8,500 children and women cared for every day
Texas Children’s Hospital is one of the largest, most comprehensive pediatric and ob/gyn health care organizations in the world.

We touch more than 8,500 patients every day. But each child and woman we care for is our number one priority – and that is the number that really counts.
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Texas Children’s Hospital is a not-for-profit organization dedicated to providing the finest pediatric patient care, education and research.

If you have any questions, would like additional copies of our Annual Report or would like to be removed from our mailing list, please call 832-824-6521 or email exvarga1@texaschildrens.org.
When I look back on 2012, it’s all about the numbers. And the numbers truly tell the story – a story of impact, of scale, of discovery and of patient lives changed for the better.

In 2012, Texas Children’s had 3.1 million patient visits – a staggering number. But the real story is the level of comprehensive care and service that we delivered to every single child, woman and family whose lives we touched.

Texas Children’s Pavilion for Women opened in March 2012, marking the completion of Vision 2010 – arguably the largest hospital expansion America has ever seen. With five initiatives, 2 million total square feet, a $1.5 billion investment and $508 million in philanthropic gifts, the numbers define the significance of this endeavor. And each of those numbers has a story behind it that demonstrates the impact these initiatives are making in our community and beyond – like the story of Brayten Green (above with his parents), the first baby ever born at Texas Children’s Hospital.

The Annual Report includes the numbers and stories that reflect our accomplishments in 2012 – from the culmination of Vision 2010 to the milestones achieved by a number of our core clinical areas, including our Department of Surgery, Fetal Center, Cancer Center, Newborn Center and global health program, as well as by our health plan and our pediatric network.

We demonstrate accountability with many numbers, but ultimately, Texas Children’s is driven by one priority – the individual patients and families we serve.

Mark A. Wallace
President and Chief Executive Officer, Texas Children’s Hospital
VISION 2010 began to take shape with the completion of the Feigin Center expansion in 2009. In March 2012, more than 2 million square feet later, the historic physical expansion culminated with the opening of Texas Children’s Pavilion for Women.
The Feigin Center expansion was the first of the VISION 2010 projects to be completed in 2009. The $107.3 million expansion added more than 200,000 square feet and eight floors to provide space for new and growing research initiatives, including the Sabin Vaccine Institute and expanded Cell and Gene Therapy studies. The Feigin Center houses an expanded vivarium, a simulation training center and an advanced animal imaging center to help accelerate the translation of new therapies from bench to bedside. By 2012, the Feigin Center was home to more than 200 investigators and more than 600 researchers who lead innovative pediatric research initiatives across many disciplines, including cardiology, neurology, infectious disease, pulmonary medicine, neonatology and nephrology.
The Jan and Dan Duncan Neurological Research Institute (NRI), one of the world’s first basic research institutes dedicated to childhood neurological diseases, opened in December 2010 with the goal of accelerating the pace of discoveries related to brain development and function. The $204.1 million, state-of-the-art facility includes 381,907 square feet and 13 floors of advanced research and office space. With $32 million in funding and awards, the NRI celebrated its first year of operation, having demonstrated its ability to fulfill its mission. In year one, the NRI also added 19 renowned investigators and 130 researchers, and results from more than 20 research studies led by NRI investigators were published in premier scientific journals, such as *Science Translational Medicine*, *Nature* and *Neuron*. 
A TRANSFORMATIONAL GIFT

LANDMARK GIFT LAUNCHES NEUROLOGICAL RESEARCH INSTITUTE

The Jan and Dan Duncan Neurological Research Institute (NRI), named for Houston philanthropists Jan and Dan Duncan, is the world’s first dedicated facility to use a multidisciplinary research approach to understand the unique issues of a child’s brain structure, development patterns and related diseases.

“One having diverse expertise in one place, along with a strong infrastructure of core facilities, is so important for an efficient research environment, and that is what the Jan and Dan Duncan Neurological Research Institute provides,” said Dr. Huda Zoghbi, director of the NRI and Howard Hughes Medical Institute investigator. Zoghbi also is a professor in the Departments of Pediatrics, Molecular and Human Genetics, Neurology and Neuroscience at Baylor College of Medicine.

“We have chemists, biochemists, neurobiologists, geneticists, physicists, computer scientists and mathematicians — all under one roof and all dedicated to solving the complex problems that neurological disorders present. Our goal is to accelerate the pace of discovery to increase the likelihood of bringing novel therapies to patients.”

