A MILLION REASONS
CHILDREN’S MERCY HOSPITALS AND CLINICS
2006 ANNUAL REPORT
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A Million Reasons

Nationally recognized medical staff, outstanding nurses and allied health professionals, some of the top pediatric specialty programs in the country, leading-edge pediatric research, and the list goes on.
It’s no wonder that Children’s Mercy is recognized as one of the top children’s hospitals in the country. But don’t just take our word for it. This past year alone, we received national recognition for our Emergency Department and the hospital, honors for our neonatal ECMO program and pediatric transport services, Magnet re-designation for excellence in nursing services, and numerous individual honors for members of our staff.

Whether you are a parent, donor, health care provider, or anyone living in our service area, we could give you a million reasons to choose Children’s Mercy. This report highlights a few. To learn more, visit our web site at www.childrensmercy.org/millionreasons.
CLINICAL CARE

When families in Missouri and Kansas need pediatric specialty care, they turn to Children’s Mercy.

More than 40 pediatric specialty services, the area’s highest and most comprehensive level of neonatal intensive care, the region’s only level I pediatric trauma center, nationally recognized pediatric specialists and surgeons, and Magnet honored nursing services are just a few of the million reasons for parents to choose Children’s Mercy for their child’s care. And they do.

As we have for the past decade, in 2006 we experienced significant growth in services, with inpatient admissions up by 7.5 percent and the visits to our outpatient specialty centers and emergency room/urgent care increasing by 5 percent. (See complete statistics on page 37.)

2006 HIGHLIGHTS:

- Added 32 new pediatric specialists to our medical staff, including specialists in Anesthesiology, Critical Care Medicine, Developmental and Behavioral Medicine, Emergency Medicine, Gastroenterology, General Pediatrics, General and Thoracic Surgery, Hospitalists, Neonatology, Neurology, Ophthalmology, Orthopaedic Surgery, Pulmonology, Radiology, Rehabilitation Medicine, and Urgent Care.

- Began construction on Children’s Mercy West/The Cordell Meeks Jr. Clinic at 4313 State Ave. in Wyandotte County. The clinic is named in memory of The Hon. Cordell Meeks, Jr. who had become chairman of the Children’s Mercy Board of Directors shortly before his unexpected death in June, 2006. The clinic will be the new home for our Parallel Parkway Office, a primary care clinic in an underserved area of our community, which has grown beyond the capacity of its current location.
Expanded clinic hours and offerings at Children’s Mercy South and Children’s Mercy Northland, and extended Urgent Care services at Children’s Mercy South to 24 hours a day.

Began construction on the new Don Chisholm Hospital Hill Center on the campus of Children’s Mercy Hospital. (See related story on page 17.) The new center, also named in memory of a former hospital board chairman, will open in the fall of 2007.

Our continuing growth has prompted us to keep looking toward the future. What will a baby born today need in terms of health care by the time she becomes an adult? With an eye on present needs while looking to the future, Children’s Mercy leaders developed a new long-range strategic plan to address the health care needs of the next generation of children.

Beginning in 2007, Children’s Mercy will begin implementation of Phase I of its new long-range strategic plan, which includes two additional operating rooms, two new heart catheterization labs, a second MRI and expansion of the Emergency Department. The four years after that will see construction of an eight-story building above the current parking garage, which will house outpatient clinics, research labs and offices. Phase I also includes the purchase of land in eastern Jackson County to create our fourth outreach location, Children’s Mercy East.

IMPROVING CULTURE, IMPROVING HEALTH CARE

A dramatic change has taken place at Children’s Mercy Hospitals and Clinics over the past dozen years: patient and employee satisfaction is up; the financial picture is as bright as it ever has been; and employees and the community are rallying around a vision to provide the best possible pediatric care in the finest environment. Quite simply: To be the best children’s hospital in the world.

We’re not just talking the talk ... we’re walking, too. The Robert Wood Johnson Foundation chose Children’s Mercy as one of just 10 hospitals in the nation – and the only children’s hospital – to chronicle its course of “cultural evolution” in hopes that the lessons learned and the successes achieved could benefit other hospitals.

Children’s Mercy was singled out as a model for improving culture to more effectively meet the needs of patients, to promote a positive work environment and to support the goals of the organization.

The RWJF-funded case study is titled “Listening, Leading, Learning” and includes a prescription for success that credits these six steps:

- Articulate a bold vision
- View all employees as essential contributors
- Expect excellence and encourage it
- Place patients and families first
- Reposition the organization externally
- Stay open to failure, responsive to change.

AMONG THE LESSONS WE LEARNED:

- A few relatively simple words – “We will be the best children’s hospital in the world” – have the power to transform an entire organization.

- Lots of little changes – like the decision to hire co-managers on nursing units, or telling all employees their job is patient care – combined with the big changes – creation of a world-class Child Life Department or hiring the medical staff – have the power to move organizations beyond stagnation.

- Mighty changes can occur in organizations without a lot of fanfare and out of the limelight.

- It is important to have staff at all levels of the organization involved in projects that aim to affect the entire organization. Change can be initiated anywhere in the organization, but to be truly effective, it must be worked at in all levels.

“Listening, Leading, Learning” is the first comprehensive look at the cultural transformation of a hospital. It provides a one-of-a-kind blueprint for success in reviving and energizing an organization. We look forward to sharing it with hospitals across the country.
Sick from the day she was born, Jenny Ray McGee saw more hospitals and doctors in her first 16 years than most people see in a lifetime. A baffling neuromuscular disease defined her life and the life of her family as they searched for answers.

