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2015

### Children's Mercy Hospital Annual Report 2014

Children's Mercy Hospital

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# TRANSFORMING LIVES

THROUGH HEALTH CARE

2014 Annual Report



**Children's Mercy**  
KANSAS CITY

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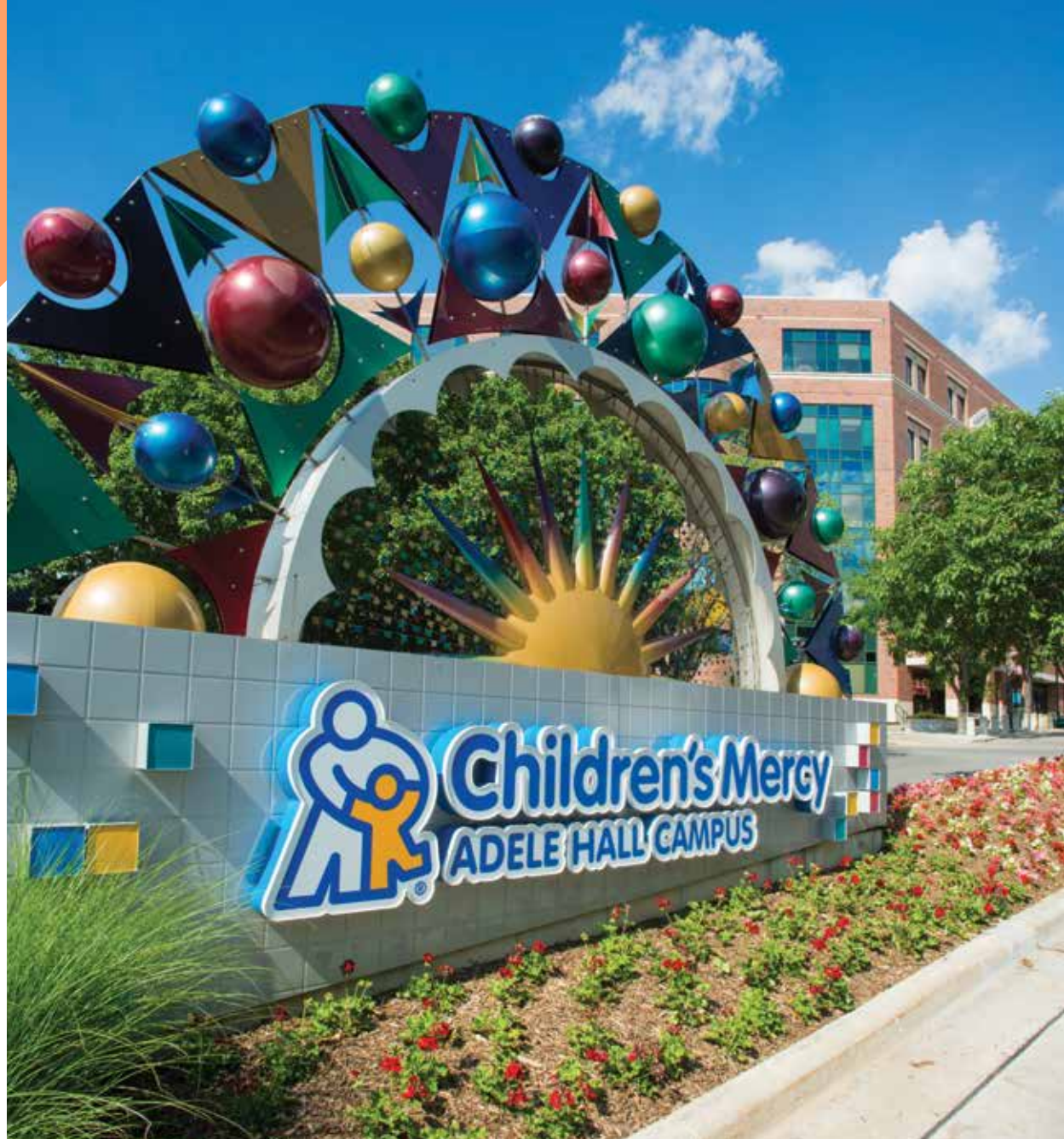
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## Editor's Note

If it seems like you were just reading a Children's Mercy annual report a few months ago, you're right. We've begun using a different calendar so this year there are two reports.

To better reflect how we do business, this year we begin publishing our annual report based on our fiscal year, which begins July 1, rather than a calendar year.

This 2014 Annual Report covers the year July 1, 2013 to June 30, 2014.



## A WORD FROM OUR PRESIDENT AND CEO

### Children Keep You Young. Any Parent Will Tell You That.

Anyone working at Children's Mercy knows it, too. Working with children is like discovering the world again. That's why we dedicate ourselves every day to transforming their lives and the lives of their families: They deserve a new world, a new chance.

