

Hospital And Homework

For more than 100 years, Children's Mercy and area schools have partnered to help hospital patients continue their education while they are in the hospital. Children's Mercy contracts with the Kansas City, Mo. school district to provide three full-time teachers to keep patients caught up on school-work, so they are not behind when they return to their home school.

Teachers work with hospitalized patients from all school districts, grades kindergarten through 12th grade, to assist them with their school work and transition them back to their classrooms. Patients may receive instruction in a classroom setting or at the bedside.

The school program is coordinated through the Child Life department. For more information, contact Stacey Koenig, (816) 234-3496.



(Left) Teacher Shelley Vaughn assists a patient on the Hematology/Oncology unit with homework.

Talk To A Physician

A faxed Admission Notice is automatically sent to you as the PCP within the first 24 hours of admission. If you would like to speak to someone regarding your patient admitted at Children's Mercy Hospital, call the Admitting Team Pager number listed about halfway down the fax. Page this number (after noon if possible) and you will receive a call back from a resident on the team caring for your patient. If this process does not work, please call Physician Services at (816) 234-1641.



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For more information,
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Visit the Children's Mercy Web site: www.childrens-mercy.org

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November 2005

Physician's Update

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Reducing Clinic Wait Times

Complaints from parents and referring physicians about wait times for appointments in specialty clinics are not uncommon. It is an issue that Children's Mercy takes seriously, and the hospital has several initiatives underway to improve accessibility for patients.

Several clinics have been involved in a project to reduce wait times. A computer-based scheduling module measures when patients call for an appointment versus when it is scheduled to determine the actual wait time. This provides real-time information that can be used to determine whether changes in clinic scheduling actually help.

Patients' families have also been surveyed to assess satisfaction and identify acceptable wait times. Based on survey results, our goal is to reduce clinic wait times to two weeks or less 95 percent of the time, while maintaining high levels of patient satisfaction.

"It doesn't matter how outstanding your quality of care is if patients can't get into a clinic," explains Jay Portnoy, MD, director of Health Management and chief of Allergy/Asthma/Immunology. "Children's Mercy has hired more than 40 new physicians in the past year and expanded clinic space to help with this problem. We are also pursuing other service-oriented and cost-efficient solutions that are equally appealing to patients and referring physicians."

Several hospital clinics are leading the way with innovative solutions to the problem. The Neurology section has established a First Seizure Clinic which is reserved for new patients who need to be seen immediately for a quick diagnosis. Several specialties, including Ophthalmology, have set up open-access clinics, which are reserved specifically for same-day or next-day appointments.

Others, including Allergy, provide telephone follow-up appointments. When the patient opts for a telephone follow-up, the physician calls the patient at an appointment time to talk over the phone. On a recent telephone follow-up survey, one parent wrote, "It was great to not have to pull my kids out of school and /or make a trip to the clinic!"

The clinics learn from each other by discussing approaches that seem to be most successful and adjusting their services accordingly. As a result of this project, many clinic wait times have dropped significantly and continue to improve while increasing their patient volume.

Kevin Kelly, MD, new Pediatrician-in-Chief for Children's Mercy Hospital and Associate Dean for UMKC, fully supports these initiatives to improve the accessibility of clinics, "We are committed to providing timely, excellent service for the children in the region. I look forward to the day when every parent and referring physician can count on access when they choose."



New Doctors

Charles Peters, MD Hematology/Oncology

(816) 234-3265

Medical Degree: Saint Louis University School of Medicine, Saint Louis, MO, 1983

Residency: Pediatrics,

The Johns Hopkins Hospital, Baltimore, MD

Fellowship: Pediatric Hematology/Oncology, The University of Michigan, C.S. Mott

Children's Hospital, Ann Arbor, MI

Certification: Pediatric Hematology/Oncology, 2000; Pediatrics, 1988



Geetha Raghuv eer, MD Cardiology

(816) 234-3255

Medical Degree: Mysore University, India, 1981
MPH: College of Public Health, University of Iowa, Iowa City

Residency: Pediatrics, Children's Hospital, Mysore, India; Pediatrics, Montefiore Medical Center/Albert Einstein College of Medicine, New York, NY

Fellowship: Pediatrics, University of Iowa, Iowa City

Certification: Pediatrics, 1997, 2004; Pediatric Cardiology, 2002



News Briefs

Kudos And Congrats

Congratulations to **Michael Blake, MD, PhD**, Clinical Pharmacology, who received the 2005 Sutherland Award at the Midwest Society for Pediatric Research meeting. The award recognizes an outstanding abstract presentation by a junior faculty member (less than five years on faculty) at the annual meeting.

Jay Portnoy, MD, Asthma/Allergy Section Chief, has been appointed to the Allergenic Products Advisory Committee of the Food and Drug Administration.

