“THE WHOLE FIELD OF PEDIATRICS didn’t really come into being until after World War II. Most people prior to the war went to family practitioners to take care of children. WITH THE ADVENT OF ANTIBIOTICS and the specialization of medicine after the war, medical schools opened up. The care of premature infants wasn’t even a specialty until the 1960s. So pediatrics IS RELATIVELY NEW IN THIS COUNTRY.”

— Meri Armour, President and CEO, Le Bonheur Children’s Medical Center

President Franklin Delano Roosevelt led the U.S. through two of its darkest moments — the Great Depression and World War II — despite having polio, a disease he contracted at the age of 39. Although the nation’s 32nd president was a grown man when he contracted the disease, polio was a concern for parents nationwide.

A 1916 polio epidemic in the U.S. killed 6,000 people and paralyzed 27,000 more. There were more than 20,000 cases each year during the early 1950s, according to the U.S. Department of Health & Human Services. But with the advent of the polio vaccination in 1955, the numbers began to drop. By 1960, the number of children with polio had dropped to about 3,000 and by 1979 to only 10.

In 1952, three years before the polio vaccine was put into use in the U.S., Le Bonheur Children’s Medical Center opened its doors in Downtown Memphis. Children’s hospitals at the time were opened in part to combat the disease, a sometimes-fatal ailment that could cause paralysis — as it had with FDR.

“That’s why this hospital was built, to take care of polio,” says Meri Armour, president and CEO of Le Bonheur. “It started out as a polio hospital, basically. Those kids were in iron lungs, and they were captives, like prisoners in their rooms. We’ve solved so many of those problems now. Kids are up and about, they’re running around. We even want very sick kids out and about, engaged, and having as normal a childhood life in the hospital as they can. We do things completely differently now than we did in 1952.”

BY LANCE ALLAN WIEDOWER
“AS THE BABY BOOMERS GREW UP, not only did it create social change in the country, it created a social change in healthcare. YOU DIDN’T GO TO HOSPITALS JUST TO DIE ANYMORE. Now, we’re actually saving people, we’re able to help them get better. And kids, in particular, were a field that just wasn’t paid any attention to ...

And today, doing things differently at Le Bonheur means doing them in a new and updated space. Methodist Le Bonheur Healthcare officials decided in 2003 to move forward with plans to build a new state-of-the-art facility. The $327 million hospital will encompass nearly 1 million square feet, including 650,000 square feet for the new building at the site of the former Memphis Mental Health Institute at the corner of Poplar and Dunlap.

Plans call for demolition of the MMHI facility in early November 2007 with a ground-breaking scheduled for February 2008. Le Bonheur’s new 12-story building is scheduled to be complete in 2010. Once the new building is open and patients are moved, two-thirds of the current hospital on Dunlap will be demolished, and a parking deck and green space will be added. The remaining one-third of the hospital will be converted into support and academic spaces.

“So we won’t have any inpatient care there, but we will have a lot of support operations there,” says Dave Rosebaum, vice president of facility management at the hospital. “We’ll be connected to the hospital with an overhead walkway. All that work will take another 18 months, so by the end of 2011, we’ll be finished with the project.”

When construction is complete, the facility will be one that the hospital bills as dedicated to family-centered care. That means large, single-patient rooms, family lounges, and abundant natural light. Renovation of the current West Patient Tower will include parent sleep rooms, sleep lab, dialysis, hospital laboratory, and two and a half floors of research space. The new hospital will have 144 medical surgical beds, 30-plus neonatal intensive care unit beds, 20 pediatric ICU beds, 12 operating rooms with expansion capability to 14, an expanded emergency department, and expansion space for additional ICU and medical surgical beds.

“We put a lot of effort into Child Life services, play rooms, family rooms, and support programs that let kids continue their normal development through childhood, regardless of the disease, illness, or injury they’re living with,” Armour says. “We want them to be as normal as possible. That takes a physical environment that’s very different from what we have now.”

Altering the physical environment in order to better cater to families includes providing ways for parents to be close to their children during hospital stays. It means offering private rooms where parents can sleep near their children. It also means amenities such as the FedEx Family House, the first facility to provide housing for families of patients receiving extended care at Le Bonheur.

The 25,000-square-foot facility will offer 25 sleeping rooms, kitchen and dining facilities, an indoor recreational space, small business center, and a fitness room, among other amenities. The facility — made possible by a $2.3 million donation from FedEx Corp. and personal donations from Frederick and Diane Smith, as well as Alan and Susan Graf Jr. — is expected to open in 2010.

Though providing comfortable places for families to stay is important, that’s not the total package when it comes to providing family-centered care.

“There will be amenities provided for families, no question,” says Armour. “But really the most important thing about family-centered care is how we deliver care. It’s all about how we partner with moms and dads so that we view their child as an extension of them. It’s the mindset that we really are privileged to take care of their child. It’s not a patient coming to us of their own volition like in the adult world.

