Mr. Alfred I. duPont and Mr. Edward Ball instructed their Trustees to provide care and treatment for crippled and handicapped, but not incurable, children, as well as for the elderly. To this end, the mission of The Nemours Foundation is to provide institutions and services to restore, and improve, the health of acutely and chronically ill children and the elderly through care and programs not readily available, with one high standard of quality and distinction regardless of the recipient’s financial status.
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“Nemours’ mission is in the hands of who have committed their lives
many capable and dedicated people and careers to healing others.”
From the Chairman and the President of Nemours

This past year marked the completion of Nemours’ evolution to a full-service children’s health system. Solid organ and stem cell transplant programs are now fully functional, as are twin-sited cardiac centers. And, in a time of declining resources, research continued to flourish as NIH funds increased and strength of peer-reviewed publications improved again. National reputation continued to increase in the areas of endocrine, cardiac, orthopedic, and cell research, as it did clinically in transplants, orthopedics, growth disorders, and cardiac intervention. More than 200,000 children and 8,000 elderly were treated in 2001, with more than 500,000 patient visits.

Nemours aggressively continued to adopt technology to improve quality, increase efficiency, and achieve a sustainable business model compatible with our Mission. Electronic medical record use in both inpatient and outpatient care/business lines increased dramatically. Efficiencies continued to emerge as revenue per unit of care rose and cost declined.

Management established a five-year business plan to harvest the investments made over two decades in facilities, medical staff, technology, and management. This “Drive to Excellence” provides a blueprint to achieve the goal of becoming a full-service children’s health system known for excellence.

The efforts of Nemours are directed to children’s health and wellness issues, particularly the sickest children. The Board believes that the highest quality of care is most consistently achieved by the pursuit of excellence in practice, research in the underlying causes and cures of childhood disease, and the education of practitioners. For these reasons, the Board has established an annual award named after Mr. Alfred I. duPont to recognize a deserving candidate. This year the award was presented to Donald Berwick, MD, for excellence in advancing the quality of care for children.

The execution of Nemours’ mission is in the hands of many capable and dedicated people who have committed their lives and careers to healing others. Whether these employees take care of patients or take care of those who do, it is a group this Chairman and CEO are proud to lead and for whom we are most grateful.
“It has been my firm conviction throughout life that it is the duty of everyone in the world to do what is within his power to alleviate human suffering.”

With these words, recorded in his will, Alfred I. duPont provided for the establishment of Nemours.

Mr. duPont died in 1935 and The Nemours Foundation was incorporated the following year. This charitable institution that duPont described in his will was to provide care and treatment for crippled, but curable children and care for the elderly, in both instances priority given to residents of Delaware, the state where he was born. Since 1936, Nemours has received earnings annually from the Alfred I. duPont Testamentary Trust.

One of the original Trustees, Edward Ball, duPont’s loyal associate and brother-in-law, spent most of his life building the assets of the Trust. When he died in 1981, Mr. Ball left the greatest portion of his own estate to Nemours for the care of handicapped children in Florida.

Mr. Alfred I. duPont and Mr. Edward Ball instructed their Trustees to provide care and treatment for crippled and handicapped children, as well as for the elderly. To this end, the mission of Nemours is to provide institutions and services to restore, and improve, the health of acutely and chronically ill children and the elderly through care and programs not readily available, with one high standard of quality and distinction regardless of the recipient’s financial status.

These institutions and services are:

Alfred I. duPont Hospital for Children in Wilmington, Delaware.

Nemours Children’s Clinics, outpatient pediatric subspecialty centers in Wilmington, Delaware at the Alfred I. duPont Hospital for Children, and in Jacksonville, Orlando and Pensacola, Florida.

Nemours Health Clinic, an outpatient center for the elderly in Wilmington, Delaware.
Nemours’ people comprise one of the greatest assets of the organization, with nearly 400 physicians, nearly all of them subspecialists and certified by multiple boards. Add to that the hundreds of nurses and other certified health professionals, and thousands of caring, compassionate people, most of whom are with Nemours because of its mission to care for children.

Given the current staffing crisis in nursing elsewhere, the most striking aspect of the success of the Alfred I. duPont Hospital, for example, is the tenure of its nurses. Maryke Cottman has been at the hospital for 32 years, Susan Lafferty for 27 years, Michelle Russo Biliski, 25 years, and Cora Alexander 24 years. Other Nemours professionals have similar records. Dottie Avallone, a secretary in Pediatric Outpatient Surgery, has been with the hospital for 30 years. AIDHC Chief Executive Tom Ferry has been with Nemours for 22 years, while Bill Winder, Practice Administrator with the Children’s Clinic in Orlando, started in Wilmington 20 years ago.

This year the Board of Directors authorized the President’s Award, a new program through which President & CEO Jeff Wadsworth rewards employee performance that demonstrates a measurable, positive impact on the organization. Whether it is an individual or a team that produces exceptional results, the President’s Award is a tool that can quantify appreciation.

Certainly, the people of Nemours would agree that no matter how skilled in saving or improving lives we may be, not one of us can achieve our mission single-handedly. Even those selected for recognition with a President’s Award or profiled in an annual report as personifying Nemours’ values don’t stand alone. Together, however, we can continue to raise the standard for excellence in health services for children.

With a common mission centered around the care and treatment of children, it is no wonder Nemours has attracted such compassionate and giving employees.

The first President’s Award to a team went to those who designed an e-referral system to facilitate physician office scheduling.

Photo right: Anita Zeccola, RN, BS, manager of the AIDHC Pediatric Outpatient Surgery Unit...which national patient satisfaction experts consistently rank in the 99th percentile.
Josie Case Study

“Josie has only internal scars to show for her rescue,” thanks to Dr. Michael Erhardt and team members like nurse Janice.

