

NEW AMBULANCE OFFERS BOTH COMFORT AND SAFETY

With a new ambulance specially equipped "Just for Kids," the Children's Mercy Critical Care Transport Team (CMCCT) has gone above and beyond in their effort to provide children with the best care possible.

Before even entering the ambulance children are put at ease because of its bright colors and non-threatening appearance. Once inside the ambulance children can relax by listening to music or watching one of their favorite movies or television shows on the drop down LCD screen.

The ambulance, however, is not just comfortable but also highly efficient. It is capable of transporting multiple patients, including two isolettes simultaneously if needed. A special lift system loads the isolettes, and unique rails lock the isolettes and cots securely in the ambulance. A built-in car seat is available for transporting a more stable toddler, and all the walls of the ambulance are padded to ensure the safety of both patients and medical staff.

All Children's Mercy ambulances are equipped with pediatric ventilators, cardiac monitors, IV pumps, and power inverters. Other specialty services include high frequency ventilation, nitric oxide, and helium/oxygen therapy.

This is the hospital's fifth state-of-the-art critical care ambulance; all are operated in affiliation with MAST.

To arrange for a pediatric or neonatal patient transport, just call 1-800-GO-MERCY.



Physician's Update is produced monthly by Community Relations and Physician Services. For more information, contact:

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HAPPY DOCTORS' DAY

As we celebrate Doctors' Day in March, we would like to take this opportunity to say "thank you" for everything you do to help keep children in our community healthy and safe.

For information on Children's Mercy Doctors' Day celebration activities, contact Physician Services at (816) 234-1641.

VISIT THE CHILDREN'S MERCY WEB SITE: WWW.CHILDRENSMERCY.ORG

March 2007

Children's Mercy is an equal opportunity/affirmative action employer and a United Way Agency.

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physician's update

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"We are dedicated to having the finest innovative education programs available," says

Kevin Kelly, MD.

EDUCATING A NEW GENERATION OF PEDIATRIC SPECIALISTS

Next to patient care, medical education is Children's Mercy Hospital's most enduring mission. Children's Mercy faculty and staff are continually striving to be the best educators of students, residents, and fellows. Children's Mercy has made some important strides in expanding its scope of medical education programs.

In order to centralize GME efforts, Children's Mercy has restructured the Office of Graduate Medical Education (GME). Jane Knapp, MD, was named the Medical Director of GME and Ravi Kallur, PhD, was hired as Administrative Director of GME.

"The change in the GME organizational structure was necessary to help us grow and advance our vision as being the leading pediatric teaching hospital in the Midwest and one of the finest in the nation," says Kevin Kelly, MD, Pediatrician-in-Chief and Associate Dean of Pediatrics at UMKC School of Medicine.



FELLOWSHIPS

In addition to 18 established fellowship programs, Children's Mercy launched four new fellowship programs in 2006, including Pediatric Radiology, Pediatric Ophthalmology, Child Abuse Pediatrics, and Pediatric Rehabilitation. In October 2006, Children's Mercy officially became an ACGME accredited Institutional Sponsor.

"Fellowship programs are extremely important to advancing Children's Mercy Hospital's clinical, research and education missions," says Dr. Knapp. "Training the future workforce of subspecialists helps to fulfill these missions."

RESIDENCY PROGRAM

Children's Mercy Hospital's four-year pediatric residency program has also undergone changes.

The residency program class size expanded in 2006 by adding four additional physicians to the program. As Children's Mercy has grown and ACGME work rules were imposed, growth of the residency program has provided flexibility to maintain an educational, patient-centered focus.

"The new positions allow us to meet the ACGME work rules while providing the same degree of quality care and assuring that residents receive the excellent training they deserve," says Denise Bratcher, DO, who was appointed the Pediatric Residency Program Director in 2006.