Today, after a Children’s Mercy specialist took a chance, life is full of joy, plans for college and medical school, and a normal life for the 17-year-old.

When Jenny Ray was an infant, doctors were at a loss. Her parents, Debbie and Mike, were told to make her comfortable, she would not live long at all. She couldn’t eat, she couldn’t sit up, she couldn’t hold her head up.

Doctors here, at the Mayo Clinic and at Washington University in St. Louis all tried to help. They were only able to provide temporary relief.

“But she refused to give up and we refused to give up on her,” says Debbie McGee, Jenny Ray’s mom. “She is our miracle baby.”

Jenny Ray had several different diagnoses over the years. And yet, her muscular weakness and lack of energy kept her on
the ropes, kept overpowering the medicine and the transfusions she was receiving. She spent much of her time in a wheelchair and in braces. The hospital bills reached stratospheric heights and didn’t include the financial cost of the family moving to Minnesota or St. Louis for weeks or months at a time or the emotional drain.

But in late 2005, Jenny Ray and her family went to see William Graf, MD, Chief of Neurology at Children’s Mercy Hospitals and Clinics and Professor of Pediatrics at the UMKC School of Medicine. He decided to try something new: Dr. Graf suspected Dopa Responsive Dystonia. He was right.

DRD is a condition that usually begins in childhood or adolescence with progressive difficulty in walking and, in some cases, spasticity. Other symptoms can include developmental motor delay, tremors, muscle stiffness, abnormal tongue and mouth movements and Parkinsonian symptoms.

Jenny Ray had some of these symptoms, but not all. She also was sick from the time of birth. DRD often mimics other conditions (such as MD or cerebral palsy) so it is difficult to diagnose. Dr. Graf also says the diagnosis of DRD is made after treatment, not before.

“As physicians, we’re used to making a diagnosis and then offering a treatment. But in this case, you give the medication – it does no harm to administer it – and if it is successful, you know you’ve found what it is.”

Dr. Graf says discovering children with this readily treatable condition is one of the most rewarding experiences in the practice of pediatric neurology.

In the case of Jenny Ray, the effect of the medication was both immediate and amazing. The year 2006 was one of intense therapy (both physical and psychological) but today, you would not know by seeing her that Jenny Ray had the trials and tribulations that so defined her life and her family’s life for 16 years.

When she graduates from high school this spring, she hopes to begin a journey through medical school and specialty training to become a pediatric neurologist. She gives her mom a lot of the credit for getting her this far.

“My mom,” Jenny Ray says, “is my hero.”
WE ARE THE ONLY AREA HOSPITAL WITH A PEDIATRIC ANESTHESIOLOGIST ATTENDING EVERY CHILD’S SURGERY.

SURGERY

Ask any parent and they will tell you, when it’s your child, there is no such thing as routine or minor surgery.

We understand that when parents bring their children to Children’s Mercy for surgery, they are trusting us with their children’s lives. It is a responsibility that we never take for granted, and one that keeps us vigilant in pursuit of providing our top notch surgical teams with the tools, training and support necessary to deliver the highest level of care.

It’s why we are committed to providing pediatric anesthesiology for every child’s surgery. Why we’ve assembled one of the most experienced minimally invasive surgery teams in the nation. Why we continue to invest in our pediatric surgery training programs. Why we are committed to advanced training and certification for our nurses. Why we are developing the first center to study surgical techniques for pediatric patients. And why we continue to enhance our world-class child- and family-friendly amenities.

We performed 15,711 surgical procedures in 2006. That’s more pediatric surgeries than all the other area hospitals combined. More than 75 percent of those cases were performed as outpatient procedures.

“We have one of the most experienced pediatric minimally invasive surgery teams in the country” says George W. Holcomb, III, MD, Surgeon-in-Chief, the Katharine B. Richardson Endowed Chair in Pediatric Surgery, and Professor of Pediatric Surgery at UMKC. “We are truly leaders in advancing the use of minimally invasive techniques to reduce hospital stay, speed recovery, and minimize scarring for our pediatric patients.”
**2006 HIGHLIGHTS:**

- Developed the Center for Prospective Clinical Trials, the first surgery program in the country dedicated to studying the differences in surgical techniques and their impact on infants and children. (see related story)

- With the addition of a second dedicated pediatric spine surgeon, Richard Schwend, MD, we now offer one of the most comprehensive pediatric spine centers in the Midwest.

- Our kidney and liver transplant programs once again recorded outstanding outcomes, exceeding national averages for transplant and donor survival.

- Ophthalmology announced plans to open Optometry clinics at Children’s Mercy Hospital, Children’s Mercy South and Children’s Mercy Northland.

- Dr. Holcomb performed a laparoscopic splenectomy procedure for the treatment of idiopathic thrombocytopenia purpura that was broadcast live over the Internet.

“Children’s Mercy stepped forward as a leader in pediatric surgery when we started one of the first pediatric surgery training programs in the country back in 1973,” says Dr. Holcomb. “Today we are building on the success and reputation of early leaders such as Drs. Raymond Amoury, Keith Ashcraft and Tom Holder, to offer the finest surgical care, training and research anywhere in the Midwest.”