— Regina, Josie’s mom

Josie was a typically happy child until age 5, when she started experiencing gradual, then extreme back pain, coupled with nausea, which forced her to tears and caused her to spend most of her time in bed. Josie’s family physician referred her parents to a pediatric urologist to learn more about her condition and options for treatment. Josie’s family made the trip to Nemours to see Michael Erhard, MD.

Josie was diagnosed with a calculus (stone) in her urinary tract, blocking her ureter, its position obstructing the tube that drains the kidney. Josie’s stone was large and dense, thereby lessening the success of traditional lithotripsy, a non-invasive method using shock wave energy to disintegrate stones. Dr. Erhard’s years of study, practice and innovation allowed an alternative for Josie — ureteroscopy — enabling Josie to avoid the need for an open surgical procedure, hospitalization and a long, uncomfortable recovery.

Ureteroscopy is a minimally invasive technique using small caliber endoscopes. In addition to ureteroscopy, Dr. Erhard had unique experience with the use of the Holmium laser to break apart large stones, having pioneered the method with his mentor in residency at Thomas Jefferson, Demetrius Bagley, MD. As a result of this procedure, Josie’s stone was completely removed and she was able to return home within 24 hours.

Like most successful medical interventions, Josie’s experience is the result of the quality of teamwork and excellence of medical care at Nemours. Dr. Erhard points out that nurse Janice Holycross in particular is “an invaluable asset for the urological team in managing challenging cases.”

Says Josie’s mother with pride, “With only internal scars and fading memories to show for her experience, Josie hasn’t been happier and healthier!”
Throughout his young life, Jeramie suffered from severe sunburns and painfully dry skin. When Jeramie first came to Nemours Children’s Clinic — Orlando (NCCO) in January of 1999, he had been hit by a car and was experiencing neurological deficits in his legs after recovery from the accident. Neurologist Charles Dryer, MD, was able to rule out a neurologically based complexity, so he referred Jeramie to John McReynolds, MD, in the NCCO Genetics and Metabolism Division.

After piecing together all of these seemingly unrelated concerns—the severe sunburns, the painful dry skin, and the new unexplained problems with his legs—Dr. McReynolds narrowed the field down to a handful of diagnostic possibilities. With extensive laboratory testing, Dr. McReynolds was able to rule out all of the other conditions except xeroderma pigmentosa (xp).

Xp has an occurrence rate of 1 in 1 million and there are fewer than 300 cases in the United States. This genetic disorder is caused by the inability of the body to repair DNA damage caused by ultra-violet light exposure. Because of this breakdown in Jeramie’s genetic code, he has an extreme vulnerability to skin cancer. It has only been in recent months that Jeramie has been able to go out during the day, thanks to his NASA-technology suit. Through the HED (hypohidrotic ectodermal dysplasia) Foundation, Jeramie received a sweatsuit-style outfit made from material NASA invented for use in future spacesuits. Under this outfit Jeramie wears a cooling vest, also NASA technology, that holds special frozen tubes to keep him cool.

Thanks to the doctors at NCCO and his new “cool suit,” Jeramie can now lead a more normal life. He prefers the sleek look of his new outfit and does not worry about what other kids might think because Jeramie has found new freedom in life.
Ten-year-old David had problems healing and fighting infections since early childhood. He was eventually diagnosed with Fanconi’s anemia, a rare blood disorder inherited when both parents carry the recessive gene for the disorder. David’s siblings were tested for Fanconi’s anemia and, although she showed no symptoms, only 11-year-old Tasha was found to also have the condition.

Fanconi’s causes a blood-forming problem, which inevitably leads to leukemia. Children undergo bone marrow transplantation in order to replace their blood-forming cells with normal cells, removing the risk of leukemia.

David had a bone marrow transplant in the family’s home state of Iowa, where current duPont Hospital Chief of Blood and Bone Marrow Transplantation (BBMT), Michael Trigg, MD, was practicing at the time. Although the procedure was successful, David developed complications after Dr. Trigg left Iowa for his post at duPont. Since the family trusted Dr. Trigg, they elected to bring David to Delaware for care. They did so until, sadly, David succumbed four years after the transplant. Tasha’s family and the duPont Hospital family grieved the passing of a unique and wonderful boy.

That same year, however, hopes were renewed as Tasha was scheduled to become Dr. Trigg’s first stem cell transplant patient. The donor would be Tasha’s younger brother, T.J., her closest tissue match. Fortunately, the transplant went smoothly.

Within days, Tasha was exercising in the unit’s workout/playroom to counteract the waning muscle tone and strength that result from prolonged hospital stays. Having exercise equipment right on the unit was an important feature in its design. Tasha’s mother, Dawn, stayed in the room with her while her father and siblings were just across the street at the Ronald McDonald House of Delaware.

After just two weeks, Tasha was able to leave the BBMT unit for limited outings. A month later, she was back home, where she continues to do well. She will return to AIDHC twice a year for follow-up care. “We will always be grateful to Dr. Trigg and to the hospital for their wonderful care of David and now, Tasha and T.J.”
This is the story of a case that involved one pediatrician, five pediatric specialty physicians, four pediatric specialties, a loving family and Michael, a very special 16-month-old boy.

Michael’s parents, after noticing their son’s genital organ growing at a rapid pace, came to the Nemours Children’s Clinic — Pensacola and met with Chief Pediatric Endocrinologist, Helen Hsiang, MD, in November 2000. Dr. Hsiang conducted a thorough endocrine evaluation for precocious (accelerated) puberty and found that Michael’s male hormone (DHEA) was markedly elevated. An adrenal CT scan showed the presence of a mass in Michael’s right adrenal gland. Dr. Hsiang then consulted with the Surgery Division, and Nemours’ Chief of Pediatric Surgery, Cynthia Reyes, MD, performed extensive surgery on Michael to remove the mass.