In this year's annual report, we celebrate some of the ways we're transforming lives by transforming health care.

- We're working with colleagues across the country on an initiative to change the way health care is delivered to make it more effective, timely, less expensive and safer. (Page 7.)
- We're helping the next generation of doctors specialize even more through expanded fellowship offerings and education delivered more efficiently. (Pages 16-17.)
- We're working in research laboratories and at the bedside to provide treatments and cures that were unimaginable just a few years ago. (Pages 18-19.)
- And we're connecting with you, our greatest supporters, through something we call the "I Love Children's Mercy" Fund. (Page 8)

You can read about these initiatives and more in this publication. But, of course, the story of Children's Mercy (and the thousands of families we help each year) cannot be held in just these few pages. There is a lot more to say. So we're moving more stories to our website ... [www.childrensmercy.org/annualreport](http://www.childrensmercy.org/annualreport). Take a look.

This report is just one of the ways we hope to stay connected with you. Let us know how we're doing.

Randall L. O'Donnell, PhD  
President and CEO



## Kids, Families and U.S. News Rank Us Among the Best

For the seventh year in a row, Children's Mercy is among the nation's top pediatric hospitals, according to U.S. News and World Report's 2014-15 "Best Children's Hospitals" rankings. Nine out of 10 Children's Mercy pediatric specialties made the rankings this year, including: nephrology, cancer, diabetes and endocrinology, gastroenterology, neonatology, neurology and neurosurgery, orthopaedics, pulmonology and urology.

U.S. News surveyed 183 pediatric centers. Rankings are based on an extensive analysis of clinical and operational data collected directly from a survey of children's hospitals. That data was combined with the results from a reputational survey of board-certified pediatric specialists. In this survey, specialists answered where they would send their sickest patients. Supplemental information

from resources, such as the National Cancer Institute, also was taken into consideration when determining the rankings.

This honor is a testament to the dedication and talent of Children's Mercy staff, and sets the bar for how we continue to grow and transform pediatric health care.



## Administration

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

**Karen Cox, RN, PhD, FACHE FAAN**, Executive Vice President/  
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**Lonnie Breaux**, Vice President, Facilities Management

**Kimberly Brown**, Vice President, Audit and Compliance

**Marshaun Butler**, Vice President, Children's Mercy South and  
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**Warren Dudley**, Vice President, Market Development and  
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**Robin Faulk**, Vice President, Human Resources

**Bob Finuf**, Vice President, Pediatric Care Network Executive  
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**Joe Galeazzi**, Vice President, Medical Administration

**Cheri Hunt, RN, MHA, NEA-BC**, Vice President/Chief Nursing  
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**Laurisa Jackson**, Vice President, Finance

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**Genny Nicholas**, Vice President, Government Relations

**Jenea Oliver, PhD**, Vice President, Philanthropy

**Michael Artman, MD**, Pediatrician-in-Chief

**George W. Holcomb III, MD, MBA**, Surgeon-in-Chief

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**Paul McLaughlin**

**Randall L. O'Donnell, PhD**

**John Ovel**

**Margaret Pence**

**John Sommerauer, MD**

**Tom Weir**

**Gerald Woods, MD**

# FAST FACTS AND FINANCIALS



## Inpatient Care Patient Days

	FY 2014
Admissions	13,649
Average Length of Stay	6.1
Medical/Surgical	5.1
Intensive Care Nursery	27.2
Pediatric Intensive Care Unit	6.3
CM South Patient Care Unit	2.6
Fetal Health Center	1.9
Average Daily Census	226.5
Occupancy Rate	69.8%
Licensed Beds Available	354

**Total Patient Days 186,455**

## Outpatient Visits

Hospital Clinics	151,062
CM South Specialty Center	60,457
CM Northland Specialty Clinics	20,348
CM East Specialty Clinics	6,759
Primary Care Clinics	70,204

**Total Outpatient Visits 308,830**

## Emergency/Urgent Care Visits

CMH Emergency Room	61,268
CM South Emergency Room	38,499
College Boulevard Urgent Care*	6,770
Blue Valley Urgent Care**	9,269
CM Northland Urgent Care	26,657
CM East Urgent Care	20,148

**Total Emergency/Urgent Care Visits 162,611**

## Surgical Procedures

Inpatient	3,873
Outpatient	14,480

**Total Surgical Procedures 18,353**

## Transports

Ground Ambulance	4,288
Helicopter	237
Fixed Wing	461

**Total Transports 4,986**

## Diagnostic

1,309,233

## Home Care Visits

1,962

## Employees: Full-time Equivalent

5,892

## Volunteers

997

## Medical Staff

706

\* Closed Dec. 11, 2013  
\*\* Opened Dec. 12, 2013

## SOURCES OF REVENUE

	FY 2014
Patient Care Services	985,095,174
Externally Funded Research	12,762,968
Other Revenue & Public Support*	44,956,644
<b>TOTAL</b>	<b>1,042,814,786</b>

