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2010

2010 Community Benefit Annual Report: Redefining Pediatric Medicine One Child at a Time

Children's Mercy Hospital

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2010 | Community Benefit Annual Report



REDEFINING PEDIATRIC MEDICINE | ONE CHILD AT A TIME



Children's Mercy
HOSPITALS & CLINICS

Kansas City

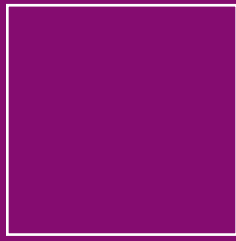
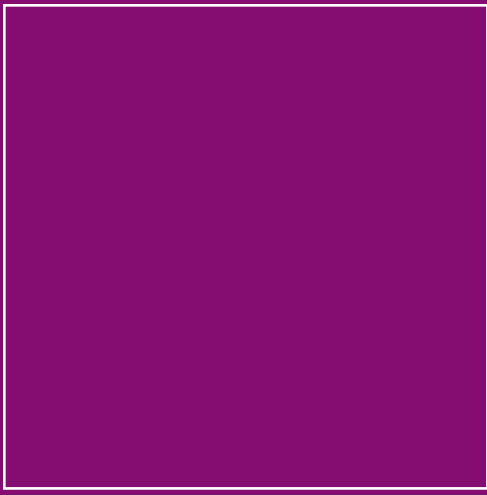
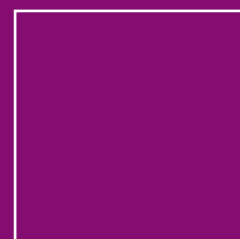




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INTRODUCTION

Welcome to the first Community Benefits Annual Report from Children's Mercy Hospitals and Clinics.

Children's Mercy has been blessed to receive outstanding support from our community since our earliest days. And we've been giving back to the community in a wide and varied number of ways over the past century, as well. This year, we have documented the many ways in which we provide benefit back to the children and families of our community.

Since our founding in 1897, Children's Mercy has provided quality care for every child in our region who needs us, regardless of the family's inability to pay. And in 2010, that total included charity care, Medicaid shortfalls and subsidized health services (our cost to provide the care was higher than the payment we received for that care) – a total of more than \$100 million.

Our community benefits also included providing pediatric education for the physicians, nurses and other health care professionals of the future, as well as the work we're doing in pediatric medical research.

Children's Mercy also offers a diverse list of smaller scale, but important, services to families throughout our community: A health care clinic, serving inner city children, located inside the largest day care center in Missouri. A program which provides employment for a number of our former patients with special needs. Advisory boards made up of Children's Mercy patients, patients' parents, and Spanish-speaking families to help us better meet the specialized needs of each of those groups.

The list goes on and on, with just a few of those programs highlighted in the pages of this report. We hope you will take a few moments to learn a little more about how Children's Mercy gives back to the community which has given so much to us.

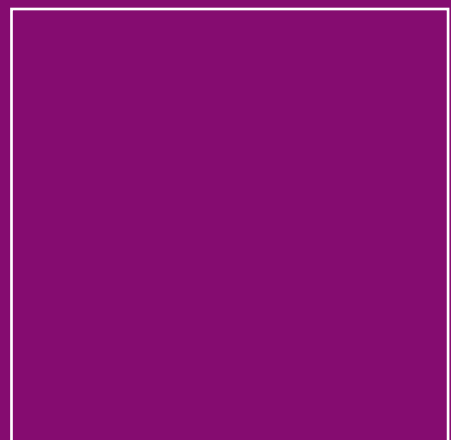


Community Benefit Report For Fiscal Year 2010

(July 1, 2009-June 30, 2010)

	Net Expense	Persons Served
Charity Care	\$6,151,753	5,008
Unreimbursed Medicaid and Other Means-Tested Government Programs	\$81,892,044	281,129
Subsidized Health Services	\$14,586,869	227,093
Community Health Improvement Services	\$1,109,212	14,034
Health Professions Education	\$9,426,704	3,427
Research	\$8,539,000	821
Community-Building Services	\$221,265	2,760
Cash and In-Kind Contributions	\$446,043	46,949
Community Benefit Operations	\$31,231	N/A
<hr/>		
TOTAL	\$122,404,127	581,221

This total represents 16.8% of the hospital's total expense in fiscal year 2010.