Other changes include:

- Family centered rounds were instituted on the general pediatric teams.
- Professor's Rounds were instituted.
- The International Medicine Rotation Program began, which allows a resident to complete a rotation outside the U.S.
- Keith Mann, MD, joined Lorraine Brewer, MD, as Associate Directors of the Pediatric Residency Program.

"The dynamic progress in sciences and medicine requires an ever changing curriculum with dedicated clinician educators with advanced training," says Dr. Kelly. "We are dedicated to having the finest innovative education programs available."

NEWS BRIEFS

Kudos and Congrats

Congratulations to **Randall L. O'Donnell, PhD**, President and CEO of Children's Mercy, for being named a recipient of the 2007 University of Iowa College of Public Health Outstanding Alumni Award.

Kudos to the **Children's Mercy Hospital Emergency Department** on being chosen as one of the top five pediatric emergency departments in the country by Child Magazine. Children's Mercy overall was ranked 17th in the survey published in the February issue of the magazine.

The American Nurses Credentialing Center's **Magnet Recognition** Program for excellence in nursing services has once again designated Children's Mercy Hospitals and Clinics as a Magnet hospital. Children's Mercy is the first hospital in Missouri or Kansas to receive re-designation.

Upcoming CME

What's New in Pediatric Emergency Care?

Friday, March 30
Children's Mercy Hospital
Kansas City, MO

3rd Annual Jerry Blouin Memorial Symposium in Congenital Heart Disease

Sat., March 31
Westin Crown Center Hotel
Kansas City, MO

Springfield Pediatric Specialty Care Update

Sat., April 14
University Plaza Hotel
Springfield, MO

Transport Conference

June 7-9
Westin Crown Center Hotel
Kansas City, MO

3rd Annual Midwest Dermatology Symposium

Sat., Sept. 29
Children's Mercy Hospital
Kansas City, MO

For more information, please visit our Web site at www.childrensmercy.org and click on Health Care Professionals.

CHILDREN'S MERCY FELLOWS

Allergy/Immunology

Bridgette Jones, MD
Derrick Ward, MD
Julie McNairn, MD
Greg Pendell, MD

Child Abuse Pediatrics

Kerri Meyer, MD

Child Neurology

Husam Kayyali, MD

Developmental-Behavioral Pediatrics

Sarah Nyp, MD

Neonatal-Perinatal Medicine

Kerri Fitzgerald, MD
Christopher Stapley, DO
Sean Sweeney, DO
Dena Hubbard, MD
Lynn O'Hanlon, MD
Joshua Petrikin, MD

Pediatric Emergency Medicine

Tim Johnson, DO
Erika Sidney, MD
Maria Gales, MD
Joan Giovanni, MD
Melissa Miller, MD
Lina Patel, MD
Greg Canty, MD
Michael Riker, MD
Jennifer Watts, MD

Pediatric Endocrinology

Amie VanMorlan, MD
Chetan Patel, MD
Jil Nguyen, MD
Priti Patel, MD

Julia Broussard, MD
Mark Clements, MD

Pediatric Gastroenterology

Jennifer Columbo, MD
Jennifer McCullough, MD

Pediatric Hematology/Oncology

Mukta Sharma, MD

Pediatric Infectious Diseases

Emily A. Thorell, MD
Angela L. Myers, MD

Pediatric Nephrology

Ari Auron, MD
Gulam Musharaf, MD

Pediatric Ophthalmology

Gregory Ostrow, MD

Pediatric Radiology

Doug Rivard, DO

Pediatric Rehabilitation

Desiree Roge, MD

Pediatric Surgery

Troy Spilde, MD
KuoJen Tsao, MD

Surgical Critical Care

Scott Keckler, MD
Gregory Banever, MD

Surgical Scholars

Scott Keckler, MD

CAPS: MORE THAN CLINICAL EDUCATION

The Clinical Advances in Pediatrics (CAPS) Symposium was founded in 1967 by Kurt Metzl, MD, to provide affordable, accessible and meaningful continuing medical education (CME) for physicians in the practice of general pediatrics. Over the years the course has become a fixture in the fall education calendar and a way for area pediatricians to interact with Children's Mercy Hospital and national faculty. It's also something of a homecoming event for Children's Mercy pediatric residency graduates. Attending CAPS allows them to combine an outstanding CME experience with a way to catch up with old friends and new changes at Children's Mercy.