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**A CHILD’S SURGERY IS AN ANXIOUS TIME FOR THE ENTIRE FAMILY**

Short surgery time and a short stay in the hospital afterwards can soothe the family’s anxieties. That is why Children’s Mercy has begun the Center for Prospective Clinical Trials, the first surgery program in the country that is dedicated to studies in infants and children.

The Center for Prospective Clinical Trials performs studies called prospective randomized trials (PRTs), which gather evidence that will impact future surgical care. Shawn St. Peter, MD, Director of The Center for Prospective Clinical Trials, and his team examine past surgical cases to discover differences in techniques or management styles. These differences are then used to formulate studies that can be performed on current surgical cases.

PRTs performed through the Center for Prospective Clinical Trials compare the differences in the surgical experience caused by using different techniques. Once a study has enough patients enrolled, the team hopes to find, for example, that one technique results in fewer surgical complications, a reduced time in surgery, and a shorter post-surgical stay in the hospital.

When the team has reached a definitive conclusion, they present their results to the national surgical community.

We continually strive to improve the care we provide to the children and families who come to Children’s Mercy. The studies performed through the Center for Prospective Clinical Trials ensure that surgery experience is as safe, short, and efficient as possible.

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Children’s Mercy offers one of the most experienced minimally invasive surgery teams in the nation.

Pictured above:
Shawn St. Peter, MD, Director of the Center for Prospective Clinical Trials
George Whitfield Holcomb III, MD, Surgeon-in-Chief
Daniel Ostlie, MD, Director of Surgical Critical Care
Grant Vacca’s nerves got to her a couple of days before her son, Grant, was born.

“Like all expectant mothers, I had all of these thoughts going through my mind,” Lora says. “I hope the delivery goes smoothly and I hope there are no complications. Most importantly, I hope my baby boy is healthy.”

Two hours after she gave birth, Grant was rushed to Children’s Mercy Hospital.

Terrified, Lora and her husband, Brian, followed.

“I can’t put into words the fear we felt,” Lora says.

Grant was born with a rare syndrome that disfigured his face. His eyes were far apart; he had a flat upper face and cleft eyelids. Fatty tumors pushed out his forehead.

“The doctors checked everything from his vision to his bones and everything was normal,” Brian Vacca says.
Virender Singhal, MD, Chief of Plastic Surgery at Children’s Mercy, and Assistant Professor of Plastic Surgery at the UMKC School of Medicine, had never seen an infant like Grant.

After some research, neonatologists at Children’s Mercy and Dr. Singhal discovered Grant had nasopalpebral lipoma-coloboma syndrome.

“Grant’s case was, and still is, the only known case in the United States,” Dr. Singhal says. “The only other known cases are in Venezuela and Turkey.”

Since that day on October 27, 1997, Dr. Singhal and Grant have become old friends.

Dr. Singhal has operated on Grant four times. He has opened his blocked tear ducts, removed tumors around his eyes and nose and brought the eyes closer together. During Grant’s most recent surgery last November, Dr. Singhal removed tumors in Grant’s eye sockets, built a bridge for his nose and smoothed and lowered his forehead.

“Grant is quite possibly the bravest kid I know,” Dr. Singhal says. “He comes in without fear, nerves and is very patient.”

“I think Brian and I are more nervous on a surgery day than Grant,” Lora Vacca says. “He’s more worried about when’s the next time he’ll eat McDonald’s or when he’ll get to watch SpongeBob again.”

Today, the 10-year-old is an avid video game player and believe it or not, he enjoys coming to Children’s Mercy.

“I get to get out of school and play video games at the hospital!” Grant says.

Grant is recovering well from his last surgery and he may need one more when he’s in his late teens.

“Our family is so grateful to Children’s Mercy,” Lora says. “We really appreciate the care Grant has been given. Everyone is so caring and understanding. They make us feel comfortable and at ease.”
NURSING

Nursing is a profession that has changed dramatically over the years, and continues to evolve and expand today. Children’s Mercy has taken innovative steps to meet the needs of today’s nurses while ensuring that the highest level of care is provided to every patient.

That commitment to nursing is evident in the hospital’s Magnet designation, nursing’s highest honor. Children’s Mercy was the first hospital in Missouri or Kansas and only the third children’s hospital nationwide to receive this prestigious designation. In 2006, we completed the work to become the first hospital in the region to be RE-designated as a Magnet hospital, which was announced early in 2007.

“Being designated as a Magnet institution brings connotations of a Good Housekeeping Seal of Approval combined with the ‘When you care enough to send the very best’ ad campaign,” says Denise Grogan, a nurse on the hospital’s Sedation Team who was involved in the Magnet re-designation process. “It’s an opportunity to show people how each of us – every employee – at Children’s Mercy try our best to care for the patients and families like we would want to be cared for.”

OTHER HIGHLIGHTS:

- We continue to be leaders in supporting advanced education and training for nurses. In 2006, we had 25 nurses obtain RN degrees, 12 nurses receive advanced nursing degrees, and 85 nurses achieve specialty certification.
Patient Care Services staff were involved in 22 research publications and 35 presentations in 2006.

Patient Care Services staff were instrumental in pursuing quality improvement initiatives related to central line infection, hand washing, rapid response teams, organ donation, and inpatient medication reconciliation.

As part of our commitment to innovative quality care and staffing, we implemented the PIC-NIC program to improve staffing flexibility for the fluctuating census in the Pediatric Intensive Care Unit and the Neonatal Intensive Care Unit (see related story).