“We have a special obligation to families that is really important to attend to,” she continues. “It’s teaching them. It’s listening to them. When mom says, ‘My son likes this kind of macaroni and cheese, and that’s what’s going to get him to eat,’ it’s listening to those kinds of things. It’s really about appreciating that we’re just a piece of time in this kid’s life. We’re trying to fill in a gap when he’s not at his regular home.”

If improving family-centered care was the only concern at Le Bonheur, a new facility probably wouldn’t be necessary. A few updates here and a few upgrades there to a 55-year-old building might take care of it. But an aging facility can hinder performance at a children’s hospital, particularly one such as Le Bonheur where the latest technology is vital to success.

Le Bonheur has been on the cutting edge of technology throughout its history. The first pediatric open-heart surgery in the region was performed at Le Bonheur in 1959. The first pediatric split-liver transplant in the region was performed...
there in 1998. And in late 2006, the hospital received approval from Tennessee’s Health Services and Development Agency for a state-of-the-art magnetoencephalography (MEG) laboratory. It was a clinical first for the five-state area of Tennessee, Kentucky, Arkansas, Oklahoma, and Mississippi, making Le Bonheur only the third pediatric medical center in the U.S. to house an MEG laboratory. The 18,000-pound machine is the first diagnostic imaging technology approved in the U.S. to perform functional mapping of eloquent cortices (hearing, sensory, motor, language, and vision) in patients with brain lesions.

And with all those technological advances comes a need for larger spaces to house the equipment. “We have equipment that just won’t fit in our current space,” Armour says. “We have operating rooms that can’t accommodate the kind of technology that’s available right now — size-wise, it won’t fit.”

It’s not really just about having more space, though, as technology comes in all shapes and sizes. One of the most important factors in building a new hospital, says Rosebaum, is ensuring that the hospital will be relevant in the future.

“The way kids are treated today is so much different than it was, and as we all know with cell phones and TV sets and everything else, technology moves so fast,” he says. “So what we’re doing and are committed to doing in this hospital is building a facility that will be state of the art the day it opens, but at the same time, have an infrastructure, a backbone that will allow it to grow, adapt, and reflect as technology changes, so that in 2020 and 2030, it will still be on the cutting edge of technology. That’s a key feature our new hospital will have.”

Of course, building a hospital capable of keeping pace with changes in modern technology doesn’t come cheap. The nonprofit hospital has been engaged in a $100 million capital campaign for more than two years. The total raised so far stands at about $73 million, an amount that has been generated in large part by the Memphis business community.

“A chunk of it has come from corporate sources, anonymous supporters, and many companies and individuals who have been generous with both their time and resources,” Armour says. “We’ve had a good deal of community support so far. We’re in an open, aggressive campaign right now where we’re directly asking the community for its help. We have a lot of things going on that help the people of Memphis appreciate what Le Bonheur brings.”

Armour, who has been with Le Bonheur since February, says she is impressed with the reaction to Le Bonheur she has seen in the community.

“Every time I say I work at Le Bonheur, someone says, ‘Oh, my daughter was there, my nephew was there, my grandson was there.’ You always hear a story about someone who is connected here somehow and the resounding theme is: Oh, we’re so grateful Le Bonheur is there. So we have touched a lot of people in this community.”

The challenge remains that unless they know someone who has been treated at the hospital, many in the community may still not realize and appreciate Le Bonheur’s reach. But the hospital provides treatment to children ranging from birth to age 21 — and sometimes beyond, depending on the affliction. Each year, the hospital treats about 137,000 children, the majority of whom are under the age of 5. In 2005, the hospital’s emergency department cared for more than 68,000 children, making it one of the 10 busiest pediatric emergency departments in the U.S. The hospital does treat children from across the country and around the world, but the majority of its patients come from a six-state referral area.

“A facility that has the skill, the expertise, and the talent to deal with children is really an essential element of what the city of Memphis needs,” Armour says. “A quote that I’ve said many times and I’ll say again is: Every great city has to have a great children’s hospital. Children really represent the future of any place, any organization, any community you live in. Most people look to children as the future, so we’re really here to protect the future of Memphis children, and frankly, the city of Memphis itself, because families who want to live in a community like Memphis and the surrounding areas want to know if a resource is available to them that will take care of their kids.

“We’re the only comprehensive pediatric facility in a 200-mile radius around Memphis that takes care of kids regardless of their ability to pay or their parents’ ability to pay,” she continues, “regardless of their disease, illness, or injury. We keep our doors open 24/7 in the eventuality that some child and family may need us and that we have the resources at our fingertips to help provide for them. That’s an enormous comfort zone for this community to have.”

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