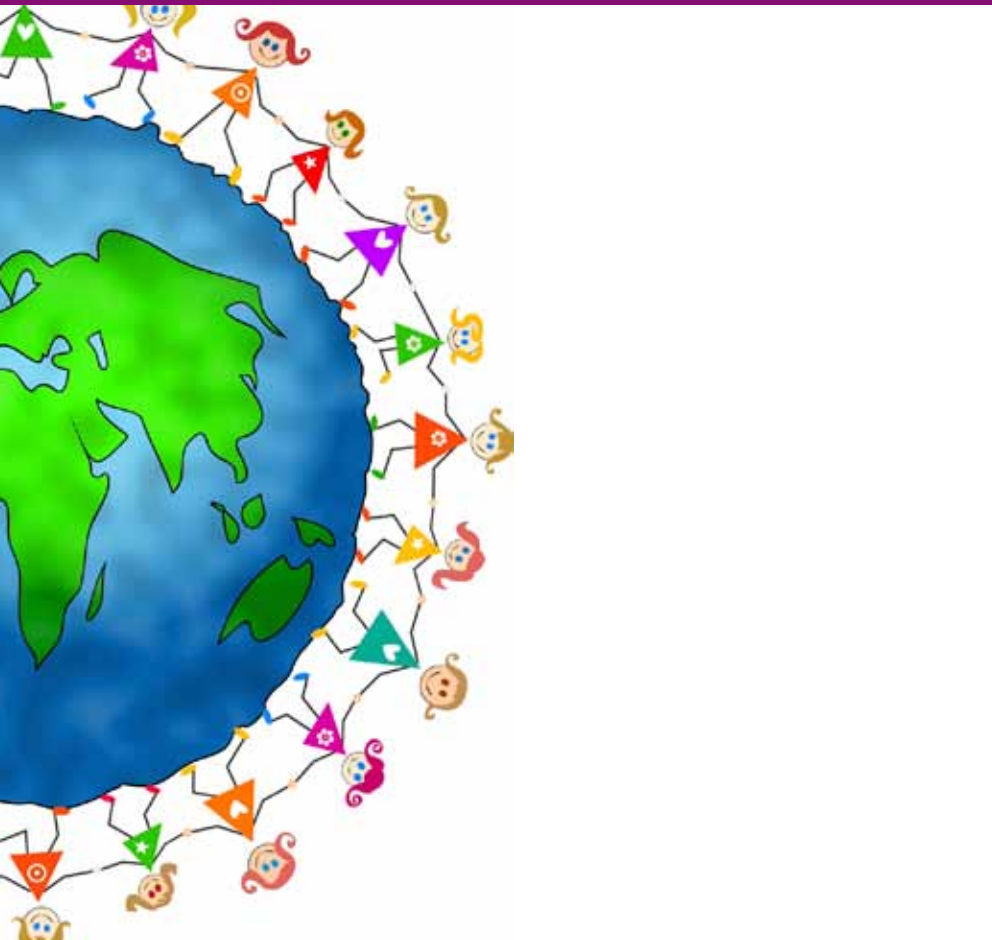
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FINANCE



COMMUNITY BENEFIT

FINANCE | COMMUNITY BENEFIT 2010 OVERVIEW

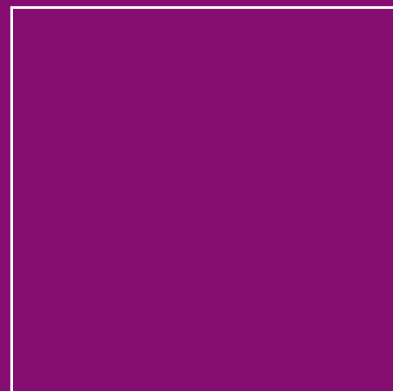
Children’s hospitals have always given back to their communities. Our mission has always extended far beyond the medical care provided within our walls to include advocating for the health and safety of all children in our community – and to providing opportunities and resources to help make that possible.

But for the first time in 2010, Children’s Mercy and other not-for-profit hospitals nationwide are quantifying the amount of benefit they give back to their communities as part of a new requirement from the IRS. And the data proved what the staff at Children’s Mercy has always known – that we provide a significant amount of education, support and benefit to children and families throughout our community.

One hundred and twenty-two million dollars worth of benefit, to be exact.

According to the new IRS guidelines, Children’s Mercy gathered information on the community programs and services we provide in a number of categories: charity care, unreimbursed Medicaid care, subsidized health services, community health improvement services, community-building activities, health professions education, research and more.