Jan Duncan, a member of Texas Children’s Board of Trustees, said she and Dan were moved by the burden of the overwhelming number of different neurological disorders and were surprised to see how many are interrelated.

“Research support in this area is not commensurate with the impact of these diseases, and Dan and I wanted to call attention to the great need to focus on research and treatments to help those who are suffering,” she said.

“With the sheer magnitude of the problem, we saw how needed a research institute was and what a profound difference it would make in so many lives — not just here in Houston and Texas, but all over the world.”

Worldwide, 1 billion people suffer from some form of the more than 600 disorders that afflict the nervous system. In the United States, 50 million children and adults — more than the number of Americans with heart disease or cancer combined — are affected by a neurological condition.

“Brain-related disorders account for the majority of the nation’s long-term care costs, and when combined with psychiatric disorders, they account for more hospitalization and prolonged care than nearly all other diseases combined,” said the late Dr. Ralph D. Feigin, former physician-in-chief at Texas Children’s.

“Yes, research funding for neurological diseases, particularly pediatric diseases, is less than half of what is devoted to conditions like heart disease or cancer.”

In the time since the Jan and Dan Duncan Neurological Research Institute opened its doors — just over two years now — amazing discoveries have already been made.

Researchers at the NRI have discovered a master gene that sheds new light on lysosomal storage and neurodegenerative disorders. Another study involved the genetic code of 400 autistic children and 400 control individuals, and the results showed that the accumulation of subtle genetic variants can predispose a person to autism.
An unprecedented $50 million commitment to Texas Children’s Hospital helped create and launch the world’s preeminent collaborative institute to study and treat neurological disorders. The gift marked a significant milestone in the Vision 2010 timeline. The Duncans helped realize a vision of unparalleled promise and set a new standard for philanthropy at Texas Children’s — one that has helped propel many projects at an incredible pace and will create a powerful legacy for generations to come.
Texas Children’s Hospital West Campus began outpatient services in December 2010 and opened its inpatient services in March 2011 to respond to the needs of children in West Houston – one of the nation’s fastest growing pediatric populations. The hospital, which sits on 55 acres near Katy, Texas, is Houston’s first suburban children’s hospital and was designed, built and equipped exclusively for children. The $224 million facility spans 491,510 square feet and houses five floors and 48 beds to provide the same unsurpassed standard of pediatric care families have come to expect from Texas Children’s. The West Campus has experienced tremendous response from the community since its opening and ended 2012 with more than 47,000 Emergency Center encounters, 51,000 clinic visits and 49,000 radiology procedures.
pavilion for women
Vision 2010 culminated in an historic opening that fully expanded Texas Children’s into obstetrical and gynecological care. The 1.2 million-square-foot, 15-story Texas Children’s Pavilion for Women began offering inpatient services in March 2012 and can accommodate 5,000 births annually. The women’s hospital houses a full spectrum of maternal and fetal medicine services, including fetal diagnostic procedures and highly specialized fetal surgeries. A two-story circular sky bridge connects the $540 million, 115-bed Pavilion to Texas Children’s Hospital. By the end of fiscal year 2012, less than a year after its opening, the Pavilion had amassed a staff of nearly 120 physicians and midwives who, with their specialized teams, had 408,807 patient encounters and delivered 2,177 babies, including 73 sets of multiples.
Better information for us.
Better outcomes for our patients.

Epic
The opening of Texas Children’s Pavilion for Women in March 2012 also marked another significant milestone – system-wide completion of Epic, Texas Children’s electronic medical record system. All pediatric practices, emergency centers, inpatient and outpatient areas, operating rooms and ambulatory subspecialty areas are now fully online. The launch of Epic also allowed Texas Children’s to begin offering families secure online access to their medical records with MyChart. The new electronic medical record system – a two-year, $96 million project – provides the organization better visibility and collaboration, improved safety and quality care measures, and enhanced data collection for assessments and evidence-based care.
The purpose was – and still is – simple: heal sick children. And that remained the force that drove the $400 million campaign Texas Children’s launched in 2006 to support Vision 2010, which included five major initiatives: the Feigin Center expansion, the Jan and Dan Duncan Neurological Research Institute, Texas Children’s Hospital West Campus, Texas Children’s Pavilion for Women and the system-wide implementation of Epic, the organization’s electronic medical record system. The landmark Heal Sick Children campaign helped fund the projects and was completed months ahead of schedule in January 2012. The campaign exceeded the initial goal, ultimately raising $507.6 million. The total included 654,723 gifts from 190,706 donors – an incredible 94 percent of whom were first-time donors. Of the total gifts, 182,275 were from individuals, 7,549 from corporations, 174 from foundations and 708 from other charitable organizations.
THE STORIES
behind the numbers
Last year, expectant mom Ashley Cardenas was faced with three impossible options: terminate her pregnancy; deliver her baby and keep her comfortable for the few days she was expected to live; or have her baby girl undergo an extremely risky surgery after birth.

