PARTNERS IN PEDIATRICS
A QUARTERLY PUBLICATION FOR PHYSICIANS

PHOENIX CHILDREN'S LAUNCHES NEURO-NICU, ONLY SECOND OF ITS KIND IN THE U.S.

LANDMARK ALLIANCE BETWEEN ST. JOSEPH'S, PHOENIX CHILDREN'S WILL ELEVATE PEDIATRIC CARE IN ARIZONA

CHILDREN'S NEUROSCIENCE INSTITUTE LAUNCHES PARTNERSHIP WITH ASU

FRANCES H. MCCLELLAND CENTER FOR PEDIATRIC REHABILITATION TAKING SHAPE
NOTE FROM THE CHIEF MEDICAL OFFICER

Dear Friends,

Healthcare reform has dominated the domestic news for months. While the media focus on topics such as cost and the public option, which are definitely important to consumers, they miss a whole set of issues that are important for pediatric providers. I implore you: Don’t let our priorities get buried in the background. They are worthy of our attention, and Phoenix Children’s has been, and will continue to be, fully engaged in the debate, lobbying for provisions that are beneficial and effective. Let’s consider a few of these issues.

First, we must ensure all children have access to healthcare coverage. Nationally, about 10 percent of all children are uninsured; in Arizona, it’s 16 percent – almost 300,000 youngsters – giving us the fourth highest rate of uninsured youth in the country. Improving this statistic is vital because, according to a new study by pediatric surgeon Fizan Abdullah, MD, in the Journal of Public Health, children without insurance are 60 percent more likely to die than those with insurance.

Another important component of healthcare reform is the Medicaid Disproportionate Share Hospital (DSH) payments. The federal Medicaid program only pays hospitals about 67 percent of what it costs those facilities to provide care to Medicaid patients. DSH payments are directed to safety-net hospitals like Phoenix Children’s that take care of a greater percentage of Medicaid patients to help them make up for some of the payment gap. Any proposal to cut DSH payments, while Medicaid payments stay so low, widens the gap between cost of care and payment of care. This puts Phoenix Children’s and other safety-net hospitals in danger of not being able to fund programs that help all of our patients.

Finally, reform opens the door for more use of the “medical home” model. Conceptually, medical homes are an appealing approach to the care of medically fragile and complex children. Because about 75 percent of healthcare costs go toward chronic conditions, improving the care model for this group could make economic and medical sense. But importantly, my conversations with colleagues around the country indicate the vast majority of experience, at least in pediatric medical centers, is that medical homes are significantly more costly in the short run.

Whatever the final provisions of the healthcare reform effort, one thing is certain: The results will change the way we approach our profession and practice our specialties. There will be winners and losers. The better we accept the need to change and understand the needed changes, the more likely we will be a medical community that is a winner.

If you have any questions, please don’t hesitate to contact me at (602) 546-0305 or the Hospital’s Director of Public Affairs and Advocacy, Annie Mooney, at (602) 546-0265.

Sincerely,

Murray M. Pollack, MD, MBA
Chief Medical Officer and Vice President, Medical Affairs
LANDMARK ALLIANCE BETWEEN ST. JOSEPH’S, PHOENIX CHILDREN’S WILL ELEVATE PEDIATRIC CARE IN ARIZONA

COMBINING PEDIATRIC PROGRAMS WILL POSITION PHOENIX CHILDREN’S AMONG LEADING PEDIATRIC HOSPITALS ACROSS NATION

Phoenix Children’s recently announced it has agreed to pursue a landmark alliance with CHW/St. Joseph’s Hospital and Medical Center, which transfers a substantial portion of St. Joseph’s pediatric services to Phoenix Children’s and unites the two pediatric Medical Staffs, nurses, and allied health staff on the Phoenix Children’s campus by 2011.

Combining the pediatric programs elevates the overall pediatric care offered in the state of Arizona to a level on par with leading children’s hospitals.