PROVIDING CARE FOR THOSE WHO CANNOT PAY

When Children’s Mercy was founded in 1897 and for several decades after that, all of the care provided at the hospital was completely free. Although that type of service is no longer feasible in today’s world, Children’s Mercy has always maintained its mission of providing outstanding health care to every child in our region who needs us, regardless of their family’s ability to pay for that care.

The “community benefit” provided by the hospital in relation to uncompensated care includes several different categories which all have one thing in common: it costs Children’s Mercy more to provide a child’s health care than the revenue we received for providing that care. These categories include:

Charity Care

Free or discounted health services provided to persons who meet the hospital’s criteria for financial assistance and are deemed unable to pay for all or a portion of the services their child receives.

Unreimbursed Medicaid and Other Means-Tested Government Programs

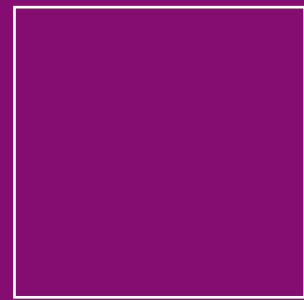
These programs include all government-sponsored health programs (federal, state and local) where a family’s eligibility for benefits or coverage is determined by income or assets. “Unreimbursed” is the shortfall created when the amount paid by the government-sponsored program is less than the hospital’s cost to care for that patient.

Subsidized Health Services

These are clinical services which Children’s Mercy provides because they are needed in our community, even though the services create a financial loss to the hospital. To be defined as “community benefit” for the IRS, these services also must meet the criteria that, if Children’s Mercy did not offer these services, they would be unavailable in our community – the community’s capacity to provide the service could not cover all of the community’s need – or the service would become the responsibility of the government or another tax-exempt organization.

For example, services provided by Children’s Mercy which meet the criteria as subsidized health services include:

- Primary Care Clinics – including the Pediatric Care Center, the Teen Clinic and Children’s Mercy West, which saw a combined total of 80,787 patients in 2010.
- Hospital’s Subspecialty Outpatient Clinics – more than \$12 million in subsidized services was provided in 2010.
- Emergency and Urgent Care – including emergency services at Children’s Mercy Hospital and urgent care services at Children’s Mercy South and Children’s Mercy Northland. More than 142,000 patients were seen in these programs in 2010.
- Outreach Clinics – Our physicians and nurses travel to nine different communities throughout Missouri and Kansas, providing care by seven different specialties in locations that are more convenient and easily accessible for families throughout our region.



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SPANISH CONTINUITY CARE CLINIC

As a young and enthusiastic pediatric resident, John Cowden, MD, MPH, was quick to share his Spanish-speaking abilities.

Because of the health needs of our Spanish-speaking community, he was thrust into a clinic where the majority of patients spoke only Spanish. “It quickly became a part of my daily role. Not only was I a resident, still learning how to be a practicing physician, I was doing much of it in Spanish,” says Dr. Cowden. “The problem was that with no assessment of my fluency level, the quality of patient care could easily have been hindered.”

Thankfully, Dr. Cowden developed a great level of language competence while studying in Mexico for several years.

Now, as the Medical Director for the Office of Equity and Diversity, Dr. Cowden is piloting a new Spanish Continuity Care Clinic, where selected residents will not only go through their typical primary care training regimen, but will complete a cross-cultural care curriculum in a closely monitored program, intent on improving patient care for non-English speaking families. *The Journal of the American Medical Association* reports that a language barrier is an increasingly important issue in U.S. health care. While the use of interpreters leads to better care of patients with limited English proficiency, the ideal – with better outcomes – is for the physician and families to share the same language. When it comes to patient care, determining a safe level of fluency is of utmost importance. The Spanish Continuity Care Clinic provides primary care services to a population that is underserved in our community and would have difficulty finding services elsewhere.