“We’re a better institution today because of our Magnet designation four years ago,” says Cheri Hunt, Chief Nursing Officer at Children’s Mercy. “It raised the bar on patient care and inspired all of us – nurses, physicians, professional and support staff – to strive to be even better. That’s what enabled us to become a Magnet facility in the first place. That’s why we continue to serve as a Magnet hospital today.”

A unique new program within the Nursing department at Children’s Mercy is aiming to address these issues with a true win-win approach. The new PIC-NIC (pediatric intensive care-neonatal intensive care) program recruits nurses, often new graduates, who are particularly interested in working in both types of critical care. They undergo extensive training in both units and then are available to “float” back and forth between the two units, based on which one has more patients on any given day and needs more nurses.

Andrea Nelsen, RN, graduated from nursing school in May, 2006 and is the first member of the new PIC-NIC program to complete training and work in both units.

“The PIC-NIC program is a wonderful idea because it’s difficult to graduate from nursing school and know exactly what specialty is the right fit,” Nelsen says. “PIC-NIC nursing allows me to experience both units and make an informed decision at a later date.”

Several more new nursing graduates are completing their training for the PIC-NIC program. “Six months’ of training is required for this program, in order to become trained in both neonatal and pediatric critical care,” says Mary Ann Riesco, RN, MSN, Director of Critical Care Services. “It takes a really exceptional new graduate to be in this program – one who enjoys the variety and the challenges of floating back and forth.”

The goal is to end up with a total of 12 PIC-NIC nurses, so that there can be one or two in each critical care unit both day and night. “Having this flexibility is the only way we can allow both our ICN and our PICU to accommodate all the patients who need to come here,” Riesco says.

The PIC-NIC nurses are asked to spend at least one year after orientation in the program, and then can choose to continue working in one specific unit if they prefer. “I feel privileged to be able to work with such different critical care populations, so I am able to broaden my knowledge base even further,” Nelsen says of her PIC-NIC role.

The program also provides advantages for the critical care units and for nurses throughout the hospital, Riesco adds. “It helps the staff in each of the two units have a better understanding of the other unit – our PIC-NIC nurses serve as a bridge between the two.”
OUR RESEARCHERS ARE IMPROVING HEALTH AND MEDICINE FOR CHILDREN HERE AND AROUND THE WORLD.

RESEARCH

Leading research advances toward improving medicines, just for kids. Developing a better understanding of how diseases affect a child’s body. Creating collaborations to help prevent and treat childhood obesity.

These are just a few of the areas where Children’s Mercy researchers are helping advance pediatric medicine, continuing the hospital’s emergence over the past decade as a leader in pediatric research. 2006 was a year of transition as we prepared to take another leap forward in pursuit of our vision of creating a healthier and safer world for our children.

During 2006, the hospital’s investigational review board approved 200 new projects and maintained continuing oversight of an additional 862.

“There is a lot more going on here than many may realize,” says Gregory Kearns, PhD, PharmD, who took over the reins in September as Department Chair of Medical Research, following the retirement of Ralph Kauffman, MD. “We have a tremendous talent pool with the capacity to take our research program to the highest levels. I look forward to building upon the foundation we have established here.”

To support the move to the next level, the hospital has made a significant reinvestment in the core research infrastructure which allows for expansion of the scope, quantity and quality of research conducted at Children’s Mercy. That investment is about more than just money, and includes a commitment to continually improving the quality of the individuals and the efforts of the institution to meet the challenges of research.
HIGHLIGHTS:

- Infrastructure for the Clinical Trials program was expanded to better support centralized study coordination, project development and networking.

- An intra-institutional clinical trial network for the conduct of phase I and II clinical investigations was initiated.

- An intra-institutional program for training clinical research coordinators and clinical investigators was developed.

- grantsERA, a true “real-time” program for electronic submission of all aspects of project development and management for NIH grants, was implemented.

- A program to establish a scientific incubator was conceptually developed.

- Growth and expansion of the intramural research program was enabled through enhanced scientific review and expansion in the scope of funding.

“Children’s Mercy is in – and is going to be in – the knowledge creation business,” says Dr. Kearns. “But we never lose sight of the fact that it is not for our own benefit, but for the benefit of children here and throughout the world.”

OBESITY RESEARCH CENTER

Why are so many children today overweight, and what can be done to treat this problem -- and, better yet, prevent it in the future? A new collaboration between Children’s Mercy and the University of Kansas-Lawrence is aimed at answering those questions.

Children’s Mercy is joining forces with KU to create the Center for Physical Activity, Nutrition and Weight Management, one of the nation’s largest public-private partnerships addressing childhood and adolescent obesity. The center will open as part of the new Don Chisholm Hospital Hill Center at Children’s Mercy Hospital in fall, 2007.

The center will combine cutting-edge obesity research, treatment and community outreach and aims to serve 30,000 children in its first five years. Children’s Mercy and KU researchers will work side by side in a variety of research and clinical programs aimed at reducing and preventing the epidemic of childhood obesity, which currently affects 32 percent of all Missouri children and one quarter of all children in Kansas.

“Our two institutions have significant programs in this area that will complement and build upon each other to provide a unique new research environment,” said Randall L. O’Donnell, PhD, President/CEO of Children’s Mercy Hospitals and Clinics. “This new partnership with KU will further enhance our mission to be here for all children who need medical care, as well as help bolster the Greater Kansas City area as a national center for life sciences research and development.”