During the operation Dr. Reyes, assisted by Pediatric Surgeon in Chief Dr. Jimmy Jones, discovered a 12-centimeter (approximately 5 inches) tumor involving the right adrenal gland and extending very close to the right kidney. It was later confirmed that Michael had functioning adrenal cancer that caused early sexual development. This gave rise to add yet another specialist to Michael’s team of caregivers —Chief Pediatric Hematologist/Oncologist Thomas Jenkins, MD.

Soon after surgery, Michael developed high blood pressure and was treated with medication for seven months by Edward Kohaut, MD, Chief of Pediatric Nephrology. Today, Michael’s blood pressure remains normal without medication, but he continues to return to the Nemours Children’s Clinic - Pensacola every three months for doctors to monitor his overall progress.

“This is a very rare case. In my 15 years of practice in Pensacola, this is only the second case of its kind that I’ve seen. Michael continues to do very well and his male hormone level has returned to normal,” said Dr. Hsiang.

According to Michael’s mother, her son has shown regression in sexual development. Thanks to the team involvement of Nemours physicians and surgeons, Michael now has the chance to grow at his own pace, just like his friends.

“Michael now has the chance to grow at his own pace, just like his friends. How wonderful to have such a team of specialists available right here, in one place.”

—Heather and Brian, Michael’s parents
Alfred I. duPont Hospital for Children
Wilmington, Delaware

Two nurses with combined experience of 45 years illustrate why the Alfred I. duPont Hospital is exceeding patient expectations with high levels of quality care, compassion and communication.

Gail McIlvain-Simpson, MSN, RN, CS, (pictured right) joined the Hospital in 1980 and since 1986, has been an advanced practice nurse in the Division of Rheumatology, which provides comprehensive diagnosis, treatment, and follow-up care for children and adolescents with arthritis and related disorders.

Among the changes she has witnessed in medicine, Gail singles out the advent of managed care as having the greatest impact. “Our families have a tough time getting the services they need,” Gail says. “In today’s managed care environment, our families have to be pretty savvy. I help parents find the best way to navigate the system to get what their children need,” including introduction to other similarly affected families.

A portion of Gail’s time is spent educating extended families, school nurses, community pediatricians, rehabilitation therapists, and insurance companies. She also teaches graduate nursing students and writes on a variety of rheumatology-related subjects.

Anita Zeccola, RN, BS (pictured on page 7). With 25 years at AIDHC, Anita is a talented and creative manager who has infused the Pediatric Outpatient Surgery Unit with an underlying sense of mission. Anita notes that POPS is very collaborative, saying “We recognize there are a lot of ways to do things, but we are after the same end result: making outpatient surgery as positive an experience as possible for families.”

National patient satisfaction experts consistently rank Anita’s team in the 99th percentile nationally. Anita and her perioperative nurses use books, dolls and videos to educate children and their families about what they can expect on the day of their elective surgery. The nurse practitioner’s discussion with children is brought to their level to address their concerns and demystify the surgical experience. Terminology is kid friendly: Iv’s are “hospital 7UP and anesthesia pre-medication is “silly juice.” Anita credits her staff’s customer focus on experience, geared to the much faster pace and higher volumes of today’s outpatient surgery.

“Gail once even returned my call when she was sick at home with the flu. She is fabulous.”

—Caroline’s mother
Alfred I. duPont Hospital for Children continues its quest for excellence in patient care and service, while keeping pace with growth in volume, complexity of cases, and additional programs. Patient days grew by more than 13 percent while length of stay remained stable at 4.5 days despite the increased acuity of many patients. Hospital staff have responded to greater demands for skill and compassion as services such as organ and bone marrow transplantation, invasive heart procedures, and stellar orthopaedic care help AIDHC rise in national prominence and patient satisfaction.

In its second year of operation, the Division of Solid Organ Transplantation performed 10 liver transplants and six kidney transplants. In addition, the new 10-bed Blood and Bone Marrow Transplantation (BBMT) Unit headed by Michael Trigg, M.D., performed its first transplant in June.

The first six rooms of the new Ambulatory Care Center’s planned 24-room expansion opened in 2001, as well as two new radiology rooms for orthopaedics.

The surgical services expansion continued in tandem with the growth of programs. The opening of the new Post Anesthesia Care Unit (PACU) increased capacity and efficiency, as equipment for post-anesthesia care is housed by the bedside.

A satellite pharmacy was created in the operating room, while the lab was expanded to handle stem cell equipment in support of the BBMT program. All other lab equipment was upgraded. The first phase of improvements in imaging included the purchase of a CT scanner and two ultrasound machines, plus the implementation of RadNet, a radiology information system.

AIDHCs Rehabilitation Division performed extraordinarily well in its 2001 accreditation site survey. Surveyors from the Commission on Accreditation of Rehabilitation Facilities (CARF) commented on the exemplary conformance to standards of the hospital’s clinical rehabilitation programs and made particular note of the family-centered approach to care. CARF accreditation is the “gold standard” for quality in rehabilitation programming.

The Children’s Advocacy Center caseload for evaluations of abused children increased by more than 40 percent this year. Approximately 1,000 abused children were interviewed and more than 3,500 case reviews conducted. The Center has received full membership in the National Children’s Alliance (NCA), the oversight agency for all Children’s Advocacy Centers in the country.

To enhance the “child-friendly” environment for patients and their families, two units on the hospital’s third floor were renovated. And in May, the AIDHC Auxiliary bestowed the gift of a new, 28,000-square-foot playground, one of the premier children’s hospital playgrounds anywhere in the United States.
“My personal reward in working for Nemours and the Alfred I. duPont Hospital for Children is hearing parents talk about their experiences here, especially when it is someone who doesn’t know where I work. They talk about the wonderful people of Nemours, the great experience they had, and how grateful they are. It makes me feel good that we are doing so many good things for so many children.”
From the day she was hired as a pharmacy technician at the Nemours Health Clinic (NHC) in 1981, Karen Revis’ job has always been about customer service. “When I joined NHC, the goal was to treat each patient as if they were a king or queen for the day,” Karen says. “Whether it is at the pharmacy window or over the telephone, I am still doing that today.”