In October 2012, Cardenas made her decision, and her baby Audrina made history. Audrina was born with her heart outside her chest, a very rare diagnosis known as ectopia cordis. Dr. Jorge Blanco, a Maternal Fetal Medicine (MFM) specialist in Midland, Texas, discovered the defect during a routine ultrasound 16 weeks into Cardenas’ pregnancy. Ashley continued her close follow-up care with the Midland specialists until her transfer to Texas Children’s Pavilion for Women.
“After my doctors explained just how sick my baby was and what options I had, it didn’t matter how scared I was. I knew I had to do anything possible to save my daughter’s life,” Cardenas said. “As soon as I made my decision to continue with the pregnancy, the physicians in Midland referred me to Texas Children’s Hospital, where a team of miracle workers provided the specialized treatment and care my baby and I needed.”

Only eight per 1 million babies are born with ectopia cordis, a rare congenital malformation where the heart is abnormally located either partially or totally outside the chest. Of those eight, 90 percent are either stillborn or die within the first three days of life.

On October 16, the day after Audrina was born, a multidisciplinary team of surgeons at Texas Children’s saved her life during an extensive six-hour open-heart surgery to reconstruct her chest cavity and make space for the one-third of her heart that was outside of her body.

“This risky operation on such an uncommon condition required specialists from a variety of care teams, including cardiovascular surgery, plastic surgery and general pediatric surgery,” said Dr. Charles D. Fraser, Jr., Texas Children’s Hospital surgeon-in-chief and Baylor College of Medicine (BCM) professor of surgery and pediatrics.

“I have only seen this condition a few times in my career, and these are always very tricky cases. In fact, many of these babies do not survive. If Audrina would not have been referred to a facility like ours that could provide this full spectrum of care, from managing her in utero to immediate heart surgery after birth, she would not be here today. Audrina is a true fighter, and we are so excited that this was a good outcome.”

At Texas Children’s Fetal Center, Cardenas’ initial evaluation included an ultrasound, fetal echocardiogram and fetal magnetic resonance imaging (MRI), which allowed the MFM team at Texas Children’s to develop a unique care plan for her delivery.

“Once the cardiac surgeons finished operating on Audrina, the plastic surgery team played a pivotal role in completing this surgery,” said Dr. Larry Hollier, Texas Children’s chief of plastic surgery and BCM professor of plastic surgery. “We were responsible for covering her heart beneath her skin and muscle.”

Audrina was discharged from Texas Children’s Hospital three months later wearing a pink protective chest shield. Today, several months past that first, life-altering surgery, Audrina is still defying the odds.

“Despite Audrina’s misplaced heart, she was born with no other syndromes or genetic conditions that would cause additional stress or complications of her heart,” said Dr. Carolyn Altman, Texas Children’s pediatric cardiologist and BCM associate professor of pediatrics. “Although her future prognosis is uncertain, Audrina is currently thriving and making progress each day.”
The 22-week ultrasound that Naomi Luman expected to reveal her baby’s gender showed something she didn’t expect – spina bifida.

Normally a devastating diagnosis, Luman’s case instead led to a landmark surgery. In 2012, she and her daughter became the first at Texas Children’s Fetal Center to undergo in utero surgery to treat spina bifida.
Spina bifida was a term Luman said she had heard but never something she imagined she would be hearing about her baby. Spina bifida occurs in three out of every 10,000 live births in the U.S. and is the most common permanently disabling birth defect with no known cure.