This strategic alliance with St. Joseph’s will help Phoenix Children’s to:
• Improve access to higher quality pediatric healthcare services in a cost effective manner, which is essential in this economic environment
• Enhance recruitment and development of resources for new and existing hospital services and programs
• Maintain and enhance medical services for the underserved
• Develop comprehensive programs and regional centers of excellence

ROBERT L. MEYER, president and CEO of Phoenix Children’s, addresses a crowd of media and hospital executives at the news conference announcing the strategic alliance. He is joined by Linda Hunt, CHW Service Area Leader and CEO of St. Joseph’s.

Q&A ON THE STRATEGIC ALLIANCE BETWEEN PHOENIX CHILDREN’S AND ST. JOSEPH’S

Q: What exactly does this strategic alliance mean to these hospitals?
A: Phoenix Children’s and St. Joseph’s are entering into a strategic alliance whereby St. Joseph’s will transition a substantial portion of their pediatric services to Phoenix Children’s unifying much of their pediatric medical staff, nurses, and other staff by mid-2011. The timing coincides with the expected completion of construction on Phoenix Children’s new 11-story hospital tower and will make Phoenix home to the second largest children’s hospital in the nation.

But more importantly, this is a major step toward the goal of becoming the top-tier children’s hospital – a destination where patients with the most serious, complex conditions will find the most comprehensive programs that meet their needs.

Q: What pediatric services will St. Joseph’s retain?
A: Under the agreement, St. Joseph’s retains its neonatal intensive care unit and will continue to serve certain pediatric patients in its trauma unit as well as patients age 15 and over. In addition, St. Joseph’s will hold a minority interest in the children’s hospital and have representation on the Phoenix Children’s board of directors.

Q: Why is St. Joseph’s the right hospital for this collaboration?
A: Both organizations share a strong commitment to clinical excellence, cutting-edge research, education, and growth. Both have expressed plans to become a national and even international destination for medical care. Phoenix Children’s is becoming a destination for pediatric patients with the most serious and complex conditions because it offers the most comprehensive programs that meet their needs. St. Joseph’s has earned a prominent reputation as a destination for adult patients who suffer from the most complex conditions.

Both Phoenix Children’s and St. Joseph’s have long been committed to the concept of a unified pediatric program because it will yield synergy between two of the leading healthcare organizations in the state of Arizona, building excellence in pediatric education, advocacy, research, and patient care.

Recently, the two entities had a number of successful smaller collaborations, specifically in cardiovascular surgery and neuroscience research.

Q: What is the timeline for the transition to a unified pediatric program?
A: This is the start of a dynamic conversation in which both organizations have an important role in creating the future of healthcare. The signing of the Memorandum of Understanding marks the beginning of the process. Next steps, some of which will be simultaneous, include:
• Engage in due diligence
• Enter into a final definitive agreement
• Appoint teams of physicians and employees from both organizations to discuss innovative ways to implement the alliance
• Obtain regulatory approvals
• Close transaction and implement alliance by the end of second quarter 2011

Q: Will this affect Phoenix Children’s program development in key areas?
A: Yes. Critical mass of patient volume is required to achieve quality and efficiency in Centers of Excellence. Phoenix Children’s and St. Joseph’s are currently operating strong clinical programs that would be quickly elevated as combined offerings. The strategic alliance will significantly accelerate Phoenix Children’s ability to compete on a regional, national, and international basis within Phoenix Children’s Centers of Excellence.

Q: What happens to the pediatric programs at other local hospitals?
A: CHW currently provides pediatric services at two locations - St. Joseph’s and Mercy Gilbert Medical Center. Mercy Gilbert’s pediatric unit is included in this transaction. CHW no longer offers dedicated pediatrics at Chandler Regional Medical Center. As part of the strategic alliance, Phoenix Children’s and CHW will enter into a planning process to determine how to best transition these services.

Q: How will this strategic alliance be implemented?
A: Teams of physicians and employees from both organizations will begin meeting to determine how hospital programs and pediatric services would be integrated.