Congratulations to **Jane Knapp, MD**, Emergency Medicine, and **Harvey**

Grossman, MD, Pediatrics, on being named to the 2005 Ingram's magazine listing of Kansas City's Top Doctors. Dr. Knapp is the Vice Chair for Education at Children's Mercy and Professor of Pediatrics, UMKC School of Medicine. Dr. Grossman is a community pediatrician and member of the Children's Mercy medical staff.

Kudos to **Bill Drake, MD**, Cardiology, and Assistant Professor of Pediatrics, UMKC School of Medicine, and Yugyung Lee, PhD, Associate Professor of Computer Science and Electrical Engineering, UMKC, on receiving the Homer R. Warner Award from the American Medical Informatics Society.

The award recognizes the paper that best describes approaches to improving computerized information acquisition, knowledge data acquisition and management, and experimental results documenting the value of these approaches. Dr. Drake and Dr. Lee were honored for their paper "OntoDiagram: Automatic Diagram Generation for Congenital Heart Defects in Pediatric Cardiology."

The **Children's Mercy Critical Care Transport** team has been designated the national and international recipient of the Critical Care Ground Award of Excellence by the Association of Air Medical Services. The award recognizes a team that has made an outstanding contribution in enhancing safety, education, leadership and patient advocacy through improvements of patient care.

New Orleans Update

Children's Mercy continues to provide services to children from New Orleans who were displaced by Hurricane Katrina.

Two of the 24 children originally treated are still receiving treatment in the hospital. In addition, the hospital provided school physicals for 80 children from New Orleans who have relocated to the Kansas City Missouri School District.

Why Refer To Children's Mercy South?

When I was in private practice, I usually did not refer patients to Children's Mercy South. It just seemed too far. I did spend a lot of nights worrying about how good the nurses were at my local hospital and I think that lots of doctors have those same concerns. You want the best care for your patients.

Now that I work at

Children's Mercy, I can see things differently. In fact, I can think of several reasons why, as a referring physician, you should send your inpatients to Children's Mercy South. Here are a few:

- You can call for a direct admission and speak directly with the hospitalist who will be caring for your patient.

- As long as there are beds available, you can avoid any further outpatient charges for your patients such as emergency room or urgent care fees.

- Our nurses are true pediatric nurses and are well aware of the worrisome signs of condition deterioration, and are also experts at IV's and pediatric medication administration.

- Our hospitalists are available 24 hours a day for inpatient care. Hospitalists do not have outpatient practices and prefer treating acute illnesses requiring hospitalization.

- Our hospitalists send discharge summaries at the time the patients are discharged. All patients are referred for follow-up to their PCP soon after discharge.

- Travel time to Children's Mercy South is less than 45 minutes from essentially anywhere in the metropolitan area.

- The hospitalists can directly admit your patient to the floor, so your patients can begin receiving the care they need within one hour. Your patients' attending physician will see them on admission and care will begin immediately.

If you have any questions, please feel free to contact Brian Pate, MD, Hospitalist Section Chief, at (913) 696-8122.

Elizabeth Simpson, MD

General Pediatrics

Assistant Professor of Pediatrics, UMKC

'I can think of several reasons why, as a referring physician, you should send your inpatients to Children's Mercy South.'



Hot Topic Shigellosis Outbreak

Most practitioners in our community are well aware of the outbreak of shigellosis in our community that has occurred over the last six-plus months.

Summer outbreaks of shigellosis are well reported and outbreaks may be difficult to control because the organism is so efficiently transmitted. The infective dose is low (as few as 10 organisms) and in settings where hand hygiene is poor, fecal-oral spread from person to person is common. In addition, illness is usually mild and those affected usually remain in contact with others. Household contacts have an especially high rate of infection.

Shigella sonnei is the pathogen which has been isolated in all cases of the current outbreak and the antimicrobial susceptibility profile is notable for resistance to amoxicillin and trimethoprim-sulfamethoxazole. This resistance profile is increasingly common, with the CDC reporting this profile in 54 percent of strains reported in the US from 1999-2000.

While most clinical infections are self limited (48-72 hours of diarrhea), eradication of the organism from the feces may

be effective in decreasing transmission. Therapy with azithromycin for five days is preferred in light of resistance issues since eradication rates may be superior to ciprofloxacin or cefepime which are alternative choices. Ceftriaxone is the drug of choice for seriously ill patients.

Children with diarrhea should be excluded from child day care until they are well. In the outbreak setting, the role of the public health department is important as, where feasible, convalescing children may be placed in a separate room with separate staff and a separate bathroom until they have two stool cultures that are negative for *Shigella* 48 hours or more after completion of a five-day course of antibiotics.

Call Physician Services at (816) 234-1641 for a Shigellosis flyer which may be helpful for families. The CDC website also has information in Spanish.

Mary Anne Jackson, MD

Section Chief, Infectious Disease

Professor of Pediatrics, UMKC