Thanks to advances in care, a new surgery done in utero closes the spinal defect before birth, giving babies with spina bifida the best chance for improved motor function. After her ultrasound, Luman was immediately transferred to Texas Children’s Fetal Center and said that’s what changed everything. Luman was paired with a spina bifida coordinator who explained the surgery to her and how it would change the course of her daughter’s life.

“Texas Children’s Fetal Center is now one of the very few centers in the country providing all aspects of fetal surgery, and the addition of this capability increases the options of our Texas and regional patients tremendously,” said Dr. Michael Belfort, ob/gyn-in-chief at Texas Children’s Hospital and professor and chairman of the Baylor College of Medicine Department of Obstetrics.

“We have a magnificent team of specialists from a number of departments working together in the best interests of our fetal and neonatal patients.”

Texas Children’s Fetal Center has developed extensive screening and diagnostic algorithms for pregnancies with fetal spina bifida. The spina bifida program includes a dedicated multidisciplinary team of physicians from maternal fetal medicine, pediatric surgery and neurosurgery, anesthesiology, neonatology, pediatric radiology, cardiology, orthopedics, urology, physical medicine and rehabilitation and a highly dedicated group of specialized nurses, ultrasound technologists and genetic counselors.

At 25 weeks’ gestation, a team of specialists operated on Luman’s baby inside her womb.

“It was all about my Charlotte,” Luman said. “The biggest thing I was scared about was losing her. As soon as I woke up, I asked ‘Am I still pregnant?’”

Eleven weeks later, Luman welcomed her newborn at Texas Children’s Pavilion for Women.

“The happy outcome can be attributed to both her parents’ determination that their daughter receive the best care and to the collaboration, hard work and expert ability of our fetal, neurological and maternal teams of physicians, nurses and clinicians,” Belfort said.

Nowadays, Luman appreciates every one of little Charlotte’s milestones—they remind her that her baby girl is doing just fine. At 10 months old, Charlotte was showing great signs: she was moving her legs and having regular bowel and bladder function. While her mom is prepared for physical therapy in her future, she’s hopeful that her little girl will be able to function much like other kids. She said she is enjoying all the joys of mothering, now months past an in utero surgery that changed Charlotte’s life before she was even born.

“Everybody wants a healthy baby,” Luman said. “That’s what everyone hopes for. It was definitely scary, but the surgery we had pretty much prevented what might have happened. She’s a healthy baby.”
In March 2012, investigators at Texas Children’s Hospital and Baylor College of Medicine (BCM) launched a groundbreaking study to unlock new options for children with cancer.

Their work, supported by a $6 million National Institutes of Health (NIH) grant, uses genome sequencing to explore how genetic test results can impact treatment and family decision making to ultimately improve the care for children all over the world.
Investigators are trying to determine the frequency of mutations found through genome sequencing and how these clinically-relevant results clarify genetic testing and ultimately help achieve more positive outcomes.

“The questions we’re asking in this study are not the typical research questions, such as whether a gene is associated with a certain disease,” said Dr. Sharon Plon, a Texas Children’s medical geneticist and professor of pediatric hematology/oncology at BCM.

“Rather, we’re exploring how often we find things through sequencing that are important to the doctor and to the patient’s family and how well doctors and parents understand the results of genetic testing. We’ll be measuring how well we can use this new technology to help take care of cancer patients.”

The $6 million Clinical Sequencing Exploratory Research grant was awarded to Plon and co-investigator Dr. Will Parsons, a Texas Children’s pediatric oncologist and BCM assistant professor of pediatric hematology/oncology, from the National Human Genome Research Institute (NHGRI) and the National Cancer Institute (NCI), both part of the NIH.

The grant includes three integrated projects:

- Enrollment of patients and parents in the study and assessment of the clinical impact of the genetic sequencing results.
- Collection of high-quality whole exome tumor and germline data in the Clinical Laboratory Improvement Amendments (CLIA)-certified Whole Genome Laboratory at BCM and development of innovative American College of Medical Genetics and CLIA-compliant genetic test reports from the data.
- Examination of ethical and social implications of the sequencing results.

“Genomic sequencing technologies have become a valuable tool for research, and it is presumed that they will eventually be used to guide patient care,” Parsons said.

“But at this point, the process for how you would actually do that in a clinically appropriate way is still unclear. We expect to answer some important questions about the clinical application of genome sequencing through this study.”