Q: How can the two differing organizations be integrated?
A: The mission and vision of these two organizations are very similar. With that as a foundation, the teams will co-create a new vision that encompasses the best quality and values of each organization. St. Joseph’s has some very specific religious directives that must be adhered to, but within those constraints there is room to develop a new model of caring for children in the Southwest. That development will involve pediatric employees as well as community physicians.
THREE PEDIATRIC CANCER PHYSICIANS JOIN PHOENIX CHILDREN’S MEDICAL GROUP

Phoenix Children’s is happy to announce pediatric hematology/oncology specialists Drs. Jim Williams, Sanjay Shah, and Meenakshi (Meena) Goyal-Khemka are joining Phoenix Children’s Hospital’s Center for Cancer and Blood Disorders. All three of the physicians transitioned from an East Valley hospital to Phoenix Children’s; Williams began in March, and the other two (Shah and Goyal-Khemka) will join in May.

Williams is a solid tumor expert who has served as a lead in the Children’s Oncology Group sarcoma program; Shah is an expert in bleeding disorders; and Goyal-Khemka has helped build several new pediatric hematology/oncology practices. Their addition furthers the Center in its mission to become a major, nationally recognized pediatric hematology/oncology program.

Most important for their existing patients, Williams, Shah, and Goyal-Khemka will maintain their close ties to the East Valley by offering extensive service hours at Phoenix Children’s Specialty and Urgent Care – East Valley Center at Southern Avenue and Higley Road in Mesa. Their patients will be able to make appointments for consults, follow-ups, infusions, and MRIs with anesthesia, all at the East Valley Center.

The new physicians are working closely with Phoenix Children’s operations staff to ensure continuity of care for their East Valley patients and to accommodate the expected increase in patient load at Phoenix Children’s. Williams, Shah, and Goyal-Khemka will also see patients at Phoenix Children’s main campus on Thomas Road.

For more information on the Center for Cancer and Blood Disorders, please call (602) 546-0920, or visit www.phoenixchildrens.com.

PHOENIX CHILDREN’S NEURO-Oncologist LANDS $150,000 RESEARCH GRANT

Phoenix Children’s extends its congratulations to Amy Rosenfeld, MD, of the Center for Cancer and Blood Disorders and Children’s Neuroscience Institute who just received a three-year, $150,000 grant from the Arizona Biomedical Research Commission (ABRC) for her study, “A Phase I Study Using Submyeloablative Dosing of Intravenous Busulfan (Busulfex) for Refractory Brain Tumors.”

Dr. Rosenfeld’s study has significant research implications and provides patients with refractory brain tumors and their families considerable reason for hope.

For more information on the Center for Cancer and Blood Disorders call (602) 546-0920.

CHILDREN’S NEUROSCIENCE INSTITUTE LAUNCHES PARTNERSHIP WITH ASU

The Children’s Neuroscience Institute (CNI) at Phoenix Children’s and Arizona State University’s School of Biological and Health Systems Engineering/Harrington Bioengineering have announced a collaboration between the two institutions aimed at furthering research efforts and identifying opportunities for research partnerships.

“We’re beginning to build the infrastructure here to facilitate CNI’s research and collaborative goals, and this partnership with ASU certainly enhances our efforts,” said P. David Adelson, MD, Director of CNI and Chief of Neurosurgery at Phoenix Children’s.

William Ditto, head of ASU’s School of Biological and Health Systems Engineering and Olin Chair and Professor of Harrington Bioengineering, is equally eager to work with the Hospital.

“We have amazing things coming [from this collaboration],” said Ditto. “Hopefully we’ll have more opportunities like this in the future.”

The collaboration has already made a difference; CNI has put together a clinical seminar series with ASU’s Department of Bioengineering where students have the opportunity to shadow physicians and participate in a variety of projects.

As one of Phoenix Children’s Centers of Excellence, the Children’s Neuroscience Institute, under the leadership of Adelson, enjoys the dominant case volume in pediatric neurosciences of any hospital in Arizona.