Many people may claim medical, conversational or semi-fluency abilities in Spanish, but because the patient’s well-being is involved, it’s important that competency be accurately assessed for fluency in both conversational and medical Spanish. With approximately 45,000 visits a year to the Pediatric Care Center, Dr. Cowden estimates that 25 percent are from Spanish-speaking families. In the typical Continuity Care Clinic, residents interview and examine patients, then report back to the attending physician to determine a treatment plan.

“It’s the model used by residency programs across the country,” says Dr. Cowden. “The Spanish Continuity Care Clinic is based on the same model, but approximately 75 percent of patients are Spanish-speaking only – a ratio controlled by scheduling parameters.”

The residents don’t need to be completely fluent in Spanish – at least not in the beginning. The intent is that during their three

years of residency, their abilities increase to a point where they would no longer need an interpreter.

At the start, when a resident goes in to see a family, he or she does so with an interpreter to serve primarily as a safety net for both the resident and family.

The resident speaks directly to the family in Spanish during the exam and reports back to Dr. Cowden in Spanish as well. This allows for education in both colloquial and medical Spanish.

The interpreter provides assistance when necessary, while assessing the resident’s language development.

“Every month I sit down for an open discussion with the resident and the interpreter on the resident’s progress,” says Dr. Cowden. “It enhances the interpreter’s role in patient care and education, but long-term, removes them from the equation for these certifiably competent physicians.”

As the program is in its pilot year, Dr. Cowden, the interpreters and residents are trying to strike a balance between the added responsibilities and their normal clinical tasks.

“This program is not at all separate. It’s in addition to the daily functions of the clinics,” stresses Dr. Cowden. “It requires an extra time commitment for me, the interpreters, and the residents.”

At the end of the program’s first year, Dr. Cowden hopes to show improved language skills for the residents, and most importantly, improved care for the patients.





Selected residents will not only go through their typical primary care training regimen, but will complete a cross-cultural care curriculum in a closely scrutinized program, intent on improving patient care for non-English speaking families.

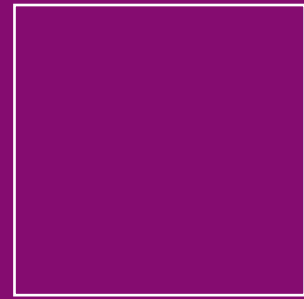
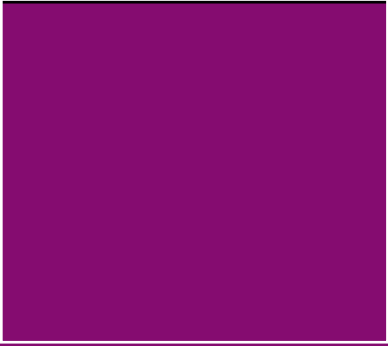


COMMUNITY HEALTH IMPROVEMENT

Community health improvement services are activities or programs carried out or supported by the hospital for the express purpose of improving the health of the children and families in our community.

Community benefits provided by Children's Mercy for Community Health Improvement include:

- **Legal Aid** – The Legal Aid Referral Program is a collaboration with Legal Aid of Western Missouri to provide free legal services for low-income patients and their families in order to address legal barriers to access of health care and to remove legal conditions that are adversely impacting a patient's health. In addition, the program provides education to physicians, nurses and social workers on the relationship between legal conditions and health.
- **Operation Breakthrough Clinic** – The clinic operates from 7 a.m. to 6:30 p.m. at Operation Breakthrough, a large inner-city daycare program providing care for more than 600 children. The clinic provides primary care services, including screenings and physicals, plus scheduled appointments for acute care and chronic conditions. Almost 90 percent of the children seen are at risk, uninsured/underinsured and minority populations who otherwise would face significant barriers to accessing health care services.
- **Foster/Adoption Care Recruitment** – There is a shortage of medical foster homes to provide temporary foster care for children who have been abused or neglected or who have medically complex conditions. Children's Mercy provides regular education to our staff about the growing need for foster and adoptive parents for children in state custody and the resources available to help them. For the past five years in a row, Children's Mercy has been selected by the Dave Thomas Foundation as one of the "100 Most Adoption-Friendly Workplaces in the U.S."
- **Cross-Cultural Resource Guide** – For more than 10 years, Children's Mercy has provided an in-depth guide for health care providers on cultural differences with regard to families' health care beliefs and practices. The guide is distributed at no charge primarily to providers of Medicaid-eligible pediatric patients.
- **H1N1 Vaccine Clinic** – H1N1 vaccine was not readily available in the community, so Children's Mercy provided the vaccine at no charge to our own staff and their families.
- **Third Annual Teen Conference** – There were no resources in the Kansas City region designed to provide educational and peer-to-peer interaction opportunities for adolescents with ongoing medical needs, so Children's Mercy created one in 2008. This annual conference provides these teens age 13-19 and their caregivers with learning and networking opportunities, designed to positively empower the adolescents to become more active in their medical care and their transition from pediatric to adult care.
- **Car Seat Program** – In order to promote injury prevention, Children's Mercy provides car seats and training on proper installation for hospital patients, primarily those from low-income families. We work with Head Start, Operation Breakthrough and other organizations to make this a resource for the community.
- **Bereavement Aftercare Program** – This innovative program provides resources for families both before and after a patient passes away. The staff coordinates support groups, memory items, "celebration of life," follow-up calls and cards, and all paperwork. All families interested in these resources are eligible to receive them for as long as necessary.
- **Hematology/Oncology School Presentations** – Children with cancer face innumerable challenges, including the daunting task of going to school while receiving treatment. Our nurses and other staff members go to the classrooms of children and teens newly diagnosed in our Hematology/Oncology Division to teach their classmates about the diagnosis, treatment plan and importance of teen support.
- **School-Based Influenza Immunization** – Although children in the school-age group are among those most at risk for influenza, immunization rates remain at about 16 percent. Children's Mercy established a pilot vaccination program in several Kansas City area schools to provide the documentation and publicity needed to reach larger groups of children and educate parents about the effectiveness of the flu vaccine.



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LEGAL AID REFERRAL PROGRAM

On television, there are plenty of shows about lawyers and doctors – although they don't always work well together for the betterment of patient care.

In real life, the Legal Aid Referral Program, a collaboration between Children's Mercy and Legal Aid of Western Missouri, is designed to help families with a variety of legal problems that affect their health and well-being.

Attorney and Pediatric Hospitalist Jeffrey Colvin, MD, explains, "Many families, especially those with an ill child, have problems with housing, public benefits, and family issues that can be addressed with appropriate legal resources."

The Legal Aid Referral Program was established to help families address these issues and thus optimize the health of their child and the overall well-being of the whole family, according to Dr. Colvin.

On-site paralegals are available to meet with patients and their families to gather information regarding legal issues that may be affecting a patient's health. Eligible families who are referred by Children's Mercy social workers and medical staff receive free legal representation. Children's Mercy supports this community benefit by dedicating 20 percent of Dr. Colvin's time to the program and Legal Aid of Western Missouri and Kansas Legal Services are provided office space at Children's Mercy as part of the collaboration.

"We originally anticipated 90 cases in our first year; however, since October 2007, the program has received more than 275 referrals—the response has been overwhelmingly positive," explains Katie Lamb, an attorney and Director of the Legal Aid program. "Much of the success is due to the amazing social workers within Children's Mercy – they can handle anything."

The types of cases the Legal Aid Referral Program assists with include:

- Public Benefits (Medicaid, Food Stamps, and Temporary Assistance)
- SSI Disability
- Domestic Violence (Orders of Protection and Divorce)
- Guardianship/Power of Attorney
- Housing Needs
- Immigration

"It's extremely rewarding to be part of this program because our patient population has a top-notch law firm at their disposal, free of charge. With the variety and complexity of cases that we handle, it's gratifying to help both families and physicians, especially as it eases patient suffering," Dr. Colvin says.



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We're here, we're accessible,
we really become a part of the
family.