Much of the success of the course has been due to Dr. Metzl's special talents of selecting the hottest topics and securing the best national speakers and Children's Mercy faculty as presenters. The 2007 course, however, will be his last year as course director. During this transition year he will be joined in conference planning by the 2008 course director, Jane Knapp, MD.

Drs. Knapp and Metzl see a bright future for CAPS that builds on the successes of the past. The content will continue to focus on practical information relevant to physicians in the community practice of pediatrics and on recruiting national caliber faculty to join Children's Mercy's best educators. The format will preserve the current fast-paced AAP plenary session style in the morning while reserving the afternoon for interactive workshops.

"I want to see CAPS remain as a special opportunity for Children's Mercy residents and faculty to interact with their community colleagues," says Dr. Knapp.



During 40 years as course director, Kurt Metzl, MD, has had success selecting the hottest topics and the best speakers for Clinical Advances in Pediatrics.

HOSPITALIST UPDATE: LITERATURE REVIEW

I have read several publications involving general pediatric hospital medicine that you may find interesting:

- Conway HP, Edwards S, Stucky ER, et al. *Variations in management of common inpatient pediatric illnesses: Hospitalists and community pediatricians.* *Pediatrics.* 2006;118(2):441-7
- Boyd J, Samaddar K, Parra-Roide, L, et al. *Comparison of outcome measures for a traditional pediatric faculty service and nonfaculty hospitalist services in a community teaching hospital.* *Pediatrics.* 2006;118(4):1327-31.
- Byer RL, Bachur RG. *Clinical deterioration among patients with fever and erythroderma.* *Pediatrics.* 2007;118(6):2450-60.

The first two represent initial efforts to systematically demonstrate clinical value in pediatric hospitalist systems. Both fall short of providing the quality of evidence required to address this question, but should stimulate improved study designs. Boyd et al arguably compare two different types of hospitalist systems highlighting the impact physician availability and continuity of care have on inpatient efficiency and quality. If interested, you can find a more specific review and commentary in an upcoming AAP Grand Rounds.

The last is a retrospective study of 56 patients presenting to the emergency department with fever and erythroderma. The objective was to identify which patients would develop hypotension and progress to toxic shock syndrome. The authors noted 18 percent of patients presented with hypotension, and 33 percent of the patients who were normotensive on arrival developed shock. They found that the vomiting, ill appearing child >3 yrs of age, with a focal source of infection was at greatest risk.

Laboratory evaluation revealed that these patients were more likely to have hyperglycemia (>110 mg/dl), hypocalcemia (<8.60 mg/dl), thrombocytopenia (<300,000/ul), elevated creatinine and polymorphonuclear leukocytes (>80%). Elevated creatinine was the most important laboratory feature associated with progression to shock. The median time to clinical shock was eight hours, highlighting the utility of early identification of patients at risk.

This clinical scenario is not uncommon in our experience and, though the retrospective nature of this study has some limitations, the lessons learned are critically important. An important initial strategy for providing high quality and safe care is early identification. Transfer of patients should occur when clinical deterioration is anticipated and provision of additional support services is necessary.

In reviewing our inpatient transfers and admission deferrals for almost a decade, the need for a higher acuity of care is the most frequent clinical indication for referring a patient from Children's Mercy South to Children's Mercy Hospital. Recognizing which patients require the higher acuity of care is the key issue. This involves evaluating the overall condition of the patient and understanding the potential outcome of the underlying disease process.

BRIAN PATE, MD
SECTION CHIEF, HOSPITALISTS
PROFESSOR OF PEDIATRICS, UMKC SCHOOL OF MEDICINE