For more information, visit www.phoenixchildrens.com/cni or call (602) 546-2CNI (2264).
PROGRAM GIVES NEWBORNS WHO HAVE SUFFERED BIRTH-RELATED TRAUMATIC BRAIN INJURY A SECOND CHANCE

Just seconds after her mother died of a stroke, Chastilin Ramirez was born via emergency Caesarean section. The quick action of the doctors gave her an opportunity to live – but only an opportunity. Chastilin’s brain was oxygen deprived for more than 20 minutes, resulting in a condition known as hypoxic-ischemic encephalopathy (HIE). During that time, the damaged and dying brain cells emit a chemical cascade of deadly toxins that further threaten the healthy neurons nearby.

Yes, Chastilin was alive, but for how long? If she survived, would she live with cerebral palsy or mental retardation?

Doctors at Phoenix Children’s Hospital, in its newly formed Neuro-Newborn Intensive Care Unit (Neuro-NICU), took action immediately. Chastilin spent the next 72 hours undergoing aggressive neonatal intensive care including Cool-Cap Therapy, a cutting-edge treatment that must be administered within six hours of birth for newborns who have suffered birth-related traumatic brain injury (TBI).

For three days, Chastilin’s little head was enveloped in a three-layered cap. The innermost layer of the cap, comprised of several channels of refrigerated water, cooled the newborn’s head in an effort to reduce the deadly cascade of events that follow hypoxia or ischemia in the brain.

Initially during the treatment, EEGs showed little activity. But shortly after the cap was removed, Chastilin awoke and her brain activity was found to be near normal. Today Chastilin is thriving and doing everything a growing baby is expected to do.

IN A FEW YEARS, TECHNOLOGY HAS ADVANCED LIGHT YEARS

But there was a time not long ago when outcomes were not nearly as remarkable as Chastilin’s.

“When I was younger, my mom was a special-education teacher, and I would volunteer in her classroom when I had the time,” says Cristina Carballo, MD, a neonatologist and medical director of Phoenix Children’s Neuro-NICU. “I would look at the kids and ask my mom, ‘Why are they like this?’ At the time we didn’t have an opportunity to make a difference – today we do.”

Carballo reflects on her days as a resident, when doctors were able to keep brain-injured neonates alive systemically, but the eventual outcome would inevitably be mental impairment or vegetation.

“We just watched these little ones flounder,” she says. “We could help them along with speech, occupational therapy, and physical therapy, but we could not prevent the initial damage.”

Today, Carballo says “almost all of the babies we’ve treated have left the Neuro-NICU with normal or near-normal EEGs and MRIs.”

LEARNING FROM THE GROUNDBREAKERS

Established in 2009, the Neuro-NICU is the only comprehensive center of its kind in Arizona, and one of two in existence in the U.S.

The University of California San Francisco Children’s Hospital opened the very first Neuro-NICU in 2007, and doctors there have first-hand knowledge of the benefits the program offers the community.

“Having a resource like the Neuro Intensive Care Nursery here in San Francisco translates into better care for the baby,” says Donna Ferriero, MD, chief of pediatric neurology at UCSF Children’s Hospital. “There are specialized units for cardiac care for children; why not neurological care? We are providing an invaluable resource to our region that will set the example for others to follow.”

“There are specialized units for cardiac care for children; why not neurological care?”

- Donna Ferriero, MD, chief of pediatric neurology at UCSF Children’s Hospital
Phoenix Children’s Neuro-NICU – a collaboration between two of the Hospital’s esteemed Centers of Excellence, the Children’s Neuroscience Institute and Newborn Intensive Care Unit – treats a broad range of neurological and neurosurgical diagnoses. These include conditions such as hypoxic-ischemic encephalopathy, intraventricular hemorrhage, epilepsies, neuromuscular diseases, feeding dysfunction, congenital malformation of the brain and spine, intracranial hemorrhages, and movement disorders.

Services are available at the Hospital’s main campus and at the Julie and Tim Louis NICU, located on the campus of Banner Good Samaritan Hospital. Since its opening, the Neuro-NICU has treated 52 infants, and many more are sure to follow.

**NEURO-NICU GOES FAR BEYOND COOLING**

Carballo stresses that head cooling is only one piece of the Neuro-NICU’s approach to caring for its young patients.