OPERATION BREAKTHROUGH CLINIC

Providing children an environment and the tools needed to succeed. That's the focal point for Operation Breakthrough.

Located at 31st and Troost in Kansas City, Operation Breakthrough operates the largest daycare service in the state of Missouri, with a team of more than 100 employees and 670 kids ranging from 6 months to 18 years of age. And while all of Operation Breakthrough's children are impoverished, about a quarter also are homeless.

To support this daycare program, Children's Mercy operates a health clinic at Operation Breakthrough. Before the clinic was created almost nine years ago, children from the center often went to the Children's Mercy Emergency Room to be treated. Since the creation of the clinic, the children now have far greater access to health care.

Operating each weekday from 7 a.m. to 6:30 p.m., the clinic staff is kept busy by the many children. Angela Frierson-McFadden, the Facility Assistant at the clinic, says that they treat everything from sore throats to more serious cuts and bruises.

Frierson-McFadden, who has been with the clinic since its inception, says that the staff also performs physicals on an annual basis for children over 3 years old. However, the most important aspect of the clinic – and their greatest advantage – is the working relationship they develop with both the parents and the children. She says, "We're here, we're accessible, we really become a part of the family."

PROVIDING ACCESS WHERE HEALTH CARE IS HARD TO COME BY

Elisa Silverstein, MD, Emergency Medicine, is on the board of Operation Breakthrough, and played an integral part in organizing a health fair within the daycare facilities. Dr. Silverstein sees the event, held in June, as a great education opportunity, especially in a community where access to health care is hard to come by.

"Total wellness, not just physical health, is emphasized. There were about 15 booths covering topics as diverse as musical therapy and dental health," says Dr. Silverstein. "While employees from Children's Mercy operated many of these booths, several outside organizations also participated, including representatives from Reach Out and Read, St. Luke's Family Care, and UMKC's Dental Hygiene. Other booths included an asthma station, a height and weight station, an eye clinic, and a healthy food choices booth sponsored by Costco."

Participation numbers are not yet available, but last year's event – the program's first – attracted approximately 200 families. But regardless of the specific numbers, Frierson – McFadden says that with the participants asking questions and learning more about the health of their children, it's definitely a success.



HEALTH PROFESSIONS EDUCATION

Children's Mercy has often been described as being a "three-legged stool," supported equally by clinical care, research and education. The hospital has a long history of providing exceptional training to the pediatricians, pediatric nurses and pediatric allied health specialists of the future. We are in academic affiliation with the University of Missouri-Kansas City School of Medicine and with numerous schools of nursing and allied health. In addition, we provide ongoing education which physicians, nurses and others throughout our community are required to receive in order to maintain their certifications. All of these educational outreaches are included in "community benefit."

The community benefits which Children's Mercy provides related to Health Professions Education include:

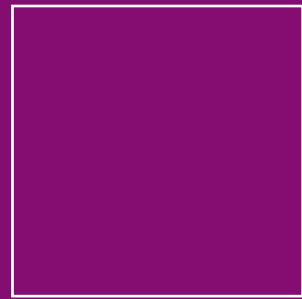
- Training in pediatrics for medical students
- Pediatrics residencies and fellowships in 26 pediatric subspecialties
- Nursing education – Children's Mercy provides pediatric training for nursing students from the University of Kansas, UMKC, Missouri State University, St. Luke's, Graceland and several others. Children's Mercy nurses provided nearly 15,000 hours of "preceptorship" to help train these future nurses.
- Internships – Children's Mercy provides a number of specialized programs to meet the psychosocial needs of hospitalized children, and we also provide education for those training to work in these fields. The hospital provides internships or student practicum experiences in specialties including Social Work, Child Life and Music Therapy.
- Health education conferences:
 - Clinical Advances in Pediatrics – Nearly 500 physicians and allied health professionals attend this two-and-a-half day symposium focused on providing physicians who care for children with the latest advances in pediatric research and evidence-based practice.
 - School Health Conference – This conference provides a unique training opportunity for those who serve as school nurses. The 2010 conference was the 32nd annual event for this specialty group who care for children and teens in the school setting.
 - Ethical Decision-Making – Children's Mercy co-sponsored a unique educational opportunity for community health care professionals, community advocates and other community professionals, focused on ethics and decision-making in the field of maternal and child health.
 - Teens and Technology – Another conference co-sponsored by the hospital for community providers, focusing on the specialized health care needs of adolescents in health care settings and community organizations.