One of Karen’s first priorities as the original pharmacy technician was to set up a system to track patient co-pays for the pharmacy assistance program. All accounts were on a manual system, since computerization of records would not happen for several years.

As enrollment grew and the pharmacy increased its workforce, Karen’s responsibilities grew as well. She assumed the role of lead technician, and in 1998, elected to pursue validation of her expertise in pharmacy by sitting for a national exam and becoming a certified pharmacy technician (CPhT).

Karen’s role has evolved over the years. While she still functions as a floor technician, she is also now the primary resource for NHC’s prescription outreach program that delivers prescriptions to one of 11 off-site locations for the convenience of the program’s elderly enrollees. Karen’s compliance to individual customer service expectations and her well-known sense of humor have endeared her to many of the pharmacy’s patients.

Since 1981, the Nemours Health Clinic has fulfilled its commitment to serve the low-income senior citizens of Delaware with outpatient health care services. Its programs provide dental care, vision care, hearing aids, and prescription drugs at nominal cost or free to qualified members. The services of the Clinic provide care that is generally not covered by Medicare or private insurance programs. Many of the staff are long-time employees, some of whom celebrated their 20th anniversary along with NHC, and who, like Karen, personify Nemours values in serving Delaware seniors.

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<th>EYE VISITS — WILMINGTON</th>
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“Satisfied patients are ‘the responsibility of all of us.”

—Karen Revis
With increasing pressure to be efficient and highly productive—to do more with less resources—the people of Nemours are challenged as well to maintain and improve the quality of care provided. Fortunately, we enjoy the resources of a dedicated Trust to foster medical excellence for the children we uniquely serve, and apply our skill with compassion to raise the standard in healthcare delivery for children.

Clinical advancement is an empty quest without medical education and research, and Nemours is proud to sponsor these kinds of initiatives. The education mission is fulfilled in a variety of ways, including direct clinical teaching of students, residents and fellows, as well as conferences and online courses for the continuing education of practitioners.

Attention is increasingly placed on measurements to track productivity and the dimensions of quality performance. Two major initiatives, the Nemours Clinical Management Program (NCMP) and the Office of Operational Assessment (NOOA), anticipate advancement in these areas. Implementation of the Electronic Medical Record (EMR) is a critical first step in initiation of the NCMP; use of the EMR will permit the analysis of data regarding care patterns and outcomes, enabling eventual standardization of optimal pathways of care across campuses and someday nationally.

Directed by Dr. Stephen Lawless, the Nemours Office of Operational Assessment provides data analysis to improve clinical or administrative operating processes. NOOA tracks Nemours performance against national benchmarks, passing on lessons learned. The quality and quantity of data available within Nemours makes NOOA a unique national resource for studying multiple aspects of pediatric subspecialty practice. For example, the “Leapfrog” group, a national watchdog committee formed to advance medical quality, has offered comparative standards which NOOA has applied to Nemours data as shown below.

Sample “Leapfrog” Standard

ICU Physician staffing reduces the risk of dying by 10%  
— Nemours exceeds the standard by 40%

“*We apply our skill with compassion to raise the standard in healthcare delivery for children.*”

— Robert A. Doughty, MD, PhD, Vice President for Physician Practices
Wilmington, Delaware

After a full day of administrative duties, Kate Cronan, MD, slips on her lab coat and heads into the ER to begin one of her twice-weekly clinical shifts. Filling a dual role, Kate has about 22 hours a week of clinical time in addition to her administrative duties. She thrives on the pace and stress of the ER, yet remains calm and unruffled.

As the attending physician, Kate is involved with every patient. “You have to be able to multi-task and handle input from nurses, residents, patients and their families and the ER in general,” Kate explains.

When Kate enters an exam room, there is an immediate change in atmosphere. Her smile is full of empathy and seems to tell the parents “You did the right thing by coming here.” If a patient is old enough to respond, as in the case of a 17-year-old girl complaining of severe headaches, Kate speaks directly to her. Kate has the gift of making each family feel like their child is the only patient in the ER.

As chief, Kate’s week is split between clinical hours and the duties that keep this growing division operating smoothly. “I am constantly reassessing how things are working in the ER,” Kate says. “We need to be faster, better and more efficient. If there is a problem, we need to learn from it. It is all about making patients and families happy about the care they receive here.” Kate is also quick to note that she strives to keep her division’s 12 attending physicians and three fellows content as well. “With the stress and fatigue of ER life, burnout is something I watch for,” she says. She herself seems to get recharged by shifting focus from patient care to administration to teaching, research and writing.

“Despite the chaos, Dr. Cronan somehow manages to make you feel like your child is the only patient in the ER.”

—Misty’s mom
In 2001, NCCW experienced unprecedented growth in which primary care visits grew 6 percent, while specialty care increased 30 percent.

The Blood and Bone Marrow Transplantation Unit, headed by internationally renowned transplant surgeon Michael Trigg, MD, performed its first operation in June. The patient, a 10-year-old girl, underwent bone marrow transplantation to treat Fanconi’s anemia, a rare inherited blood disorder. On another front, the Division of Solid Organ Transplantation, headed by Stephen Dunn, MD, performed 10 liver transplants and six kidney transplants in its second year.

To meet increased patient volumes in Urology/Nephrology, Orthopedics and Ophthalmology, 19 exam rooms and related space were added to Ambulatory Care. The second phase of outpatient expansion will begin in 2002 to allow more examination rooms for Orthopedics and other services.

Three leadership positions were filled this year with Shermine Dabbagh, MD, joining the practice as Chief of Nephrology; Andrew T. Costarino, Jr., MD, being named Chairman, Anesthesiology and Critical Care Medicine; and Kevin Sheahan, MD, being named Chief, duPont Pediatrics.