Once enrolled, blood and tumor samples from the patient are sent to the BCM Whole Genome and Cancer Genetics Laboratories, where sequencing of all the genes in the samples are conducted. Meanwhile, the patient starts the standard treatment for his or her cancer.

Tumor and germline sequencing results for each patient are available about three months after diagnosis and are reported back to the parents in a meeting with the patient’s oncologist and genetic counselors. The impact of these results on guiding further cancer treatment are then evaluated, including how the data might impact decision making for patients with recurrent cancers.

“The treatment options are much less clear for patients whose cancers return after initial therapy,” Parsons said. “We want to learn how having genomic sequence information about the tumor would affect the decisions made by families and their oncologists about available treatments at recurrence.”

In addition, germline exome sequencing results — related to inherited risk of cancer and other diseases for both the patient and family members — are reported and discussed.

“When you sequence all of someone’s genes, you may learn about all kinds of diseases,” Plon said. “You can learn, not just what caused the cancer, but perhaps that the child is at risk for heart disease or for learning problems, something unrelated to his current medical problem.”
Ericka Burr’s first weeks with her baby were not the idyllic days she imagined in her home nursery. Baby Peyton was born 16 weeks early, weighing a tiny 1.8 pounds, and her first home was Texas Children’s Newborn Center.

Despite the five-month stay, Burr was comforted that Peyton was receiving care in one of the best neonatal intensive care units (NICU) in the nation – in 2012, U.S. News & World Report ranked Texas Children’s no. 2 in neonatology among the nation’s children’s hospitals.
The eighth floor of Texas Children’s Pavilion for Women is lined with private rooms for families like the Burrs. It isn’t much different from any other floor, except in these rooms are the tiniest and sickest babies who require specialized, high-level care to ensure they leave the hospital their healthiest.

“Babies born prematurely or who are critically ill have the highest demands for specialized resources and require outstanding interdisciplinary teams to care for a multitude of issues that a premature infant can face,” said Dr. Stephen Welty, Texas Children’s Hospital chief of neonatology and neonatology section head in Baylor College of Medicine’s Department of Pediatrics.

“This is why our focus is to treat each baby collaboratively with teams of specialists that can deliver the highest level of care available.”

Texas Children’s Hospital is a national leader in neonatology among pediatric hospitals because of its continued improvement of outcomes and survival rates, prevention of prematurity-related complications and the strong focus on research. The Level 4 neonatal intensive care unit at Texas Children’s Newborn Center provides the highest level of care available for the tiniest and sickest babies. Together, the Newborn Center and Texas Children’s Pavilion for Women house 173 NICU beds and care for nearly 2,500 babies each year.

The new NICU at the Pavilion for Women includes spacious rooms designed with family-centered care in mind so families can, and are encouraged to, stay close to their babies 24 hours a day. Welty said the intent is to involve the parents in every aspect of care for their child.

“Families are actually a part of the decision-making process,” Welty said. “The doctors will make the ultimate decision in the best interest of the patient, but parents are encouraged to get involved and be informed.”

Texas Children’s NICUs follow a family-centered care model: families are encouraged to have an unlimited presence in the NICU, participate in daily rounds to discuss their babies’ progress and care plans and have access to breastfeeding support and nutrition counseling. The Newborn Center Family Advisory Committee promotes family-centered care practices and encourages partnerships between family members and health care professionals, ensuring that the “family voice” is heard and included.

Peyton was born at 24 weeks and four days in June 2012 due to Burr’s pregnancy complications. The baby’s very early arrival began a long journey for the family, which also includes an older daughter. For Burr, whose first child did not require NICU care, this was a completely different experience.

“It’s overwhelming,” Burr said. “We had to split our time between being at home with our other daughter and the hospital. It’s like living in two different worlds.”

While the initial anxiety was difficult, Burr said she appreciated the well-appointed facility, the interdisciplinary care that it allowed and knowing that her baby would have the best possible outcome once she left the NICU.

Texas Children’s has made a number of advances to improve neonatal outcomes for babies just like Peyton, including:

- An interdisciplinary group of pediatric gastroenterologists and surgeons who treat babies for intestinal rehabilitation.
- Body cooling treatments, a therapy proven to have long-term benefits for newborns who are oxygen-deprived at birth.
- Feeding protocol that provides 100 percent breast milk to all NICU babies weighing under 3.3 pounds.