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RESIDENCY PROGRAM

“The Children’s Mercy pediatric residency program provides the building blocks for every resident to successfully learn. Our residents are exposed to the entire depth and breadth of pediatrics,” explains Denise Bratcher, DO, Director, Pediatric Residency Program, Professor of Pediatrics, University of Missouri-Kansas City School of Medicine. “Residents are evaluated on the six core competencies required by the Accreditation Council for Graduate Medical Education (ACGME).”

The six core competencies include:

- Patient Care
- Medical Knowledge
- Practice-Based Learning and Improvement
- Interpersonal and Communication Skills
- Professionalism
- Systems-Based Practice

The inpatient teams have been restructured to ensure that residents’ workloads provide safe, family-centered care while also allowing time for learning. An additional inpatient resident team is incorporated during busier winter months to assure a more even clinical experience for residents throughout the year.

Another year-round team offers a direct-care experience to senior level residents who work alongside an attending physician to enhance the development of independent, critical thinking skills.

With additional collective learning tools, including family-centered rounds, Children’s Mercy residents experience a well-rounded program that encourages their professional and personal growth.

“We continually strive for the Children’s Mercy pediatric residency program to be one of the very best, and I think our residents benefit from that philosophy,” says Dr. Bratcher.





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We want residents to fully understand that parents are the experts when it comes to their children.



FOCUSING ON THE FAMILY

Placing a new spin on understanding patients and families expressed needs, Children's Mercy Hospitals and Clinics is involving families to help teach residents how to provide better patient-centered care.

The Patient and Family-Centered Care curriculum partners pediatric residents with patients' families in an effort to improve patient-physician communication and to turn parents, who are natural advocates for their children, into effective teachers.

In addition to supporting our academic mission, this health professions educational curriculum is part of the community benefit we provide in training the next generation of pediatric specialists.

"We hope that a long-term curriculum incorporating family as faculty and instituting patient and family-centered care learning experiences will help residents better recognize the unique needs of families coping with a complex-needs child," says Keith J. Mann, MD, Medical Director of Quality and Safety, Associate Chair, Quality Improvement and an Associate Professor of Pediatrics, UMKC School of Medicine. "It's an opportunity for our residents to see the health care system through the eyes of our patients' families."

The beneficiaries of the Picker Institute 2009 Challenge Grant, Dr. Mann and his colleagues have embedded the curriculum into all three years of pediatric residency training. The residents are ingrained in the patients' lives, visiting families at homes and accompanying them on office and hospital visits.

"Through this curriculum, we are encouraging our residents to appreciate the patient experience," adds Karen Cox, RN, PhD, Executive Vice President and Co-Chief Operating Officer at Children's Mercy. "We want them to fully understand that, as health care professionals, they may be experts in clinical care, but parents are the experts when it comes to their children."



RESEARCH

More than 250 physicians, nurses and scientists at Children’s Mercy spend at least part of every week looking forward – conducting medical research to develop better treatments and cures for childhood diseases. This hospital’s investment in research studies to generate new knowledge beneficial to children worldwide is considered a “community benefit” by the federal government. These areas of research include studying the underlying biological mechanisms of health and disease, natural processes affecting health or illness, evaluation of safety and efficacy of interventions for disease, laboratory-based studies, epidemiology, health outcomes and effectiveness, behavioral or sociological studies related to delivery of care or prevention, and more.