Consistent with efforts to build referrals to the hospital, the Jefferson, Bryn Mawr, Atlantic City, Virtua and Einstein locations and several primary care practice sites in Delaware and Pennsylvania saw increased patient activity. Neonatologists and pulmonologists at Atlantic City (NJ) Medical Center became Nemours employees, while the practice moved to larger facilities on the Voorhees campus of Virtua.

NCCW Research continued to build on its national reputation. Thomas P. Shaffer, PhD, was recruited as Director of the Nemours Research Lung Center to combine clinical and basic research in an innovative way. New grants include $499,000 from NASA to Robert E. Akins, PhD, to study aspects of cardiac tissue engineering. Katia Sol-Church, PhD, won a grant from the Wendy Will Case Cancer Fund to determine the roles endosomal proteases play on tumor cell growth and invasion and to develop therapeutics to regulate the activities of these enzymes in cancer cells. Freeman Miller, MD, and James Fee, MS, were awarded a grant from the National Institute on Disability and Rehabilitation Research to develop an assessment tool to quantify spasticity in cerebral palsy patients. Orthopedic surgeon Richard Kruse, DO, and Tariq Rahman, PhD, continued their research on the relationship between back pain and backpack usage.

While absorbing significant growth, NCCW remains focused on improving quality and alert to issues of safety and patient rights in the delivery of healthcare to children.
“Pediatric health care organizations are undergoing difficult change in response to a challenging environment. Our resources, and our more recent history as a full-service pediatric organization, have allowed us to be more adaptable, to continue to prioritize quality, and to aggressively embrace change as an essential element in health care delivery. In an uncertain world, we continue to create something truly exceptional, motivated by what is best for the health care of children.”
Jacksonville, Florida

The orthotics department in Nemours Children’s Clinic — Jacksonville is not a typical medical facility. In fact, it is more of an artisan’s workshop, complete with plasters, resins, and power tools. The team here creates an array of custom orthotic and prosthetic devices designed to meet the needs of growing children.

Being fitted for an orthotic device can be a bewildering experience for a child. According to Jeffrey Berger, Senior Orthotic Prosthetic Technician, acceptance of a device can be the largest barrier to resuming a normal life. However, the Nemours team provides a unique perspective for wary patients, as several members of the team wear prosthetic devices themselves.

Jeffrey wears a prosthetic leg, allowing him to relate to young patients on a personal level. He says that it helps ease a child’s mind to see that the person preparing the device wears one himself.

Because prosthetic and orthotic devices must be constantly refitted for growing children, Jeffrey can often see patients’ progress as they adjust to their devices. He cites one five-year-old cancer patient who was having difficulty accepting her need for a new leg. With the help of Nemours, he gladly reports she is now a happy member of her soccer team.

Having an in-house shop allows children to be fitted less expensively and quickly, ultimately making the patient’s transition smoother and more comfortable. The Nemours team can often measure children while they are still in the hospital and have a device prepared before they are ready to go home, helping to speed their period of adjustment.

Bob Gooljar, Certified Prosthetist and Orthotist, stresses that the products provided in the department are more advanced than some of the antiquated stereotypes that persist today. Children requiring shoe lifts can now have them incorporated into fashionable, athletic footwear, and modern prosthetic devices are often difficult to detect.

Jeffrey Berger, Bob Gooljar, and Jeremy Dodson, together form three equal parts of a team that provides a high level of patient care in addition to a great deal of mechanical expertise. Together they have seen children who once believed they would never lead a normal life and have gone on to participate in all the normal activities of youth and life.

“It’s a wonderful sight to watch Maria on the field. Her comfort running with two legs is a blessing.”

— Maria’s parents Jack and Tina
In 2001, NCCJ continued to reinforce its position as the area leader in pediatric subspecialty care while increasing attention to quality initiatives and the effectiveness of its business methods.

Endocrinology continues to distinguish itself on a regional and national level. Nelly Mauras, MD, NCCJ’s established Senior Clinical Research Investigator in the area of growth and puberty, has garnered extensive external grants of more than $3.2 million over the next three years. Dr. Larry Fox, also in Endocrinology, received $600,000 in funding from the State of Florida to develop a state-of-the-art Pediatric Diabetes Treatment and Teaching Center. NCCJ also received NIH funding to become a national pilot site for testing continuous glucose monitoring in children.

Dr. Timothy Wysocki’s Psychology & Psychiatry Program continues to enjoy outstanding recognition.

Their current external funding now approximates $7.95 million over the coming years, with approximately $3 million shared with Washington University.

The Hematology/Oncology Division is seeing a growing number of patients, with more than 100 on active therapy and more than 200 children treated for sickle cell disease. The Hemophilia program is treating more than 70 patients, with more than $400,000 per annum in grants and contract funding. This year, the Hematopoietic stem-cell program doubled in size with the addition of two additional bone marrow transplant rooms at the Wolfson Children’s Hospital, the result of cooperation between NCCJ, The Mayo Clinic, Wolfson and St. Luke’s hospitals.

In September 2001, the NCCJ Beaches site opened. This satellite on the Baptist Medical Center Beaches campus will help improve NCCJ’s ability to reflect the total spectrum of the marketplace. A new Wolfson/Nemours clinical Neurophysiology and Sleep Laboratory also opened, directed by Harry S. Abram, MD, of the NCCJ Division of Pediatric Neurology.

The leadership of NCCJ remains confident that process improvements in design and implementation will further enhance the Clinic’s ability to set the pace for excellence in children’s care.
“The delivery of superb health care in an environment of kindness and compassion is really what we are all about — we have an extraordinarily strong group of physicians who do exactly that. I am proud of the Jacksonville practice — clearly the premiere practice in northern Florida.”
Nemours’ mission of improving the health of children through direct clinical care, education, and research brought David Vliet to NCCO more than four years ago. Hired as Administrative Manager of the Department of Pediatrics, David oversaw the clinical operation and was responsible for almost 100 support staff. His colleagues at Nemours recognize David as a manager whose commitment and enthusiasm are an inspiration. He realized his true calling in life—delivering healthcare to children—when he, his wife—a pediatric nurse—and their oldest daughter spent a year traveling through Mexico doing medical relief work. Upon returning to Florida, David enrolled in Florida Atlantic University and earned his degree in Health Services Administration while working as a commercial insurance underwriter in South Florida. Hurricane Andrew came through and confirmed his decision to change career direction.