Key support for the Center for Physical Activity, Nutrition and Weight Management was provided by the Hall Family Foundation and the Greater Kansas City Community Foundation. The center will occupy the second floor of the Don Chisholm Center, which will also house a child care center for Hospital Hill employees and an education center sponsored jointly by Children’s Mercy and Truman Medical Center.

Additional major donors who provided support for creation of the Don Chisholm Center include the Victor E. and Caroline E. Schutte Foundation and the John W. and Effie E. Speas Memorial Trust, with a matching $1.5 million grant from the J.E. and L.E. Mabee Foundation. The late Don Chisholm was a well-known attorney and community leader who served as chairman of the boards at both Children’s Mercy and Truman Medical Center.
WE’RE TRAINING THE NEXT GENERATION OF PEDIATRIC SPECIALISTS.

EDUCATION

As the needs of pediatric patients continue to grow and the practice of medicine becomes more complex, the shortage of pediatricians and pediatric subspecialists has become more significant.

Since the 1920s, physicians at Children’s Mercy have helped train the pediatricians of the next generation, creating a pool of the best and brightest specialists for Children’s Mercy patients and children around the world. Today, as the hospital’s reputation for clinical care and research continues to grow, the role of education also is expanding in scope and significance.

To accommodate this ever-increasing role, the hospital created the Office of Graduate Medical Education in 2006 to centralize and enhance our educational efforts. Jane Knapp, MD, has taken a leadership role as the Medical Director of GME and Ravi Kallur, PhD, was brought onboard as Administrative Director of GME.

“Our goal is to offer the finest training program in pediatrics both regionally and nationally,” says Dr. Knapp, who is also a Professor of Pediatrics at the University of Missouri-Kansas City. “Without the GME programs we offer at Children’s Mercy, the quality of medical care in our community wouldn’t be what it is today.”
2006 HIGHLIGHTS:

- New leadership was put in place for the Pediatric Residency program with Denise Bratcher, DO, as Program Director, and Keith Mann, MD, joining Lorraine Brewer, DO, as Associate Program Directors. Nasreen Talib, MD, remains in charge of Medical Student Education and is joined by Kathleen Mourning, MD and Maria Dycoco, MD, as Assistant Directors of Medical Student Education.

- Ten GME programs reviewed by the Accreditation Council for Graduate Medical Education were re-accredited in 2006, and in October 2006 we were notified of our ACGME accreditation as an institutional sponsor.

- New fellowship programs were added in Pediatric Rehabilitation Medicine, Pediatric Ophthalmology, Child Abuse, and Pediatric Radiology. We now offer fellowship opportunities in 21 specialty areas.

- Through affiliation with the University of Missouri – Kansas City School of Medicine, Children’s Mercy provided training to more than 80 pediatric and internal medicine/pediatric residents.

“...the dynamic progress in sciences and medicine requires an ever changing curriculum, with dedicated clinician educators with advanced training,” says Kevin J. Kelly, MD, Department Chairman of Pediatrics, Joyce C. Hall Distinguished Professor of Pediatrics and Associate Dean, UMKC School of Medicine. “We are dedicated to having the finest innovative education programs available.”

GRADUATE MEDICAL EDUCATION: JUST WHAT THE DOCTOR ORDERED

The benefits of having a premiere medical education program extend well beyond the training provided to residents, fellows and medical students.

“Nationwide there is a shortage of pediatric endocrinologists. This shortage is occurring in the face of epidemics of obesity and Type 2 diabetes. We have improved our own shortage of pediatric endocrinologists by training several physicians who have joined our section.”

Jill Jacobson, MD
Endocrinologist
Professor of Pediatrics,
University of Missouri-Kansas City

“There is no question that the fellowship program at Children’s Mercy improves what we are doing. We are more critical in our thinking, more research-oriented, and more aware of the quality of practice when fellows are part of our institution.”

James Daniel, MD
Director, Liver Care Center
Associate Professor of Pediatrics,
University of Missouri-Kansas City

“Since we started our Neonatal-Perinatal Medicine fellowship in 1972, a total of 44 individuals have finished the program and six more are currently training. Our graduates have distinguished themselves in a number of ways. For example, two of our graduates in the past 10 years have been elected to the Society for Pediatric Research and more than half of our graduates hold or have held academic positions at various medical schools.”

William Truog, MD
Sosland Endowed Chair in Neonatal Research
Professor of Pediatrics,
University of Missouri-Kansas City

“Engaging in resident education compels us to be at the top of our game...to know the medical literature, to stay abreast of technologic changes, to maintain excellent clinical skills, to model professionalism and communication, and to teach evidence-based practice. It makes us all better physicians and causes us to constantly prepare to meet the challenges of tomorrow.”

Denise Bratcher, DO
Pediatric Residency Program Director
Associate Professor of Pediatrics,
University of Missouri-Kansas City
The **Emergency Department** at Children’s Mercy has been named one of the five best in the U.S., according to a Child Magazine survey identifying the top children’s hospitals in the country. Children’s Mercy overall was ranked 17th of the 116 pediatric hospitals included in the survey.

**Children’s Mercy Family Health Partners** tripled the number of individuals it manages care for when it added 100,000 new lives at the end of 2006. CMFHP was one of two HMOs awarded a contract to provide managed care services for HealthWave members in the eastern two-thirds of the state of Kansas, and nearly two-thirds of those eligible members chose Family Health Partners as their managed care plan. CMFHP also greatly expanded its physician network and customer services staff in order to serve their new members.

