

Physician's Update

March 2004

PDA's Becoming Critical To Patient Care

Custom-built software is enabling Children's Mercy physicians to have significant information about their patients in the palm of their hands. The programs allow doctors to take notes and capture billing information during patient visits using handheld Personal Digital Assistants.

"I love to use the device for notes and I do all my history and physical documentation on it," says Ron Nicholis, MD, Hospitalist, and one of the pioneers of this new technology. "I can do the notes while I am in the room talking with the patient. When I finish talking with them, the history is done. I don't have to rewrite the note or retype it or dictate it."

The programs are the work of the Medical Informatics department headed by Don Forgue, MD. Dr. Forgue and his team have worked closely with the physicians to make information like recent lab, radiology and microbiology reports available to doctors through the PDA's. The information is still stored in the hospital's Meditech record system and is transferred between the PDA's and Meditech when the doctors "sync."

The programs help keep the medical records up to date for teams of physicians who may be collaborating on the care of a patient. Using the "to-do list" feature, one member of the team can update the list and other members of the team will know, as soon as they "sync" their handhelds. Likewise, consultants can use the PDA's to take their notes and those notes can be electronically, and quickly, added to the patient's Meditech record.

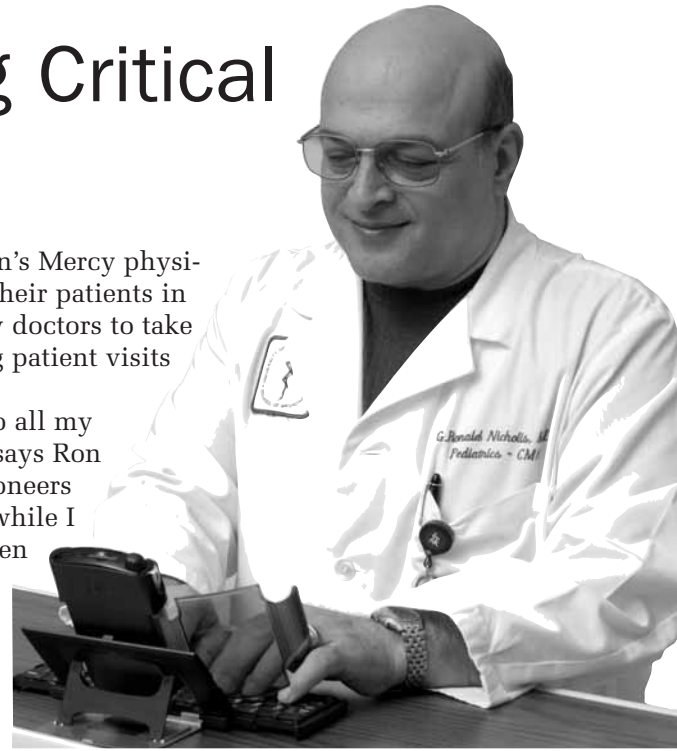
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Dr. Forgue and his team have facilitated the billing process by programming in the most frequently used billing codes for the specialty of the physician using the device. When synched, the information goes directly to the billing department. This has the potential to improve

physician billing accuracy and to capture some missed charges.

There are about 17 physicians at Children's Mercy using the system for some notes. Their use has already resulted in significant savings for dictation and greater savings are anticipated with more doctors involved and increasing applications.



Children's Mercy
 HOSPITALS & CLINICS
www.childrens-mercy.org

News Briefs

Section Chief Named

FRANK MORELLO, MD, has been named the Radiology Section Chief. Dr. Morello has been with Children's Mercy since August 2001 and has served as acting chief of Radiology since January 2003. Dr. Morello received his medical degree from Wayne State University, Detroit, MI. He completed a residency in diagnostic radiology at St. Francis Hospital, Evanston, IL, and a fellowship in pediatric radiology at Children's Memorial Medical Center, Chicago, IL. He is board certified in radiology and pediatric radiology. Dr. Morello may be reached at (816) 234-3273 or by e-mail to fmorello@cmh.edu.

Clinics Move

The Primary Care Center (see back cover) is only one of several clinics which have relocated since the opening of the new Clinic and Research Building at Children's Mercy Hospital.

The Endocrine/Diabetes Clinic, GI Procedure Lab, Pulmonology Clinic and Lab, Infectious Disease Clinic and Cystic Fibrosis Clinic have all moved to the first floor of the new building.

The Genetics Clinic has moved to the third floor of the Diagnostic and Treatment (D&T) Building. The Teen Clinic has moved to 46th and Paseo into space formerly occupied by the Paseo Clinic.

Cystic Fibrosis Clinic	(816) 234-3066
Endocrine/Diabetes Clinic	(816) 234-1660
Genetics Clinic	(816) 234-3771
GI Procedure Lab	(816) 234-3704
Infectious Disease Clinic	(816) 234-3066
Pediatric Care Center	(816) 234-3188
Pulmonology Clinic	(816) 234-3066
Pulmonology Lab	(816) 234-3422
Teen Clinic	(816) 234-3050

New Docs

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Certification: Pediatrics



Using Technology To Improve Care

With new technology constantly touting the promise of changing the face of medicine, it is a relatively familiar tool – Internet and intranet technology – that is having the biggest technology impact at Children’s Mercy.