David’s personal mission of helping children in a non-profit environment guides his management of the Clinic and those who look to him for guidance. “We have everything to gain by doing the very best for our people,” says David, “and the leadership of this Clinic is committed to core values of honesty and straightforwardness.” Dave is a source of motivation to co-workers not only for his work ethic and dedication to his job but also his well-rounded life aside from his career. He is an accomplished piano player and jazz lover, making time on busy family weekends to play the piano for his church.

David went back to school recently to earn his MBA. While continuing to work full time, he completed his course work in the normal 22-month time period. David continues his love for education by taking on an adjunct position at the University of Central Florida where he enjoys the academic environment. Even here he adds value by his very positive representation of Nemours to the local community, continuing name recognition and a positive image in the Central Florida area. David Vliet: husband and father, Nemours healthcare manager, musician, teacher, co-worker and friend.

“Everything to gain by doing the very best for our people.”
Nemours Children’s Clinic — Orlando (NCCO) constantly strives to achieve patient care and academic excellence through a variety of new programs.

In 2001, NCCO launched the Electronic Medical Record (EMR) in 11 new outpatient divisions. With instant access to patient information and immediate documentation capabilities, Nemours staff saves time and effort while continuing optimal service. Management, staff, and physicians are committed to the complete implementation of the EMR in all outpatient divisions by the end of 2002.

Another customer service-based venture has been the introduction of the “e-Referral System,” designed to increase patient satisfaction through efficient appointment scheduling and reduction of referral office staff time. This free program allows participating referring physicians to submit referrals electronically.

The Nemours Clinical Management Program (NCMP), a Nemours-wide initiative, allows employees to use accepted, reproducible management schemes of clinical care that can be analyzed for effectiveness. All Nemours physicians are thus able to use the best clinical practices to improve the effectiveness of care.

NCCO doctors also are operating clinical programs, participating in the education of tomorrow’s doctors and conducting important research. NCCO operates several major clinical programs, including clinical and administrative leadership for the regional trauma service at Orlando Regional Health System. Several multidisciplinary clinics include the Regional Muscular Dystrophy Association Clinic, the Regional CF Center Program, the Spina Bifida Clinic, Juvenile Amputee Program, and other teams of care recognized by Florida’s Children’s Medical Services office.

The Department of Surgery, under the supervision of Charles Price, MD, is conducting 12 clinical and basic science research projects. In the Department of Pediatrics, under the supervision of Mark Swanson, MD, there is a nationally recognized aerosol laboratory. And the ACCESS Study, a major research project looking at the role of insurance in the care of children with Cystic Fibrosis (CF), has been completed and is undergoing analysis.

NCCO physicians are recognized as leaders in the local and national community and the excellence of the programs at NCCO can be attributed to the quality of its physician leaders.
“As children are the future of the world, caring for their health requires a special mix of compassion, knowledge and innovation. Although enormous strides have been made in the past, Nemours continues to pave the road with new ideas to ensure that tomorrow’s care will be better than today’s.”
Maureen Hoffert is a registered nurse in the Pulmonology division at Nemours Children’s Clinic — Pensacola. Under the direction of Kevin Maupin, MD, Maureen’s first priority is to provide the best possible care to her patients and their families. She does this by being compassionate to their needs and truly getting to know her patients.

Maureen came to Nemours from our affiliate hospital, Sacred Heart, where she was a nurse in the Neo-natal Intensive Care Unit. This is where her nursing career began and her desire to help sick children grew. She fills in for nurses in other clinics when needed and consistently goes beyond her own duties.

It takes a special person to be a nurse, and Maureen is surely that person. She offers kind and soothing words and delivers sometimes unwelcome news with grace and dignity. Her warm, friendly smile comforts both parents and children. Because she is a mother herself, Maureen understands the fears that the parents have when their child is ill, and her sensitivity is felt by families and co-workers alike. Family members of patients bring her pictures of their growing children to show their appreciation for the care she provided.

Maureen and the Pulmonology staff have helped boost the national reputation of Nemours Children’s Clinic — Pensacola as a Cystic Fibrosis Satellite Center. Her belief that there will one day be a cure for young children with this chronic illness keeps her optimistic. If Maureen can keep the spark in a child’s eye with a kind hand and a ready smile, then she knows she has made a difference.

“Maureen is always there for us to answer any type of question. We are very blessed to have her.”

—Pam, mother of a pulmonology patient
Nemours Children’s Clinic — Pensacola (NCCP) expanded services and added four new physicians: Drs. Robert Stanton and Leah Pike, pediatric orthopaedic surgeons; Dr. Jennifer Tock, pediatric critical care; and Dr. Marlah Tomboc, pediatric endocrinologist.

William B. Blanchard, MD, pediatric cardiologist and Pediatrician-in-Chief at NCCP, was recognized by the American Heart Association as national “Physician of the Year.” His outstanding accomplishments included the founding of American Heart Heroes Week at Boggy Creek Gang Camp, which allows children with cardiovascular diseases and their families to attend camp.

One significant change at NCCP was the transition from hard copy medical records to the electronic medical record (EMR). An on-site EMR specialist has helped train the physicians and staff to be increasingly efficient in their EMR use and dictation, but the key to successful implementation was the team effort of physicians and staff. Pensacola the distinction of being the first Nemours practice site to use the EMR for every outpatient encounter.