**Children’s Mercy Hospitals and Clinics** was chosen as one of the top three “Best Places to Work” among businesses with more than 200 employees in a metrowide survey conducted by the Kansas City Business Journal.

The **ECMO program** (Extracorporeal Membrane Oxygenation) at Children’s Mercy received a national award for “Excellence in Life Support” from the Extracorporeal Life Support Organization. The award is presented for excellence in patient care, training, education, collaboration and communication. Children’s Mercy is the only hospital in the region which provides this life-saving treatment for critically ill newborns.

**Children’s Mercy Hospital** was awarded the Organ Donation Medal of Honor by the U.S. Department of Health and Human Services in recognition of sustaining the national goal of a 75 percent organ donation rate. Children’s Mercy far surpassed that goal, with a 95 percent consent rate over the past two years.

The **Children’s Mercy Critical Care Transport** program received the 2006 Fixed Wing Award of Excellence from the Association of Air Medical Services. The program was selected from transport teams internationally for making a significant contribution to enhance the development or promote the improvement of patient care and/or safety in air medical transport. CMCCT provided more than 3,800 neonatal and pediatric transports in 2006, making it one of the busiest specialty transport programs in the nation.
PEOPLE

Awards and Honors:

- INGRAM’S MAGAZINE “TOP DOCTORS” LIST:
  George W. Holcomb, III, MD, MBA, Surgeon-In-Chief, and
  Rengasamy Gowdamarajan, MD (“Dr. Rajan”), Section Chief, Cardiology

- INGRAM’S MAGAZINE “HEROES IN HEALTHCARE”:
  Jo Stueve, Executive Vice President and Co-Chief Operating Officer

- EMPLOYEE OF THE YEAR:
  Howard Thomas

- VOLUNTEER OF THE YEAR:
  Jim Wilson

- PRIDE Award (presented by hospital volunteers to an employee):
  Ronnie Mann, Security

- CAROL BELT ADVOCACY AWARD:
  Debbie Largo-Mesley, RN, MSN, Director, Children’s Mercy Home Care

- Bradley Warady, MD, Section Chief, Nephrology, received the 2006 Founders Award from the National Kidney Foundation of Kansas and Western Missouri in recognition of his outstanding contributions to the NKF and to the care of children with kidney disorders.

- U.S. Health and Human Services Secretary Michael Leavitt has appointed Karen Cox, RN, PhD, Executive Vice President and Co-Chief Operating Officer, to a four-year term on the National Advisory Council of Nurse Education and Practice. NACNEP advises HHS and the U.S. Congress on policy issues related to nurse workforce supply, education and practice improvement.

NEW STAFF

- Gregory Kearns, PharmD, PhD, an international leader in the field of pediatric clinical pharmacology, was named as the new Chairman of the Department of Medical Research and the Marion Merrell Dow/Missouri Endowed Chair in Pediatric Research. Dr. Kearns has been at Children’s Mercy since 1995, where he previously served as Chief of the Division of Clinical Pharmacology and Medical Toxicology.

- Brad Leech has been named as the new Vice President of Resource Development, heading the hospital’s fund-raising and volunteer programs. He comes to Children’s Mercy after serving as Senior Associate Vice Chancellor, Development and Alumni Affairs for the University of Arkansas for Medical Sciences in Little Rock, Ark.

RETIREMENTS

- Children’s Mercy bid farewell to several key leaders who retired in 2006: Ralph Kauffman, MD, retired after 10 years as Chairman of the Department of Medical Research; Leland McGinness retired after 13 years as Administrative Chief of Staff; and Davoren Tempel retired after serving 17 years as Vice President of Resource Development. We wish all of them a healthy and happy retirement!
The Leadership Circle of Care recognizes and honors those individuals who give sustained major gift support to Children’s Mercy Hospital on an annual basis. Membership is based on gifts received throughout the calendar year totaling $10,000. The mission of this society is to advance philanthropy which supports patient care, teaching, research and advocacy through educating and recognizing leading the benefactors of Children’s Mercy Hospital.

The Circles of Giving recognize and honor those individuals who make gifts to Children’s Mercy Hospitals and Clinics on an annual basis. Membership is based on gifts received throughout the calendar year. The mission of all three circles is to advance philanthropy which supports patient care, teaching, research and advocacy through educating and recognizing the leading benefactors of Children’s Mercy Hospital. The three levels of recognition are:

**The Leadership Circle of Care** recognizes those individuals whose annual gifts total $10,000 or more. Their gifts may be made personally, through a family foundation or a privately held corporation.