The majority of that total represents the cost of the care the hospital provides that is not reimbursed, including \$102 million in charity care, unreimbursed Medicaid programs and subsidized health services. The remainder of the benefits range from health care clinics at an inner-city day care program and a local high school to a legal aid program for our patients and families to a new program which provides employment for some of our long-term patients with special needs when they become adults.





“”

“Children’s Mercy is justifiably proud of the high-quality medical services we provide for children who are ill or injured. But what many people may not realize is the depth and breadth of services we provide at no cost or reduced cost, plus the number of programs we provide in the community to help educate families about staying healthy and safe and to provide services and resources to the less fortunate. Our community benefit initiatives reach across all areas of the hospital to serve families in all types of circumstances.”

~Randall L. O’Donnell, PhD, CEO and President



FAST FACTS FY10

Inpatient Care

Admissions	14,924
Average Length of Stay (ALOS)	5.4
Average Daily Census	221.1
Occupancy Rate	69.7%

Patient Days

Medical/Surgical	47,274
Intensive Care Nursery	19,460
Pediatric Intensive Care Unit	7,517
Children's Mercy South Patient Care Unit	6,457
Total Patient Days	80,708

Outpatient Visits

Hospital clinics	157,232
Children's Mercy South Specialty Center	66,931
Children's Mercy Northland Specialty Clinics	18,497
Primary Care Clinics	80,787
Outreach Clinics	3,544
Total Outpatient visits	326,991

Diagnostic 48,805

Pharmacy 57,684

Home Care Visits 3,145

Emergency/Urgent Care Visits

Children's Mercy Hospital Emergency Room	66,540
Children's Mercy South Urgent Care Center	51,861
Children's Mercy Northland	23,938
Total Emergency/Urgent Care Visits	142,339

Surgical Procedures

Inpatient	3,892
Outpatient Surgery	13,161
Total Surgical Procedures	17,053

Employees

Downtown Full-time equivalent	3,877
Children's Mercy South Full-time equivalent	450
Other Locations Full-time equivalent	685
Total Full-time equivalent	5,012

Volunteers: Active 778

Medical Staff 651

Transports 4,388



STATS AND FINANCIALS



CHILDREN'S MERCY HOSPITAL FINANCIAL DATA FOR THE FISCAL YEAR ENDED 6/30/10 (IN THOUSANDS)

SOURCES OF REVENUE:

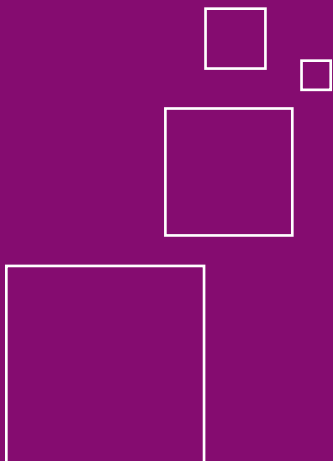
PATIENT CARE SERVICES	\$707,734
OTHER REVENUE	\$6,238
GRANTS AND CONTRACTS	\$8,654
UNITED WAY	\$1,036
COUNTY COURTS	\$526
CITY OF KANSAS CITY, MO	\$1,187
INVESTMENT INCOME	\$1,095
ASSETS RELEASED FROM RESTRICTIONS	\$18,740
UNRESTRICTED GIFTS AND BEQUESTS	\$3,146
OTHER NON-OPERATING REVENUE	\$(40)

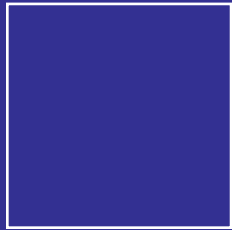
TOTAL **\$748,316**

USES OF REVENUE

BAD DEBT	\$14,903
SALARIES AND BENEFITS	\$438,338
SUPPLIES AND OTHER EXPENSES	\$226,838
DEPRECIATION AND INTEREST	\$60,510
OTHER	\$7,727

TOTAL **\$748,316**





HONORS AND AWARDS

Children's Mercy Hospitals and Clinics again was ranked among the **Best Children's Hospitals** in the nation in the annual listing by **U.S. News and World Report**. Our pediatric nephrology program ranked # 13 in the country, and our programs in diabetes/endocrinology, orthopedics, urology and gastroenterology also were ranked among the top 30 children's hospitals nationwide.