Other types of research funded by and conducted at Children’s Mercy focus on the following areas of pediatric health include:

- Allergies
- Asthma
- Attention Deficit Hyperactivity Disorder
- Autism
- Childhood Cancers
- Chronic Lung Disease
- Chronic Pain
- Cystic Fibrosis
- Cytogenetics
- Diabetes
- Diagnostic Imaging
- Drug Metabolism
- Endocrinology
- Epilepsy
- Genetics
- Genomics
- Growth Factors
- Hemophilia
- Infectious Diseases
- Influenza
- Juvenile Rheumatoid Arthritis
- Metabolic Disorders
- Muscular Dystrophy
- Obesity
- Organ Transplantation
- Pain Treatment
- Pharmacokinetics
- Pulmonary Disease
- Renal Transplantation
- Sickle Cell Disease
- and many others



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CENTER FOR INFANT PULMONARY DISORDERS

Why do some babies face severe pulmonary issues that imperil their health and well-being from the moment of birth, while others with seemingly similar risk factors have no pulmonary difficulties? How can the quality of life be improved for those babies who face these conditions?

These vexing questions are what drive the work of the Center for Infant Pulmonary Disorders, a world leader in the field that engages in clinical and translational research focusing on finding better treatments, interventions and use of medications to treat pulmonary diseases and disorders in infants.

Surfactant, a complex material that is a combination of fats and proteins, has become a staple in the immediate treatment of infants who are born with pulmonary issues, because it provides a temporary solution until the baby begins to produce sufficient surfactant on his or her own. The center is currently involved in an NIH-sponsored trial to determine if additional surfactant doses – given in the second and third weeks of life – offer added benefit that would lead to a better long-term outcome for such infants.

Within the next year, the center will also begin testing newly available ventilators that have been approved for adult use, but whose benefits and risks to infants need to be determined. While the FDA has evaluated these products for safety and for manufacturing quality, the center will be determining which of the devices are the best fit for the unique ventilator needs (and challenges) of infant patients.

The center also has been named to the prestigious Neonatal Research Network, a group of sites that are called upon to conduct a wide variety of trials for conditions affecting high-risk infants – specifically, conditions that directly or indirectly affect the lungs. The center was an ideal candidate for this group, because of its history of success, and because of its access to numerous patients who could benefit from the work that will be undertaken through the Network.





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Within the next year, the center will also begin testing newly available ventilators that have been approved for adult use, but whose benefits and risks to infants need to be determined.

COMMUNITY BUILDING

Community-building activities include a wide range of programs related to physical improvements and housing, economic development, community support, environmental improvements, leadership development and training for community members, coalition building, community health improvement advocacy and workforce development.

Programs provided for Community Building include:

- **Project RISE** – Project RISE provides workforce development activities for many of our long-term patients with special needs or chronic medical conditions. We partner with local school districts, community rehabilitation providers and others to help transition these special needs young adults into the workforce.
- **Metro Task Force** – The task force meets monthly and advocates on behalf of families affected by substance abuse through community collaboration, coordination of services, and identification of service gaps. It is a partnership focused on the timely provision of community action and services to identify and provide support for families affected by substance abuse in the Kansas City Metropolitan area.
- **Spanish Bilingual Assistance Education** – This program offers a medical interpreting education course designed to train bilingual attendees (both internal and external) in the health care field. The course covers how interpreting should be practiced in the areas of culture, ethics, standards of practice, legal issues, working with children, first response, basic anatomy, and more.
- **Longfellow Mentoring Program** – For more than 15 years, Children’s Mercy has provided mentoring support to the students at nearby Longfellow Elementary School. We partner with YouthFriends to provide services as a weekly mentor for an individual student throughout the school year, with activities ranging from reading books to playing games to working on computers.
- **Weighing In Community Collaborative** – Children’s Mercy is the lead organization in a community-wide coalition of more than 90 organizations focusing on the prevention and treatment of childhood obesity. Collaborative members include health care organizations, public health agencies, schools, community youth organizations, managed care organizations and more. The group meets quarterly to share best practices in childhood obesity prevention, facilitate networking, foster the development of collaborative projects among organizations and provide continuing education and training opportunities.
- **Parents Offering Parent Support** – Parents Offering Parent Support is a peer mentoring program for parents of children diagnosed with serious medical conditions. In its first year, training materials were developed and 34 mentors were trained, with 11 peer-to-peer matches made. In addition, we partnered with the Gift of Life Foundation and the MODDRC SOS (Sharing Our Strengths) program to educate and train peer mentors who are available to offer peer support to other families.