“As we started putting the Neuro-NICU concept together and started cooling the kids, we wondered, ‘How are we going to follow these kids?’” Carballo says. “We felt an ethical and moral obligation that we just don’t cool – we have to see what that means.”

So Carballo conducted a simple Web search, which led her to UCSF’s program. She visited the Bay area operation and came away with the experience with a clear understanding that cooling was only the beginning.

“Any community hospital can cool a baby – that’s not the issue,” Carballo says. “The issue is, when you are cooling a baby, how do you follow them while they’re in the NICU and post-discharge?”

The answer is a comprehensive Neuro-NICU. In addition to cooling, the components of this neonatology program include neurology, neurosurgery, neuroradiology, neurodevelopmental assessment support, a follow-up clinic, and research.

“We have an inclusion criteria, and it’s multi-level – if you don’t qualify for one then you may qualify for another,” Carballo says. “But essentially an obstetrician will start recognizing a baby is having difficulty at the time of delivery.”

According to Carballo, there may be placental abruption, a cord prolapse, or the head or shoulders may get stuck, which limits oxygen to a baby’s brain.

**QUALIFYING A NEONATE: WHAT TO LOOK FOR**

There are a variety of indicators that are present during and at birth that qualify a child for cooling treatment at the Neuro-NICU.

- 10-minute APGAR score less than five
- Stupor or coma
- Continued need for resuscitation, including endotracheal or mask ventilation at 10 minutes after birth
- Severe acidosis – pH less than 7.00 from cord gas or patient blood gas within the first hour of birth
- Base excess – Greater than -16 mmol/L from cord gas or patient blood gas within the first hour
- Moderate to severe encephalopathy must also be present, including one or more of the following:
  - Clinical seizures
  - Hyperalert state
  - Abnormal aEEG background and/or seizures

Hypothermia has been aggressively utilized in these patients just in the last few years. Qualifying babies are cooled for a 72-hour period, during which time the chemical cascade caused by the initial trauma during birth or oxygen deprivation is slowed and eventually stopped.

Amy Ramos carries 3-month-old Joaquin, a Phoenix Children’s Neuro-NICU graduate. Joaquin is one of two Neuro-NICU patients who was on ECMO at the same time he was being cooled. Today Joaquin is developing normally.
Healthy heart and lungs, that’s great, but without the brain it means nothing. It’s really an exciting time because we’ve never before had the opportunity to make a difference like we are now.”

- Cristina Carballo, MD, medical director, Phoenix Children’s Neuro-NICU

“We want to optimize neurodevelopment and give families hope for the very best outcome,” Carballo says.

Because this treatment is so new, long-term outcomes have yet to be determined. But the Neuro-NICU has begun a registry and patients will be followed until the age of 18 to track their development, so data will be available for future patients.

Research is also a priority for the Neuro-NICU team. Currently, the team is participating in or developing protocols for six studies, including one on neonates treated with hypothermia therapy for HIE.

“We started to see there were some problems with swallowing for neurologically injured babies,” Carballo says, referencing the difficulty children and adults who have suffered a stroke often experience when swallowing.

Carballo and her team recognized the problem and ordered modified barium swallows.

“Sure enough, 60 to 70 percent of those tests came back abnormal,” she says.

The findings of the study aren’t published yet, a cause of concern for Carballo, who says community hospitals who only do cooling may not recognize the problem.

The future holds great opportunity for the Neuro-NICU, which will soon have in its arsenal a new 24-hour EEG video monitoring system that sends real-time readings to the smart phone of the neurologist on-call.

Chastilin’s Future

But the future is even brighter for babies who suffer birth-related brain trauma.

“If you have a healthy heart and lungs, that’s great, but without the brain it means nothing,” Carballo says. “It’s really an exciting time because we’ve never before had the opportunity to make a difference like we are now.”

For babies like Chastilin who now have a chance at a normal life, the Neuro-NICU has made a difference.

“They said [Chastilin] was going to die,” her father Maurilio remembers. “I said, ‘If she dies, I’ll bury her with her mother.’ ”

Chastilin is alive.