## USES OF REVENUE

Bad Debt	26,993,070
Salaries & Benefits	575,270,627
Supplies & Other Expenses	308,560,085
Depreciation & Interest	74,047,306
Other	57,943,698
<b>TOTAL</b>	<b>1,042,814,786</b>

\* Includes Philanthropy, United Way, investment income and additional sources

# Treating Medically Complex Patients With CARE

## \$23 MILLION GRANT AIMS TO TRANSFORM CARE AND REDUCE COSTS

Children's Mercy is part of a nine-hospital nationwide coalition that has been awarded \$23 million to improve care and reduce costs for children with complex medical needs.

The initiative is known as CARE (Coordinating All Resources Effectively) for Children with Medical Complexity. The target population is Medicaid-eligible children with the most complex chronic conditions, typically involving multiple organ systems and requiring many specialists.

The three-year grant from the Centers for Medicare and Medicaid Innovation (CMMI) will allow the hospitals to collaborate on a program designed to:

- improve the health of children with medical complexities and reduce family stress, all while lowering costs
- design a payment system to sustain these programs and provide flexibility to meet patient and family needs
- create a national learning system so programs and payers serving these patients can rapidly share information to improve care and design effective payment models.

"The big win for Children's Mercy is that the CARE grant will provide financial support and other resources for an initiative that we've already launched because we think it's the right thing to do," says Bob Finuf, vice president and executive director of the

Children's Mercy Pediatric Care Network. "It's part of the hospital's strategic plan and a model that we've been implementing."

Finuf explains that the learnings from this program will eventually be translatable to children beyond the medically complex, transforming even more lives.

### The eight other children's hospitals in the coalition:

- **Mattel Children's Hospital**  
(Los Angeles)
- **Lucile Packard Children's Hospital**  
(Palo Alto, Calif.)
- **Children's Hospital Colorado**  
(Denver, Colo.)
- **St. Joseph's Children's Hospital**  
(Tampa, Fla.)
- **Wolfson Children's Hospital**  
(Jacksonville, Fla.)
- **Cincinnati Children's Hospital Medical Center**  
(Ohio)
- **Children's Hospital of Philadelphia**  
(Philadelphia)
- **Cook Children's Health Care System**  
(Fort Worth, Texas)



# I LOVE CHILDREN'S MERCY



**Giving to the 'I Love Children's Mercy' Fund provides the hospital with the flexibility to use your gift as needed to respond quickly to patients, deliver the best clinical and psychosocial care possible and make research discoveries that will change children's lives.**

## 'I Love Children's Mercy' Fund Highlights the Importance of Giving to the Mission

Generosity always has been at the heart of our work to heal sick and injured children. In fact, the compassion of two tenacious founding sisters propelled Children's Mercy from providing care for a single child to providing service for nearly half a million children a year. Today Children's Mercy is one of the leading children's hospitals in the country. Offering extraordinary care—coupled with compassionate support from world-class doctors, nurses, staff and donors—Children's Mercy is known as the clear first choice for many children and families in the region and beyond. The healing and hope families find at Children's Mercy elicit one common response ... *I love Children's Mercy!*

In keeping with the popular community mantra, the hospital recently established the I Love Children's Mercy Fund, an easy and efficient

way to contribute to the mission of the hospital and make a difference where help is needed every day.

Giving to the I Love Children's Mercy Fund (donations to the hospital that are not restricted in the way they can be used) provides the hospital with the flexibility to use your gift as needed to respond quickly to patients, deliver the best clinical and psychosocial care possible and make research discoveries that will change children's lives.

Giving to the mission of the hospital in this manner makes a difference in the quality of our day-to-day operations and provides a margin of excellence that helps distinguish Children's Mercy as a leader among children's hospitals. It also allows the hospital to make the best strategic decisions to ensure access, quality



and value for the community. The I Love Children's Mercy Fund allows Children's Mercy to act nimbly, flexibly, strategically.

### NIMBLE

The I Love Children's Mercy Fund provides income that goes right to the heart of the institution and from there to the areas where the need is most immediate, and sometimes urgent. On any given day, an infant, child or teenager in our care may require treatment that wasn't anticipated. The ability to act nimbly and decisively in today's hospital environment is critical to achieving the level of excellence we demand and delivering world-class care for our patients and families.