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PROJECT RISE

By hiring young adults with disabilities, a new program at Children's Mercy is giving former patients a chance to achieve a milestone in their lives – their first real job.

Project RISE – or Reaching for Independent Successful Employment – is an extension of the hospital's Transition to Adult Care Initiative, which focuses on assisting patients with special needs to achieve independence with respect to their health care, daily living and community involvement. Now, by setting a goal of having one percent of its workforce comprised of young adults with disabilities, Children's Mercy is helping some of them with their employment as well.

"By giving these young people opportunities that are not always available to them, Project RISE is directly helping them to become independent," says C. J. Hutto, RN, Senior Director of Allied Health and Support Services. "It gives them a sense of purpose and allows them to integrate more fully into society."

One of the early participants in Project RISE is Sara Niederhauser, who works as a concierge for the hospital. She retrieves and cleans the wagons that families use to transport their children through the hospital halls, tidies up the toys in the play areas, and assists patient families in finding their destinations. Her favorite part of her job, though, is delivering flowers and cards from the front desk to patient rooms.

"When I see the smiles on their faces, it makes me feel good," says Sara.

Now that the program is in full swing, it's clear that Project RISE isn't just helping former patients. It also benefits the hospital by providing a stable workforce with a high retention rate, according to Stacey Koenig, Director of Child Life and Volunteer Services. "These young people cannot wait to get to work," she says. "They show up every day and they're enthusiastic about what they do."

Having young people with disabilities working for the hospital has also turned out to be inspirational for current patients and their families.

"I can't begin to tell you what an impact this has had already," says Koenig, who serves as one of the coordinators for the program. "I had one mother tell me that she had a baby in the NICU with Down syndrome and was feeling very overwhelmed. But she said that seeing Sara working here and making such a contribution gave her hope for the future of her own child."

Watching Project RISE come to fruition fulfills a long-held vision of Randall L. O'Donnell, PhD, Children's Mercy President and CEO.

"These are our kids. We're helping them to have a brighter future and they're doing a great job for the hospital and for our current patients. Everybody wins," says Dr. O'Donnell.

As for Sara, she enjoys her job so much it hardly seems like work.

"I really have fun here," she says. "They do amazing and wonderful things."



Children's Mercy, One of the Best Places to Work in Kansas City!



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By hiring young adults with disabilities, a new program at Children's Mercy is giving former patients a chance to achieve a milestone in their lives – their first real job.

ABOUT CHILDREN'S MERCY

Community benefit is nothing new for Children's Mercy. From the beginning, we have been committed to addressing the needs of children in our community.

The cornerstone of Children's Mercy Hospital's first building was engraved with the following inscription:

"In 1897 Alice Berry Graham founded this Hospital for sick and crippled children, to be forever nonsectarian, non-local and for those who cannot pay."

We remain true to that founding principle today. As the needs of children in our community have grown, the hospital has grown to continue serving those children and their families.

Today, Children's Mercy is a Magnet™ recognized pediatric health system with 319 licensed beds, more than 40 pediatric subspecialty clinics, a Level IIIc intensive care nursery and the only Level I pediatric trauma center between St. Louis and Denver. Our faculty of pediatric subspecialists is one of the largest in the country and is actively involved in clinical care, pediatric research, and educating the next generation of pediatric specialists.

Our leadership in personalized medicine and pediatric genomics, as well as innovation across all pediatric subspecialties, is changing the way pediatric medicine is practiced, benefitting not only the children and families in our community, but children and families around the world.

This report has outlined a few of the ways we support our founding vision and provide benefit to children and families in our community. We invite you to support us in continuing to serve the needs of children in our community. To learn more about how you can help, visit our website at www.childrensmercy.org.



FAST FACTS FY10

	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
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Pharmacy	57,684
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Home Care Visits	3,145
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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
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Medical Staff	651
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Transports	4,388
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Children's Mercy
HOSPITALS & CLINICS
————— **Kansas City** —————

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