“To move as easy as a ‘walk in the park’ for medical director Jeffrey Rabin, DO, the medical director of the Frances H. McClelland Center for Pediatric Rehabilitation at Phoenix Children’s Hospital, was enjoying a hike with his two boys at Great Falls Park, located just outside Washington, D.C., over the 2008 Labor Day weekend. Trails took them alongside the Potomac and through the woods.

The last thing Rabin expected during the hike was to be recruited to Arizona to begin a physical medicine and rehabilitation program at Phoenix Children’s. But that’s exactly what happened when he ran into the Hospital’s Chief Medical Officer, Murray Pollack, MD, MBA, a former colleague of Rabin’s at Children’s National Medical Center in Washington, D.C. Pollack had left the nation’s capitol a year earlier for a leadership position at Phoenix Children’s.

“I thought about it, talked it over with my family, and that’s why I came here,” says Rabin, who joined the Hospital in the fall of 2009.

“What I hope to build here is a comprehensive physical medicine and rehabilitation program where we can be well-represented in the Valley, develop therapy programs that can address all types of different needs from patients – from sports medicine through spinal cord rehab and traumatic brain injury rehab – and provide the services for those types of diagnoses,” he says.

Variety of Therapies for Long List of Conditions

Rabin and his team are well on their way, having laid the framework for a program that includes inpatient and outpatient physical therapy, occupational therapy, audiologic, and speech and language pathology – areas of care that collaborate with a vast majority of the Hospital’s more than 40 medical specialties.

Under those programs, children who live with everything from traumatic brain or spinal cord injuries to burns and congenital hearing disorders receive care from a multidisciplinary team of physicians, nurses, and therapists who are specially trained in caring for growing children.

“Children get a very good experience as far as a comprehensive approach to their recovery,” says Rabin, whose team regularly collaborates with subspecialists from neurosurgery, orthopedic

As part of his rehabilitation from a gunshot wound, 3-year-old Landon Smith brushes Bonita, a pooch from the Hospital’s Animal-Assisted Therapy Program, as Ashley Swensen, CTS, looks on.
surgery, and neurology, to name a few. “Any number of pediatric subspecialists can be involved in the case if it’s felt they are necessary. All we have to do is pick up the phone or see them in the hallway and get them involved.”

And colleagues realize the value of Rabin’s experience and expertise.

“Any number of pediatric subspecialists can be involved in the case if it’s felt they are necessary. All we have to do is pick up the phone or see them in the hallway and get them involved.”

- Jeffrey Rabin, DO, medical director, Physical Medicine and Rehabilitation, Phoenix Children’s Hospital

Care specialists from physical therapy, occupational therapy, speech and language therapy, recreation therapy, psychology, nutrition, pharmacy, school reintegration, in-house education, and animal therapy combine to provide patient- and family-specific therapy and treatment.

“Our inpatient kids get a minimum of three hours of therapy a day – you cannot duplicate that outside of the Hospital,” Rabin says. “Many organizations have tried to duplicate that for patients at home, but it’s just been too cost-ineffective to provide the level therapy kids get on an inpatient basis.”

Once patients graduate from the inpatient rehabilitation program, many continue to receive therapy services in the outpatient clinic, in-home, or through the public schools.

PLENTY OF GROWTH STILL AHEAD

Though the PM&R Program at Phoenix Children’s is taking shape, Rabin is already focused on expanding services for his young patients. These include a tone management program, an equipment clinic, motion-analysis laboratory, spina bifida program, and spine program.

“It’s something that’s done in a lot of places, and there’s no reason that in the fifth largest metro area in the country we can’t develop a program like that here,” Rabin says. “If you look at the demographics of the incidences of various types of problems that children will have based on a child population of a million, there are many patients who fit into many categories that would need to have some type of evaluation or intervention.”

With the Hospital’s $588 million expansion well underway, the growth of the Physical Medicine and Rehabilitation Program has a dedicated path to the future.