The hospital is moving beyond basic patient health and safety content, to utilize online capabilities to actually change the way care is provided.

“Our emphasis has shifted from marketing to how we can use the Internet to improve patient care and the way we do business,” says Mohammad Rahman, Internet Services manager, Children’s Mercy Hospitals and Clinics.

Here are just a few examples.

Clinical Practice Guidelines - Under the leadership of Lloyd Olson, MD, and Jay Portnoy, MD, 14 trained facilitators are assisting multi-disciplinary teams at Children’s Mercy in developing web-based clinical practice guidelines (CPGs).

The CPGs will provide evidence-based patient care algorithms supported by annotations and critically appraised evidence. Other deliverables include order sets, educational information for patient families and outcomes reporting. Seven CPGs are

currently in development and seven more are slated for development for this spring and summer. The CPGs will initially only be available to users on the Children’s Mercy intranet.

Care Cards – Children’s Mercy offers medically approved information on common health topics to parents via the Internet. Physician offices may customize the Care Card to include their practice name and print them to give to patient families.

Clinical Information – The Children’s Mercy Resource Guide is available on the Internet providing information on physicians, programs and services along with information on how to make a referral. Unrestricted by print limitations, the Internet version of the Resource Guide provides even more detailed information to make decision-making easier. For example, the Laboratory web pages provide a full menu of laboratory tests, critical and toxic values and order information.

For more information on resources available from Children’s Mercy, visit our Internet site at www.childrens-mercy.org or contact Michelle McMillan, Physician Services director, (816) 234-1641 or mmcmillan@cmh.edu.

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Diversity & Diagnosis

Language Translation And The Quality Of Health Care

We all have frequent encounters with families whose native language is not English. It is estimated that in the US currently there are over 30 million persons who do not speak English.

Over the years the predominant languages spoken by our families have varied, from the large influx of Southeast Asian people in the 1970’s, immigration of African families in the 1990’s and the sustained increased in Spanish-speaking families for the past decade. As we use translators to communicate with these families we have learned general guidelines on proper protocol; addressing the head of the family unit, not communicating directly with the child who may speak our language, and being aware that translators’ natural tendencies are to impose their own values on our questions and statements. It is surprising that few controlled studies are available on how language translation affects the quality of the delivery of health care.

We typically use what is called “proximate-consecutive interpretation” (an interpreter is present with the family and interprets our question before the family responds).

The method used at the United Nations is called “remote-simultaneous interpretation.” In this method both parties wear headsets and hear a simultaneous translation of what is said by the other by a translator at a remote site. Use of this method in the health care setting has been found to result in significantly more conversational exchange—more questions and statements by both parties to the exchange. There are also fewer inaccuracies than the consecutive method that we typically employ. As this simulates much more of a natural conversational style, it is not surprising.

Given the number of family/patient interactions that occur daily at Children’s Mercy and the skilled and helpful translators that are available, language translation and factors that affect health care communication should be a very fruitful area of research. I suspect that the clever members of our health care teams could make some interesting contributions to this badly needed area of health care.

Lloyd Olson, MD
Pediatrician-in-Chief

A Primary Part Of Caring

Located on the second floor of the Clinic and Research Building, the Primary Care Center merges the services of the former Pediatric Care Clinic and Paseo Clinic. The new clinic has 41 exam rooms and is staffed with 13 faculty physicians, eight nurse practitioners and approximately 50 additional staff.

“Our new location gives us access to many additional resources and provides an environment that is more inviting to patients and their families,” says Kelly Manking, nurse manager of the Primary Care Center.

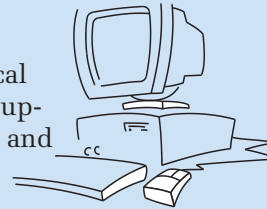
The Primary Care Center is offered as part of the Children’s Mercy mission to provide every child with access to primary care services. The Primary Care Center also serves as the regional center for the coordination and teaching of pediatric primary care.



(left) Ken Wible, MD, General Pediatrics section chief, checks in at one of the nursing stations in the new Primary Care Center at Children’s Mercy Hospital.

Online Newsletters

Genetics, Pharmacy, Adolescent Medicine, Laboratory and Clinical Pharmacology newsletters are available on-line to keep physicians up-to-date on current news and departmental changes. Several patient and family newsletters are also available at www.childrens-mercy.org.



Physician’s Update is produced monthly by Community Relations and Physician Services. For more information, contact Shawn Arni, (816) 346-1371 or e-mail to sarni@cmh.edu.

Visit the Children’s Mercy Web site: www.childrens-mercy.org

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