### FLEXIBLE

As medical care advances and the pace of innovation increases, Children's Mercy remains a committed leader on the cutting edge in pediatric medicine. The I Love Children's Mercy Fund provides a critical and ongoing base of support that positions the hospital to advance the transformational therapies being developed here today. With the flexibility the fund allows, we can take actions that support our vision to be a national and international leader recognized for advancing pediatric health and delivering optimal health outcomes through innovation and a high-value, integrated system of care.



### STRATEGIC

Philanthropic support of the hospital's mission allows us to act quickly to meet unexpected demands and to preserve the margin of excellence that makes us unique. Community support also is strategically imperative to our core business and planning function. As the volume and complexity of patients we serve increase exponentially each year, Children's Mercy must build and sustain the proper facilities, clinics, research programs, faculty and staff to ensure clinical, academic and research excellence.

Without the support of the community, Children's Mercy would not be the extraordinary place it is. Quite simply, it would not be the place we have come to know and love. Children's Mercy's aim is to always be the first choice, and the best choice, for every family – regardless of their ability to pay. Generous donors enable our caregivers to touch and transform the lives of thousands facing urgent needs, devastating diseases and chronic illnesses.

We are grateful for your support of Children's Mercy and our mission to make children's lives better.

# Chemo → Cowboy

Easter is a miraculous day for Christians. And while the news that Casie and Dave Katzer received on Easter 2012 about their baby Hudson wasn't what other parents might consider divine, the Katzers — who have a deep faith in God — look back now and believe something truly miraculous happened that day.

To read the rest of Hudson's story,  
GO TO THE WEBSITE  
[www.childrensmercy.org/HudsonsStory](http://www.childrensmercy.org/HudsonsStory)



Hudson | Age 3 | Osawatomie, Kan.



## Simulations Bring Challenging Cases to Life in Fetal Health Center

The use of simulation has expanded to the Elizabeth J. Ferrell Fetal Health Center as part of a hospitalwide quality-improvement initiative.

Simulation training sessions are designed to replicate anything from a socially based intimate partner violence scenario to more clinical emergencies. The overall goal with simulation exercises is to help nursing staff and other team members become comfortable and confident with challenging cases, explains Melanie Foltz, MSN, RN, director of nursing in the Fetal Health Center.

Each month, there are two neonatology scenarios and two obstetric scenarios presented in the Fetal Health Center.

Each simulation has three main phases: pre-briefing, simulation and debriefing. In the pre-briefing phase, learning objectives and participant questions are discussed. Next, the actual simulation

begins: Nursing staff are challenged with a low-incidence, high-risk situation while safety and communication standards are evaluated. During the debriefing, the session is summarized and learning points are captured.

One specific simulation involves a maternal hemorrhage during a cesarean section. In this hypothetical situation, emergency procedures are performed on both maternal and newborn mannequins. The main objectives of this simulation are to recognize signs and symptoms of newborn blood loss in the delivery room and massive maternal bleeding in operative settings; identify steps to initiate massive blood transfusion protocol; demonstrate productive team communication in emergencies; and identify policy and procedures for maternal patient transfer. In some situations, outside actors are brought in to make the simulation more realistic.



## Infection Rates in PICU Keep Falling

Central-line associated blood-stream infections (CLABSI) are a serious hospital-acquired condition. Debbie Newton, RN, MSN, CCRN, and Robyn Livingston, MD, led the Children's Mercy Pediatric Intensive Care Unit CLABSI reduction initiative for several years. Under their leadership, the hospital achieved a 50 percent reduction in CLABSIs from 2006 to 2011.

As Dr. Livingston took on medical oversight of the hospital's BSI initiative, Paul Bauer, MD, and Shekinah Hensley, RN, CCRN, capitalized on this momentum to engage an expanding team within the PICU with the goal to reduce CLABSIs below benchmark rates. With the support of the PICU department director, Devin Bowers, RN, MSN, NE-BC, and PICU division director Geoff Allen, MD, as well as a strengthened PICU quality program under Kathy Baharaeen, RN, BSN, CCRN, and Tara Benton, MD, the team made a concerted push to reduce CLABSIs by integrating principles of quality improvement and basic science. They tripled frontline nursing participation in the PICU BSI Committee, utilized the creativity of the nurses to improve practice through innovative techniques,

and implemented a rounding checklist for daily decision making around the line maintenance. The team cut the CLABSI rate in half from 2012 to 2014. They currently report a below-benchmark rate of 1.16 per 1,000 line days. The team's newest goal is to achieve a rate of zero CLABSIs for 120 days at a time, with the ultimate goal of one year without a CLABSI.