As a satellite Cystic Fibrosis Center, NCCP tracks patient data for research purposes for the Cystic Fibrosis Foundation (CFF) as well as meeting strict criteria for care delivery to patients. Working with community physicians, a process was implemented to seamlessly transfer care of these children to an adult provider as they come of age, while maintaining the standards of care established by CFF and NCCP. In addition, the Pulmonary Division established an outreach program enabling pulmonary function testing in referring physician offices, increasing convenience to parents and physicians while enhancing quality.

The part-time ENT Clinic has evolved into a full-time clinic and initiated specialty clinics for children with complex ear and head/neck disorders. The Endocrinology Department has added a Research Specialist to aid in diabetes and growth hormone research projects. The Gastroenterology Division is also involved in sponsored research, studying therapeutic approaches to gastroesophageal reflux in children.

The relationship between Nemours in Pensacola and its affiliate, Sacred Heart Children’s Hospital, continues to grow. By the end of the 2001, a new pediatric procedure room will be ready, providing Nemours physicians with more space and anesthesia back-up. Nemours physicians continue to provide much of the teaching for pediatric residents at Sacred Heart. Once again, resident physicians named a Nemours physician, Rob Patterson, MD, of the Critical Care Division as Teacher-of-the-Year.

With new physicians, expanding research, significant educational responsibilities and community involvement, the NCCP continues to meet the needs of patients and referring physicians while raising the standard of pediatric specialty care.
“The access to high-quality, specialized pediatric services for the children of Northwest Florida has been dramatically improved since the Nemours Children’s Clinic in Pensacola was established five years ago. I am privileged to be part of an extraordinary group of dedicated physicians and employees whose sole focus is the welfare of children.”
Wilmington, Delaware
Orlando, Florida

Judi Ruley, a social worker for 27 years, has been with the Nemours Cardiac Center program at duPont Hospital for Children since before its first patient admission in January 1998, and she has managed to bring comfort and caring support to almost every patient and family since that time. As the liaison between cardiac patients and families and the world at large during hospitalization, she helps families deal with the immediate issues, so they can focus on the child’s healing.

On a recent morning, Judi’s day began at 7:00 a.m. After her rounds in the Cardiac Intensive Care Unit (CICU), Judi checked on the parents of a child scheduled to undergo surgery at 8:00 a.m.

With little Kathryn in her mother’s arms, the parents walked with Judi to the operating room. The mother placed her daughter in the arms of the anesthesiologist, who brought the baby into the operating room where Bill Norwood, MD, and his team were to perform the operation to repair Kathryn’s heart.

As with every cardiac operation, Judi monitors the procedure from inside the OR and reports back to the families every 20 to 30 minutes. “It is such a stressful time for parents,” Judi says. “Keeping them informed makes the coping that much easier for them.”

After the two-hour operation, Judi brought the family into the CICU for a quick visit with their daughter and few words with the surgeon, Dr. Norwood. She introduced the parents to the nurses who would be caring for their child and provided the CICU phone number so the parents could call for a detailed follow-up.

“I love my job,” Judi says. “I love seeing the parents through this very stressful period and then, after they have gotten home, I love it when they send me photos of their children or even better, visit.”

“We have never felt so taken care of. We love going back to visit Judi and the staff now that Mitchell is thriving.”

—Myra, mother of Mitchell
The Nemours Cardiac Center saw rapid growth and development in 2001, both in Florida and the Delaware Valley. The combined patient volume has put the Cardiac Center in the top ten pediatric cardiac programs in the United States. Its unique, programmatic approach to patient services has enabled the Nemours Cardiac Center to realize excellent outcomes with patient care, satisfying patients and families.

The more than 235 surgeons, cardiologists, anesthesiologists, nurses, physician assistants, allied health professionals and administrative staff are associated exclusively with the Nemours Cardiac Center and are therefore able to provide the best possible treatment to children. This unique organizational model establishes a continuity of care that makes the Nemours Cardiac Center an efficient program that effectively reduces mortality and morbidity, as well as length of stay and cost.

In 2001, the Nemours Cardiac Center saw a 20 percent increase in surgical procedures, a 58 percent increase in cardiac catheterizations and a 35 percent increase in echocardiography studies. The Cardiac Center also experienced a significant increase in the volume of outpatient activity.

The Nemours Cardiac Center has greatly expanded the availability of its cardiac services into the surrounding communities. One of the goals of the Cardiac Center is to provide quality pediatric cardiac services, with increased efficiency, through integration within the community. Outreach offices were established to serve the Voorhees, New Jersey, area and Melbourne, Florida. Additional offices near both campuses are projected to open in 2002.

The year 2002 is expected to be one of continued growth for the Nemours Cardiac Center. Evolving innovative clinical procedures and expanding outreach sites, as well as increasing technological integration through telemedicine and a sophisticated online presence, will strengthen that growth. This expansion and development will enable the Cardiac Center to reach a greater number of children with congenital heart disease in order to provide the highest quality of care to even more children and their families.

“All cardiac centers are not alike. The Nemours Cardiac Center, because of our experience, expertise, organization, and sensitivity, can provide incredible focus on every detail. It is in this way that the most complex and overwhelming circumstances can be efficiently and unobtrusively managed so you can get back to more important things — like the rest of your life.”
Steven A. Dowshen, MD, was recruited by Nemours in 1992 to create a network of Delaware primary care practices, now the duPont Pediatric Practices. Dr. Dowshen recruited physicians, established practice and quality standards, oversaw the design and building of the practice offices, and negotiated managed care contracts – all while developing his own practice in pediatric endocrinology and teaching residents at the Alfred I. duPont Hospital for Children.

As the duPont Pediatric Practices grew, Dr. Dowshen became increasingly involved in the work of the Nemours Center for Children’s Health Media. Today, Dr. Dowshen is chief medical editor of the Center where he leads a group of highly specialized editors who create the Center’s flagship project, the KidsHealth.org Web site. Dr. Dowshen is known for his ability to translate complex medical language into age-appropriate, easy-to-understand concepts for parents, kids, and teens while ensuring balance and accuracy.