CHILD-AND FAMILY-FRIENDLY, INDIVIDUALIZED CARE

The program’s aim is to allow children to achieve their optimal level of functional independence, using a coordinated, multidisciplinary, family-centered team of professionals. This team, along with the family, develops a treatment plan and goals for patients based on their specific injury, illness, or disability.

“We provide care that’s focused on the functional rehabilitation needs of kids and treats and respects each child as an individual,” says Rabin. “We have therapists and physicians who are committed to seeing the patient and family succeed and have the support they need to achieve their goals.”

Cindy Craver, OTR/L, the Occupational Therapy team leader, adds that the focus on children is vitally important.

“All we have to do is be involved in the case if it’s felt they are necessary. All we have to do is pick up the phone or see them in the hallway and get them involved.”

- Jeffrey Rabin, DO, medical director, Physical Medicine and Rehabilitation, Phoenix Children’s Hospital

“The Hospital’s pediatric-trained physical therapists evaluate and treat children of all ages on their gross motor skills such as crawling, walking, and playing. They utilize a comprehensive, family-centered, goal-oriented plan of care.

OCCUPATIONAL THERAPY

Our pediatric trained occupational therapists evaluate and treat children of all ages on daily life skills such as self-care, play, and writing. They utilize a comprehensive, family-centered, goal-oriented plan of care.

Audiology

“The audiologists at Phoenix Children’s specialize in the hearing healthcare of children of all ages. They make appropriate referrals and administer audiological treatments based on the results of a meticulous diagnostic process that helps ensure the successful evaluation of each patient.

SPEECH-LANGUAGE PATHOLOGY

Our pediatric trained speech-language pathologists evaluate and treat children of all ages with their feeding and swallowing, cognition, and communication. They utilize a comprehensive, family-centered, goal-oriented plan of care.

COMMON CONDITIONS

BURNS
Cerebral palsy
Developmental delay
Neurosensory conditions
Neurologic conditions
Spinal cord injury
Orthopaedic conditions
Oncology/BMT
Pain
Sports medicine injuries
Anesthesia/anaesthetic deficiency
Traumatic brain injury
Autism
Feeding/eating disorders
Hand function

Sensory processing disorders
Brachial plexus injury
Congenital and genetic hearing disorders
Exposure to ototoxic medications
Head trauma/skull fracture
Personal complications, such as anoxia
Noise exposure
Respiratory/cardiac conditions
Craniofacial/encephalodysplastic
Augmentative communication and assistive technology
PHOENIX CHILDREN’S HOSPITAL

1919 East Thomas Road
Phoenix, AZ 85016-7710
(602) 546-1000
www.phoenixchildrens.com

Entrance: Turn South on 20th Street. Go to Cambridge. Turn right to Parking Entrance.

Parking: There is no charge for visitor parking. Free Valet service for patients and families is now available. The valet stand is located in front of the Outpatient (B) Building. Families and visitors may park in the existing garage on the east side of level two or anywhere on levels three through five.

There is no entrance to the Hospital off Thomas Road.

PHOENIX CHILDREN’S SPECIALTY CARE CENTERS

Phoenix Children’s Julie and Tim Louis NICU
1111 East McDowell Road
Phoenix, AZ 85006
Phone: (602) 546-4900 Fax: (602) 546-4910

Phoenix Children’s Specialty Care - Scottsdale
10210 North 92nd Street, Suite 101
Scottsdale, AZ 85258
Phone: (480) 314-1144 Fax: (480) 314-9752

Phoenix Children’s Specialty and Urgent Care - Northwest Valley Center
20325 North 51st Avenue, Suite 116
Phoenix, AZ 85308
Phone: (623) 972-KIDS (5437) Fax: (623) 492-9421

Phoenix Children’s Specialty and Urgent Care - East Valley Center
5131 East Southern Avenue
Mesa, AZ 85206
Phone: (480) 833-KIDS (5437) Fax: (480) 833-9349

Phoenix Children’s Center for Pediatric Orthopaedic Surgery
1641 East Osborn Road, Suite 6
Phoenix, AZ 85016
Phone: (602) 241-0276 Fax: (602) 241-0292