**Jon Brouse, 32, a nurse at Children's Mercy, becomes one of the youngest members of the Children's Mercy Legacy Society, which consists of donors who have included Children's Mercy in their estate plans. According to Jon, he wants to "pay it forward."**

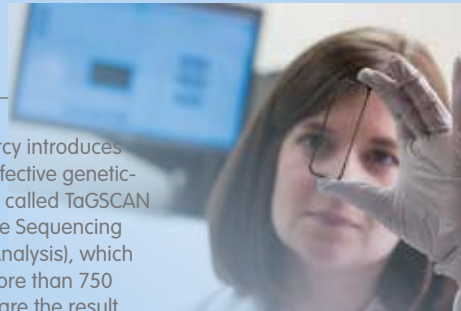


# 2013-2014 HIGHLIGHTS

Children's Mercy takes steps to slim down patients and staff after a study found that one in 10 patients and/or staff are overweight. The hospital is taking a number of steps to help everyone become healthier. This includes slimming down the meals that are yummy and packed with nutrients.



Children's Mercy introduces a new, cost-effective genetic-screening tool called TaGSCAN (Targeted Gene Sequencing and Custom Analysis), which can test for more than 750 diseases that are the result of a single-gene defect. These diseases include muscular dystrophy, cystic fibrosis, polycystic kidney disease (PKD) and hundreds of other diseases that have either been challenging to diagnose or for which no test has been available.



A revolutionary therapy that uses a patient's immune system in a two-pronged approach to fight cancerous tumors is being tested at Children's Mercy.

Children's Mercy opens the Rehabilitation for Amplified Pain Syndrome (RAPS) Clinic, offering hope for teens with mysterious, excruciating pain. It is one of only a handful of such programs in the country.



## 2013 September

Children's Mercy receives \$5 Million NIH grant for 50-hour genomic diagnosis test in critically ill newborns. The grant is from the Eunice Kennedy Shriver National Institute of Child Health and Human Development and the National Human Genome Research Institute at the National Institutes of Health.



## October

Children's Mercy, the Midwest Clinical Coordinating Center for the Chronic Kidney Disease in Children (CKID) study, announce an extension of funding for nearly \$5 million over five years from the National Institute of Diabetes and Digestive and Kidney Diseases. This is the largest North American study of pediatric chronic kidney disease.



## November

## December

Pediatric services expands to southern Johnson County with the opening of Children's Mercy Blue Valley, offering urgent care and sports medicine thanks, in part, to gifts of more than \$250,000 from a generous community.



Children's Mercy names campus on Hospital Hill after long-time, enthusiastic supporter, Adele Hall.





Dr. Husam Kayyali leaves Kansas City indefinitely to return to the Middle East to help his patients in war-torn Syria, but thanks to advances in our telemedicine technology, he is still able to see his patients back in the Kansas City area.

Children's Mercy receives the 2014 Human Rights Campaign Corporate Equality Award from the Human Rights Campaign (HRC) Foundation, the educational arm of the country's largest lesbian, gay, bisexual and transgender (LGBT) organization. Children's Mercy is the only hospital in the region to be recognized as a leader in the LGBT community.



Children's Mercy uses a new magnet treatment for the chest condition known as pectus excavatum, and it just might leave patients feeling like a famed superhero, Iron Man.

Children's Mercy launches a fetal surgery program that offers in utero treatment for certain pregnancy complications. The program is the first of its kind in Kansas City.

Children's Mercy is awarded a \$100,000 Healthy Living grant from the Kansas Health Foundation. Children's Mercy, Weighing In and Healthy Communities Wyandotte are one of 22 new grantees in the state to receive Healthy Living funding, which helps support expanding the healthy lifestyles initiative in schools and child care settings in Wyandotte County.



## 2014 February

Resource Development changes its name to the Department of Philanthropy to better reflect its mission and the culture of giving that means so much to the hospital.

Children's Mercy continues to expand its Wichita, Kan., presence, both in terms of patients and physical space.



## March

Children's Mercy dedicates The Frederick J. McCoy Cleft and Craniofacial Clinic and recognizes Dr. McCoy's contributions of time, talent and treasure to Children's Mercy. Dr. McCoy died in 2006.



The Healthier Ever After donor wall is dedicated and provides a lasting tribute to the generous individuals, companies, organizations and foundations that supported one of the most successful fundraising campaigns in the history of Children's Mercy.



## April

Dr. Terra Frazier, a child abuse pediatrician, is named Child Advocate of the Year by a team representing Sunflower House Children's Advocacy Center, law enforcement, the Kansas Department of Children and Families, and county prosecutors.



## June

The premiere issue of Transformed, a quarterly newsletter for Children's Mercy donors and friends, is launched to explore how philanthropy is transforming lives at Children's Mercy.

A new \$25 million, five-year study supported by the National Institutes of Health and including Children's Mercy considers the potential benefits and consequences of sequencing the genome of every newborn in the United States. Smithsonian magazine asks: Will Genome Sequencing Make Us Smarter about Dealing With Diseases in Our Genes, Or Just More Anxious?