This past year, Dr. Dowshen also worked on two major book projects. The first was the fourth volume of Scribner’s Encyclopedia of Human Diseases and Conditions for teens, for which he served as coeditor-in-chief with Neil Izenberg, MD. This volume will be distributed widely throughout the nation’s schools and public libraries.

Dr. Dowshen’s second major project of the year was serving as the lead author of KidsHealth Guide for Parents: Pregnancy to Age 5, published by McGraw-Hill/Contemporary Books.

Dr. Dowshen is also chairman of KidsCount Delaware, which helps to study and define the needs of child health in the state; state coordinator for the American Academy of Pediatrics PROSE research projects; and fellowship director for the Center for Children’s Health Media.

“Steve’s a model of the complete pediatrician,” says Dr. Izenberg, chief executive of the Nemours Center for Children’s Health Media. “He’s a brilliant clinician much loved by the families he cares for, a talented medical editor and educator with an amazingly broad range of knowledge, and an accomplished researcher. The staff looks to Steve for his wisdom and good humor.”
The Nemours Center for Children’s Health Media continues to create nationally distributed media that provides useful, up-to-date health care information for parents, kids, and teens. KidsHealth.org, the Center’s Web site, is the most visited site of its kind, with approximately 10 million visitors each year. The site earned the prestigious Time Inc. Health’s Freddie Award as the “Best Health Site on the Web.”

This year, major new features were added, including:
❖ a Pregnancy & Newborns area designed to foster newborn health;
❖ Hot Topics, containing breaking, seasonal and medical research news;
❖ engaging new Flash animation, a tool for effectively demonstrating and communicating medical information; and
❖ Body Basics, a series of articles for parents and teens that explains how each body system, part and process function while providing context for understanding when a body system does not function correctly.

A milestone for KidsHealth this year was the introduction of Spanish-language articles. Spanish-speaking families in the U.S. represent 16 percent of the population under 18 and eagerly seek health information on the Web.

Nemours can now license KidsHealth content to Web sites of children’s hospitals nationwide, as well as to other organizations seeking quality children’s health content. Although the initiative to license KidsHealth content was launched only recently, we currently license content to approximately 10 children’s hospitals and other organizations to use as their primary online educational material.

A significant licensee of KidsHealth content is America Online (AOL). This new relationship is already having a significant impact. In fact, within hours of establishing links to KidsHealth, AOL directed about 1,000 children per hour to KidsHealth.org. Other relationships include the U.S. Office of Women’s Health and Albertson’s, where KidsHealth will benefit from regional in-store promotions and national recognition in store advertising.

KidsHealth vastly expands Nemours’ ability to improve the health of children by arming kids and parents with sound, understandable facts and advice.
Wilmington, Delaware

A 20-year employee of Nemours, Paddy Dietz began her career as a tour guide and is now coordinator of the 102-room Nemours Mansion, a position she has held for the last three years. Paddy epitomizes the grace and attention to detail of the mansion itself. In her words, “You couldn’t do the job if you didn’t love this place.”

She oversees the daily operation and contents of the former residence of A. I. duPont in Wilmington, Delaware, which shares grounds with the AIDHC. Her responsibilities include overseeing the tours and cataloging, maintaining and preserving 20,000 pieces of furniture, art, decorative objects, and tableware. A good part her job is the marketing effort to raise visibility of Nemours Mansion as one of the premier tourist destinations of the Brandywine Valley.

Today, Paddy arrives at the mansion at 8:30 a.m. She reviews pressing needs with her staff and makes it upstairs by 9:30 a.m. to her office, which overlooks the 300-acre country estate’s main garden. A library cart overflows with Mansion press kits and books on everything from musical clocks to garden ornaments.

This day, her tasks include purchasing an ad to promote tours, arranging for loan and return of various objet d’art for display or restoration, and talking with E! Entertainment Television regarding a profile of Nemours in a travel show. Paddy also will research the intricacies of Meissen vs. Dresden porcelain after a guest questioned a tour guide’s description, and review an architect’s proposal to study the house’s structural integrity.

As part of a five-year conservation effort, Paddy will supervise the return of two 17th century tapestries: a large Gobelin work depicting the triumphant entry of Alexander and a Brussels Equestrian composition. A third, the 18th century Aubusson Tapestry Judgment of Paris, will be taken down this winter for conservation treatment over the next year.

Paddy is the consummate manager and curator. Her rare attention to detail, priorities, and reverence for Nemours’ history make her the right person for this position and for Nemours.

“You couldn’t do the job if you didn’t love this place.”

—Paddy Dietz, Mansion Coordinator
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The duPont Award for Excellence in Children’s Health Care presented for the first time in 2001 to Donald M. Berwick, MD, for his outstanding work in improving the quality of health care for children.
A


B


Barroso U, Jednak R, Barthold JS, Gonzalez R. A technique for constructing an umbilicus and a concealed catheterizable stoma. BJU 2001;87:117-120.


Brent RL. Teratogen update: reproductive risks of leflunomide (Arava); a pyrimidine synthesis inhibitor: counseling women taking leflunomide before or during pregnancy and men taking leflunomide who are contemplating fathering a child. Teratology 2001;63:106-112.

Brent RL. The history of the editorship of Teratology during the period from July 1, 1976 to January 1, 1993. Teratology 2001;63:100-105.

C


Cheatham JP. Improved stents for pediatric applications. Prog Pediatr Cardiol 2001;14:95-114.


Mainwaring RD, Healy RM, Meier FA, Nelson JC, Norwood WI. Reduction in levels of triiodothyronine following the first stage of the Norwood reconstruction for hypoplastic left heart syndrome. Cardioi Young 2001; 11:295-300.


Maher KO, Murphy JD. Vascular access for cardiac catheterization of patients with congenital heart disease. Prog Pediatr Cardiol 2001;14:7-11.


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