**The Circles of Mercy and Hope** recognize donors for their cumulative annual gifts at the following levels:
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The Circles of Giving were established as part of an ongoing effort to encourage philanthropic support of operations at Children’s Mercy and raise awareness about the little things which add up to immeasurably enhanced quality of life for thousands of children and their families. Whether your gift supports the operating fund; is designated to purchase a piece of equipment; or to increase an endowed fund for cancer research it all adds up to support of the mission which makes Children’s Mercy the special place we all know it to be. We want our donors to know what a difference they make in the lives of the children for whom we care. We hope that these Circles of Giving do just that.
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Nichols Company Charitable Trust, Kansas City, MO  
Jeannette T. Nichols, Kansas City, MO  
Mr. and Mrs. Kenneth Nichols, Leawood, KS  
Mr. and Mrs. Nicholas R. Norton, Blue Springs, MO  
The Nunes Company, Inc., Salinas, CA  
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Gerald Oppenheimer Family Foundation, Beverly Hills, CA  
Opus Northwest, L.L.C., Kansas City, MO  
Mr. and Mrs. Ronald J. Ott, Lake Winnebago, MO  
Dr. Donna M. Pacicca and Mr. Dominic Decicco, Overland Park, KS  
Painted Hills Ladies Golf Association, Kansas City, KS  
Dr. and Mrs. Lawrence C. Pakula, Baltimore, MD  
Mr. and Mrs. Brett Parise, Overland Park, KS  
Parker Oil Company, Inc., Wichita, KS  
Dr. and Mrs. Tim Parker, Leawood, KS  
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Dr. and Mrs. David L. Parrish, Overland Park, KS  
Mr. and Mrs. Lawrence J. Pasquini, Lee’s Summit, MO  
Payless ShoeSource Foundation, Topeka, KS  
Pearson Foundation, Kansas City, MO  
Peoples Bank, Overland Park, KS  
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Mr. Ricky L. Phillips, Olathe, KS  
Platte County Eleemosynary Society, Kansas City, MO  
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Shawnee Mission North High School Students, Shawnee Mission, KS  
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SITE Team, Kansas City, KS  
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Wes Pak Sales, Inc., Dinuba, CA
Ken and Lacy West, Overland Park, KS
Mr. and Mrs. Frank J. Wewers, Lenexa, KS
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Mr. William Wilson, Hardin, MO
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Elizabeth Dinneen, Overland Park, KS
Doniphan Elementary 3rd grade, Liberty, MO
Yvonne Douglas, Kansas City, MO
Linda Dull, Kansas City, MO
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Eisenhower School, Leavenworth, KS
Joshua Ess, Woodhaven, NY
Fellowship of Christian Athletes, Cleveland, MO
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Kelley Foster, Kansas City, MO
Lisa Gahm, Overland Park, KS
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Girl Scout Troop 1181, Lenexa, KS
Girl Scout Troop 1817, Platte City, MO
Girl Scout Troop 785, Olathe, KS
Girl Scout Troop 469, Independence, MO
Girl Scouts, Shawnee, KS
Gradent Adventure Club, Kansas City, MO
Hallmark Cards--MFG support, Kansas City, MO
Hallmark Licensing/Mktg Finance, Independence, MO
Meg Hardin, Raytown, MO
Harmony Elementary, Overland Park, KS
Cynthia Hart, St. Joseph, MO
Heart to Heart, Lenexa, KS
Carter Hedrick, Parkville, MO
Paget Higgins, Kansas City, MO
Hill Family, Platte City, MO
Hollywood Hats, Burbank, CA
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Ideal Garment, Kansas City, MO
Independence Center, Independence, MO
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Kay Jeweler, Kansas City, MO
Barb Kay, Overland Park, KS
Robert Knapp, Lawrence, KS
KnitCraft Yarn Shop, Independence, MO
L & Q Co, Inc., D/B/A Crystal Bandanas, Topeka, KS
Log Cabin Quilters, Harrisonville, MO
Matthew Losey, Lenexa, KS
Loving Hands & Hearts Quilters, Cowgill, MO
Manchester Park Community Service Club
William Manson, Kansas City, MO
Kaitlynn Martin, Fillmore, MO
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North Oak Christian Church Children, Kansas City, MO
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Northeast Middle School, Kansas City, MO
Number 5 Extension Club, Agency, MO
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Online Angels, Pottsville, PA
Our Lady of Angels School, Kansas City, MO
Our Lady of Peace School, Kansas City, MO
Our Lady of the Presentation-2nd Grade, Lees Summit, MO
Our Lady of Unity Catholic School, Spring Hill, KS
Overland Park Nursing & Rehab, Overland Park, KS
Overland Trail Elementary School, Overland Park, KS
P & DC CFS Rm. 3140, Kansas City, MO
Sean Pfaff, Liberty, MO
Platte County High School, Platte City, MO
Pleasant Lea Junior Hfgh School, Lees Summit, MO
Project Linus, Belton, MO
Bill Quick, Leawood, KS
Rabling Ranchers 4-H Club, Ottawa, KS
Raytown High School, Raytown, MO
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Shek, Olathe, KS
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Special Services Center, Blue Springs, MO
St James School--3rd Grade, Liberty, MO
St Joseph Catholic School, Shawnee, KS
St Teresa’s Academy - National Honor Society, Kansas City, MO
St. Luke’s Northland Auxiliary Gift Shop, Kansas City, MO
Sunset Ridge Elem. Daisy Troop 808, Overland Park, KS
Sunset Ridge Elementary School, Overland Park, KS
Wilson Bledsoe c/o Clara Sybrant, Linwood, KS
O Toole, Prairie Village, KS
Steve Torre, Kansas City, MO
Evelyn Tresnak, Kansas City, MO
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VFW, Independence, MO
VFW Ladies Aux 18, Kansas City, MO
Westwood Lutheran Church Women, Shawnee Mission, KS
Julie Yancey, Independence, MO

With appreciation to the Children’s Mercy Hospital Foundation for its ongoing generous support of Children’s Mercy Hospitals and Clinics.