# GRADUATE MEDICAL EDUCATION



## iTunes University Puts Children's Mercy on the Leading Edge

Instead of bulky, heavy textbooks, medical students at Children's Mercy have many of their learning materials available in a much more compact form, thanks to the iPad and iTunes University.

"Our goal is to make everything electronic so it's at the medical students' fingertips," says Robert Riss, MD, Associate Program Director for the Medical Student Education Program.

There are approximately 20 new clerkship students rotating through Children's Mercy every two months. While here, the hospital loans each student an iPad. It's loaded with their textbooks, syllabus, study questions, teaching videos, evaluations — everything they need for their coursework.

"This really puts us on the leading edge of medical education," Dr. Riss says. "When the students pull

their iPads out, they are immediately engaged and get excited about learning.

"A lot of programs supply their students with iPads, but at Children's Mercy, we are using them in innovative ways to improve medical education. The possibilities are endless!"



## Three New Fellowships Add Opportunities

Children's Mercy has established three new fellowships designed to give physicians the opportunity to advance their specific areas of expertise and provide better care for children and their families.

### PEDIATRIC HOSPITAL MEDICINE

This fellowship trains academic pediatric hospitalists to become future leaders in education, research, quality and safety, and medical administration.

The Children's Mercy Pediatric Hospital Medicine Division is one of the oldest in the nation, starting in 1997. The three-year fellowship began in July, and is accredited as an academic general pediatric fellowship through the Academic Pediatric Association.

### CLINICAL CYTOGENETICS AND MOLECULAR GENETICS

These fellowships are among only 39 in the nation focused on cytogenetics/molecular genetics. Depending on the individual's interests, the fellow may spend two years specializing in just one of these areas, or three years covering both areas of study.

The fellowships are lab-based and began in August. Ultimately, the fellow will be ready to step into the role as the director of a genetics lab.

"This is an exciting time in diagnostic genetics," Linda Cooley, MD, chief of Laboratory Medicine, says.

### PEDIATRIC BIOETHICS AND GENOMICS

Children's Mercy is the only hospital in the country with such a fellowship program. It began in July and combines both bioethics and genetics components to help the medical community better understand the ethical, legal and social issues that arise in newborn genetic screening.

"We can sequence a newborn's entire genome, but the question is what do we do with that knowledge?" asks John Lantos, MD, Director of Pediatric Bioethics. "These issues have surrounded newborn screening for 50 years, but with the progress science has made recently, the complexity of these issues is magnified."

**Our affiliation with the University of Missouri-Kansas City is further reinforced through the Missouri Endowed Chair program, which inspires visionary philanthropists. By leveraging funding from one or more sources, the program attracts world-class physician-scientist faculty members who teach and mentor the pediatric medical leaders of tomorrow.**



Linda Cooley, MD



Jon Wagner, DO

## Researchers Take Aim at High Cholesterol in Children

Once believed an adult-only condition, high cholesterol is being increasingly found in children, raising their risk of heart attack or stroke earlier in life.

New research at Children's Mercy aims to make treatment for children with high cholesterol safer and more effective.

More children are being treated with statins, the class of drugs given to adults to lower cholesterol. However, the degree of cholesterol lowering and side effects vary among individuals, in both adults and children. This may be due to genes that transport the statins from the blood into the liver. The research, led by Jon Wagner, DO, pediatric

cardiologist, is paying particular attention to how genetic differences may impact the way statins work as a child ages.

If variations in transporter genes predict differences in the amount of statin in the blood after a dose and this, in turn, predicts the cholesterol-lowering effect and risk of side effects, dosing guidelines will be able to be "personalized" for children prescribed these medications.

This has the potential to make statin therapy more effective and safer for the individual child.

This is just one more way Children's Mercy is working to transform pediatric health care.



## Parents Play Key Role in Cancer Clinical Trial

For parents, it's an awful feeling to see your child sick, and not being able to fix it. But Children's Mercy is testing a new weapon in the fight against neuroblastoma, a common type of childhood cancer, with parents intimately involved. Designed and directed by Doug Myers, MD, hematologist/ oncologist, and associate professor of pediatrics at the University of Missouri–Kansas City School of Medicine, a clinical trial is underway using a pair of cell-based immunotherapies to attack specific tumors.

The trial involves two important parts. First, a bone marrow transplant from parent to child is performed. This provides a potential first immune system attack on the tumor. It also serves to remove lymphocytes (specifically T-cells) from the patient's system. Think of it as a vacuum into which new, tumor-targeting T-cells can move in. The stage is now set for the second part of the therapy. T-cells grown from the parent's blood and genetically modified to target the child's tumor with something called a chimeric antigen receptor are given back to the patient after the transplant and, hopefully increase and multiply in this vacuum.