The American College of Surgeons Commission on Cancer awarded Children's Mercy with an **Outstanding Achievement Award** for the second time. We first received the three-year designation in 2007. Children's Mercy was the only free-standing pediatric hospital to receive this honor in 2010, which is awarded to fewer than 20 percent of all cancer programs nationwide.

Children's Mercy came out on top in a nationwide voting campaign to be named an award recipient of Lance Armstrong's **LIVESTRONG Community Impact Project**. The hospital received a \$10,000 grant to fund a new "SuperSibs" program, which provides support for siblings of children with cancer.

Children's Mercy again was named No. 2 among large employers in the annual "**Best Places To Work in Kansas City**" ranking done by the Kansas City Business Journal. This is the fifth year in a row the hospital has been ranked in the top 10, and the fourth year that we've been in the top three.

Children's Mercy ranked second among health care organizations and No. 80 nationwide on the 2010 **Best Adoption-Friendly Workplaces** in the U.S. This is the fifth year in a row that Children's Mercy has been recognized by the Dave Thomas Foundation with this honor.



For the third time in a row, the hospital's **ECMO program** has been awarded the ELSO **Excellence in Life Support Award**. Children's Mercy is the only hospital in our region that offers ECMO (extracorporeal membrane oxygenation), which provides heart and lung support for critically ill newborns.

The U.S. Department of Health and Human Services has awarded special recognition to the **Children's Mercy Pediatric Institutional Review Board** "in honor of extraordinary work in H1N1 influenza research." The award says that the hospital's "dedication, perseverance and commitment to excellence . . . have advanced knowledge and improved health worldwide."

Bradley Warady, MD, Nephrology Section Chief, was named one of the 2010 "Top Doctors" by Ingram's Magazine. Dr. Warady also was elected to serve as the next Treasurer of the International Pediatric Nephrology Association (IPNA). Dr. Warady already serves as a Council Member and Chair of the Fellowship Program Committee for IPNA, an organization comprised of 1500 pediatric nephrologists representing 89 countries around the world

Karen Cox, RN, PhD, Co-Chief Operating Officer, was elected secretary of the American Academy of Nursing. Dr. Cox is one of the few nurses in our region to have earned fellowship designation from AAN.

Susan Abdel-Rahman, PharmD, Pediatric Pharmacology and Medical Toxicology, received the annual ASCPT Leon I. Goldberg Young Investigator Award from the American Society for Clinical Pharmacology and Therapeutics (ASCPT), in recognition of exemplary research conducted by an individual during the first portion of his or her academic career.

Kristin Stegenga, PhD, MSN, CPON, a nurse practitioner in Hematology/Oncology, received the Dr. Patricia Greene Leadership Award, one of the highest honors of her profession, from the Association of Pediatric Hematology/Oncology Nurses.

Angela Degnan, Nephrology, received the Council of Nephrology Social Workers New Worker Award for 2010, given to one new nephrology social worker in the country for their contributions. This is the second year in a row that a Children's Mercy nephrology social worker has received this national award.

Jesse Smith, Director of Environmental Services, was inducted into the Kansas City **Black Achievers Society** in recognition of his professional and community achievements. Smith also was one of three Children's Mercy staff selected by Ingram's Magazine as 2010 "**Heroes in Healthcare.**"

Cheri Hunt, BSN, MHA, Vice President and Chief Nursing Officer, also was honored by Ingram's in the Administration category, and **Clarence Regas**, who has provided more than 5,000 hours of volunteer service to the hospital, was honored in the Volunteer category.

Melissa Chatman, who has served as a Children's Mercy volunteer for more than eight years and donated more than 2,200 hours of service, was selected as the 2010 **Volunteer of the Year**. And **Project Linus**, a volunteer organization which provides new, handmade blankets and afghans for hospitalized patients, was honored with the **Award for Excellence in Community Volunteering**.





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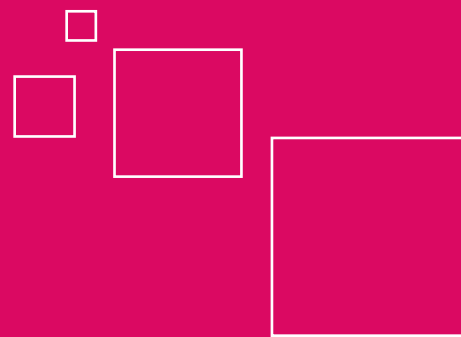
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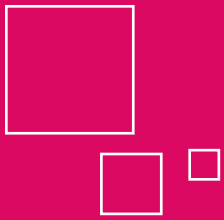
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