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Mary Hunkeler
John A. MacDonald
Randall L. O’Donnell, PhD
and
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and honorary directors
Arthur H. Bowen
David H. Hughes
and
Herman R. Sutherland*

* Mr. Sutherland passed away in December, 2006, after more than 50 years of service to Children’s Mercy.
### Statistics & Financial Information

#### Sources of Revenue

<table>
<thead>
<tr>
<th>Source</th>
<th>2006</th>
<th>2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Care Services</td>
<td>$446,965,697</td>
<td>$392,104,166</td>
</tr>
<tr>
<td>Research Grants</td>
<td>8,058,868</td>
<td>7,465,479</td>
</tr>
<tr>
<td>Unrestricted Gifts</td>
<td>2,319,026</td>
<td>1,061,575</td>
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<tr>
<td>Investment Income</td>
<td>3,288,557</td>
<td>1,307,976</td>
</tr>
<tr>
<td>Restricted Gifts</td>
<td>21,421,882</td>
<td>17,328,620</td>
</tr>
<tr>
<td>City of Kansas City, MO</td>
<td>1,200,000</td>
<td>1,200,000</td>
</tr>
<tr>
<td>Jackson County</td>
<td>600,000</td>
<td>600,000</td>
</tr>
<tr>
<td>Other Revenue</td>
<td>24,231,248</td>
<td>18,928,185</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>$508,085,278</strong></td>
<td><strong>$439,996,001</strong></td>
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</tbody>
</table>

#### Uses of Revenue

<table>
<thead>
<tr>
<th>Description</th>
<th>2006</th>
<th>2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>Charity Allowances</td>
<td>$24,466,980</td>
<td>$14,817,002</td>
</tr>
<tr>
<td>Salaries and Benefits</td>
<td>281,297,190</td>
<td>252,819,084</td>
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<tr>
<td>Supplies and Other Expenses</td>
<td>133,093,979</td>
<td>125,147,332</td>
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<tr>
<td>Depreciation and Interest</td>
<td>26,224,479</td>
<td>26,027,864</td>
</tr>
<tr>
<td>New Equipment</td>
<td>43,002,650</td>
<td>21,184,719</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$508,085,278</strong></td>
<td><strong>$439,996,001</strong></td>
</tr>
</tbody>
</table>

#### Fast Facts 2006

**Children’s Mercy Hospitals and Clinics
Calendar Year CY06**

<table>
<thead>
<tr>
<th>Description</th>
<th>CY06</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Inpatient Care</strong></td>
<td></td>
</tr>
<tr>
<td>Admissions (CMH and CMS)</td>
<td>14,046</td>
</tr>
<tr>
<td>Average Length of Stay (ALOS)</td>
<td>4.92</td>
</tr>
<tr>
<td>Average Daily Census</td>
<td>189.3</td>
</tr>
<tr>
<td>Occupancy Rate</td>
<td>60.4%</td>
</tr>
<tr>
<td><strong>Patient Days</strong></td>
<td></td>
</tr>
<tr>
<td>Medical/Surgical</td>
<td>42,131</td>
</tr>
<tr>
<td>Intensive Care Nursery</td>
<td>16,851</td>
</tr>
<tr>
<td>Pediatric Intensive Care Unit</td>
<td>5,740</td>
</tr>
<tr>
<td>CMS Patient Care Unit</td>
<td>4,353</td>
</tr>
<tr>
<td>Total Patient Days</td>
<td>69,082</td>
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<table>
<thead>
<tr>
<th>Description</th>
<th>CY06</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Outpatient Visits</strong></td>
<td></td>
</tr>
<tr>
<td>Hospital clinics</td>
<td>147,750</td>
</tr>
<tr>
<td>CMS Specialty Center</td>
<td>47,740</td>
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<tr>
<td>CMN</td>
<td>11,263</td>
</tr>
<tr>
<td>Primary Care Clinics</td>
<td>67,763</td>
</tr>
<tr>
<td>Outreach Clinics</td>
<td>3,151</td>
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<tr>
<td>Total Outpatient visits</td>
<td>277,667</td>
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<table>
<thead>
<tr>
<th>Description</th>
<th>CY06</th>
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<tbody>
<tr>
<td><strong>Home Care Visits</strong></td>
<td></td>
</tr>
<tr>
<td>2,260</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Description</th>
<th>CY06</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Emergency/Urgent Care Visits</strong></td>
<td></td>
</tr>
<tr>
<td>CMH Emergency Dept.</td>
<td>66,050</td>
</tr>
<tr>
<td>CMS Urgent Care Center</td>
<td>34,854</td>
</tr>
<tr>
<td>CMN Urgent Care</td>
<td>15,814</td>
</tr>
<tr>
<td>Total Emergency/Urgent Care Visits</td>
<td>115,718</td>
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</table>

<table>
<thead>
<tr>
<th>Description</th>
<th>CY06</th>
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</thead>
<tbody>
<tr>
<td><strong>Surgical Procedures</strong></td>
<td></td>
</tr>
<tr>
<td>Inpatient</td>
<td>3,866</td>
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<tr>
<td>Outpatient Surgery</td>
<td>11,845</td>
</tr>
<tr>
<td>Total Surgical Procedures</td>
<td>15,711</td>
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<table>
<thead>
<tr>
<th>Description</th>
<th>CY06</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Medical Staff</strong></td>
<td></td>
</tr>
<tr>
<td>539</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description</th>
<th>CY06</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Employees</strong></td>
<td></td>
</tr>
<tr>
<td>Full-time equivalent</td>
<td>4,545</td>
</tr>
<tr>
<td>Volunteers</td>
<td>1,006</td>
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</table>
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