The combination strategy is designed to promote multiplication of the tumor-targeting T-cells in an attempt to provide a sustained tumor-killing effect. Doctors hope the modified T-cells will grow in number and kill more tumor than they did in previous trials where transplant was not part of the procedure and the patient's own T-cells were used.

Thanks to Braden's Hope for a Cure, a local non-profit that the family of a Children's Mercy patient started, Dr. Myers was recently given a grant to expand the research. He will work with Tom Yankee, PharmD, PhD, at the University of Kansas to develop new chimeric antigen receptors to try to make the T-cells more active against solid tumors like neuroblastoma. By the end of the Braden's Hope funding period, the doctors hope they will have early models of the new receptors and will be testing them in neuroblastomas and other tumors.

This is one of the many ways that Children's Mercy is transforming lives and helping children beat the odds with breakthrough cancer treatments.

**Braden's Hope for Childhood Cancer, a local organization started by Deliece Hofen after her son Braden was diagnosed with neuroblastoma, gave two Children's Mercy doctors checks totaling \$183,000 toward developing treatments for childhood cancer.**



Doug Myers, MD

# Born at Two Pounds → Growing Leaps and Bounds

Trust in a doctor typically takes time to develop — time for you to gain confidence in your doctor's skills and time to allow yourself to feel safe when you are most vulnerable.

But developing trust is difficult when the patients are your prematurely-born twin daughters. And it's especially hard when your tiny girls face life-threatening medical issues about which you have little knowledge.

To read the rest of Ava and Grace's story,  
GO TO THE WEBSITE  
[www.childrensmercy.org/TwinsStory](http://www.childrensmercy.org/TwinsStory)



Ava and Grace | Age 5 | Olathe, Kan.

## PHILANTHROPY

2014 Red Hot Night Leadership (left to right) Craig and Mickie Kuckelman, Kevin and Stacie Needham, Dave and Mikel Flickinger, Stacy and Dave Freeman.



### Red Hot Night Raises Record \$1.3 Million

The generous Kansas City community outdid itself again, as a record \$1,332,066 was raised Feb. 8 at the Tenth Annual Red Hot Night benefit to support the mission of Children's Mercy.

More than 1,400 guests filled the Grand Ballroom of the Kansas City Convention Center and enjoyed dinner, live entertainment and a charity auction.

Funds were raised through sponsorships, a fund-a-need appeal, live auction and silent auction. Live auction items included trips; a two-year lease for a 2014 Avalon XLW Premium courtesy of Kansas City Area Toyota Dealers; and suites to watch the Kansas City Royals, Kansas City Chiefs and Justin Timberlake at the Sprint Center.

"The support from this year's Red Hot Night is outstanding," says Jenea Oliver, PhD, Vice President of Philanthropy at Children's Mercy. "To

all who attended the event, your commitment to Children's Mercy will make a difference in the lives of children in our hospitals and at our clinics throughout the region. Thank you for your generous dedication."

Throughout the 10 years of Red Hot Night galas, hosted by Children's Mercy Hands & Hearts Auxiliary, the hospital has been able to support a variety of needs for the hospital, including funding for Children's Mercy East, two transport ambulances, cardiac surgery operating rooms and pediatric cancer research.

Red Hot Night 2014 Honorary Co-Chairs were Dave and Mikel Flickinger and Kevin and Stacie Needham. The gala was led by Dave Freeman and Craig Kuckelman, event co-chairs.



## Big Slick Shatters Fundraising Record

Wow! What a weekend! Rob Riggle, Paul Rudd, Jason Sudeikis—along with new co-hosts for 2014, David Koechner and Eric Stonestreet, and a slew of celebrity friends—were in town to host the Fifth Annual Big Slick Celebrity Weekend.

Kansas City's funniest homegrown celebrities and their friends were at Children's Mercy to participate in the weekend's three core events: The Big Slick Celebrity Classic baseball game at The Little K, the Big Slick Celebrity Bowl bowling tournament and the Big Slick Celebrity Party & Auction. More importantly, they were here for one purpose – to raise money to benefit the Cancer Center at Children's Mercy.

Big Slick brings the community together, raising awareness about the innovative cancer care

and research taking place at Children's Mercy, while garnering plenty of smiles and laughs, and sometimes tears of joy, from some big fans facing big challenges. Following two poignant hospital visits, the Big Slick weekend moved to bowling, bocce and a star-studded gala. Ultimately, the fun and funniness wrapped up with the announcement that Big Slick shattered its fundraising record, topping \$1 million for the first time!

Rob Riggle said it best, "Children's Mercy is a treasure and we should take good care of it."

Thank you for helping us to care for our extraordinary hometown hospital so that we can take care of our community's greatest treasure – the children.

**"Your support of Children's Mercy will make a difference in the lives of children in our hospitals and at our clinics throughout the region. Thank you for your generous dedication."**

— JENEA OLIVER, PHD  
VICE PRESIDENT, PHILANTHROPY



2014 Big Slick celebrity guest Dianna Agron making the day of a Children's Mercy patient.



# PHILANTHROPY

Back: Endowed Chairs Dr. Michael Artman, Dr. Steven Leeder, Dr. George Holcomb, Dr. Brad Olney, Dr. Girish Shirali, Dr. William Truog. Front: Newly endowed chairs Dr. Stephen Kingsmore and Dr. Kathy Goggin.



## Endowment Giving Transforms Lives

Kathy J. Goggin, PhD, chair in Pediatric Education and Research, and Stephen F. Kingsmore, MB, BAO, chair in Pediatric Genomic Medicine, were celebrated May 22 by close friends and peers. The event also honored donors Ernest L. Glasscock, MD, and Fred and Dee Lyons, whose leadership made these important endowed chair positions possible.

Dr. Kingsmore joined Children's Mercy in 2011 to establish the Center for Pediatric Genomic Medicine. He and his team created the first genome center in the world inside a children's hospital at Children's Mercy. Dr. Kingsmore is a UMKC School of Medicine faculty member.

"Children's Mercy is starting to become a national leader in pediatric genomic medicine," says Dr. Kingsmore. "This honor allows our team to develop further research initiatives and, ultimately, improve outcomes and quality of life of children with pediatric genetic diseases."

Dr. Goggin joined Children's Mercy in 2013. Dr. Goggin's program of research focuses on primary and secondary disease prevention, medication adherence, and psychosocial predictors of health behavior change to improve health outcomes and reduce health disparities. Dr. Goggin is a UMKC School of Medicine and UMKC School of Pharmacy faculty member and member of the Children's Mercy medical staff.

"Children's Mercy is focused on discovering new methods for enhancing the patient care experience and promoting the best possible treatment outcomes," Dr. Goggin says. "This will allow us to gather further knowledge by regularly measuring our performance and to continue to support our commitment to maintaining a high standard of care for all patients, regardless of racial, ethnic or economic background."



Fred and Dee Lyons flank Dr. Stephen Kingsmore, holder of the Dee Lyons/Missouri Endowed Chair



**Endowed gifts become part of a permanent endowment, meaning they will benefit our community well into the future.**

Endowed funds allow us to create prestigious chairmanships which attract talent like Dr. Goggin and Dr. Kingsmore and so much more. The power of an endowment is in its continuity and collective power. Gifts are preserved in perpetuity, with the funds pooled for maximum benefit to the donor's area of interest and invested to achieve long-term capital growth. Endowed gifts become part of a permanent endowment, meaning they will benefit our community well into the future.

Visionary donors like Ernest L. Glasscock, MD, and Fred and Dee Lyons recognize the critical value of a robust endowment to the sustainability of the hospital's programs. Through their generous support, and that of the community, endowed funds are providing ongoing financial support for research and education and are of strategic importance to elevating the hospital's academic profile and stature as a national leader in clinical care.



The Ernest L. Glasscock Chair in Pediatric Education and Research, Dr. Kathy Goggin, second from right, flanked by the family of Dr. Glasscock, Whitney Prothe, Elsie Cree, Jody Penn

## **Children's Mercy Endowed Chairs**

### **Michael Artman, MD**

Joyce C. Hall Distinguished  
Professor of Pediatrics

### **Kathy Goggin, PhD**

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

### **George W. Holcomb III, MD, MBA**

The Katharine B. Richardson  
Chair in Pediatric Surgery

### **Richard A. Hopkins, MD**

The Thomas Holder/Keith Ashcraft  
Chair in Pediatric Surgical Research

### **Gregory L. Kearns, PharmD, PhD**

The Marion Merrell Dow/Missouri  
Chair in Pediatric Medical Research

### **Stephen Kingsmore, MB, ChB, BAO, DSc, FRCPath**

The Dee Lyons/Missouri Endowed Chair

### **J. Steven Leeder, PharmD, PhD**

The Marion Merrell Dow/Missouri  
Chair in Pediatric Clinical Pharmacology

### **Bradford W. Olney, MD**

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

### **Girish S. Shirali, MBBS, FASE, FACC**

Melva and Randall L. O'Donnell, PhD  
Chair in Pediatric Cardiology

### **William E. Truog III, MD**

The Sosland Chair in Neonatology  
Research

### **Shui Qing Ye, MD, PhD**

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



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