“Advances like these helped us earn our spot as the no. 2 nationally ranked neonatology program,” Welty said. “But more importantly, advancing care ultimately helps us achieve better patient outcomes. Our overall mission and vision is to take care of complex patients with outstanding interdisciplinary care.”
It’s just a simple test – a pinprick blood test. And receiving it is the difference between life and death for thousands of Angolan babies who might otherwise die from sickle cell disease.

As simple as it seemed, Angolan newborns had never received this test – so doctors with Texas Children’s Global Health Center set out to change that with the Angolan Sickle Cell Initiative. By the first anniversary of the program in June 2012, more than 20,000 newborns had been tested.
These babies were the first Angolan newborns ever tested for the disease.

“Until 2011, no newborn infant was tested for sickle cell disease in Angola,” said Dr. Patrick McGann, Texas Children’s hematologist and country director of the Angolan Sickle Cell Initiative. “Many children die in the first several years of life from preventable infections related to sickle cell disease, because they were never properly diagnosed.

“After witnessing the success of our first year screening babies for sickle cell, we know we can make a true difference for these children and families.”

Thanks to universal testing and access to care, babies born with sickle cell disease in the United States can look forward to healthy futures. Newborn screening is not available in most developing countries, particularly in Africa. The Angolan Sickle Cell Initiative is an innovative program that provides early testing and treatment to save the lives of children affected by this dangerous inherited blood disorder.

About 10,000 babies are born with sickle cell disease each year in Angola, which has one of the highest child mortality rates in the world. Most die before they reach 5 years old. However, with proper treatment, which is inexpensive and easy to access, almost all of these babies would survive into adulthood.

The blood test helps identify infants affected by sickle cell who previously would likely have died before a diagnosis was made and before treatment could be initiated. As a result of the tests being administered at birth, several hundred children were diagnosed, and lifesaving treatment was started.

In collaboration with the Ministry of Health of Angola and with financial support from the Chevron Corporation, the Angolan Sickle Cell Initiative began testing newborn infants born at Lucrécia Paim Maternity Hospital for sickle cell anemia in the Luanda province in July 2011. The program, encouraged by the vision of Angola’s First Lady, is a bold step that will help the developing country move forward in its efforts to save lives and improve health care.

“The goal of the Angolan program is not only to provide screening, diagnosis and care for this neglected population of children, but also to build sustainable human capacity through training and education of health professionals within Angola that can easily be replicated in countries that need it the most,” said Dr. Gladstone Airewele, director of Texas Children’s Global Hematology Initiative and assistant professor of pediatrics at Baylor College of Medicine.

In addition to providing screening, diagnosis and care for this neglected group of children, the program’s training and education model will be sustainable from within Angola and can be duplicated in other countries. Angolan obstetrical nurses have been trained to collect the blood samples; Angolan laboratory technicians have become expert in diagnostic testing; and Angolan pediatric nurses and doctors have learned to provide lifesaving medical interventions.

“Through the Angolan program and others like it, we recruit, teach and mentor bright, compassionate physicians who work to counter the challenges of providing medical care to some of the world’s poorest and least fortunate children and families,” said Dr. Mark W. Kline, Texas Children’s physician-in-chief and leader of the hospital’s global health strategy.

“It’s one of countless examples of how Texas Children’s is expanding its patient care and its education mission well beyond the walls of our hospital. This collaborative program is helping a developing country dramatically change the outlook for a whole generation.”
Medicaid is plagued by many misconceptions – mostly by families who have never had to depend on it. But for the more than 350,000 families covered by Texas Children’s Health Plan in 2012, Medicaid and the Children’s Health Insurance Program (CHIP) were a lifeline.
That’s exactly what it was for Cecelia Mejorado. When her daughter passed away seven years ago, Mejorado suddenly became the sole provider for her daughter’s three sons, in addition to the children she already was taking care of – her teen daughter and two other grandchildren.

“I never imagined I would one day be one of the families on the plan,” Mejorado said. “But I had to step in. I promised my daughter I would take care of her children.”

Mejorado was intimately familiar with Medicaid when she decided to enroll the children in the program, because she’d been on the other side of the coin – she works in member services for Texas Children’s Health Plan, helping hard-hit families find a way to provide health care for their children. Because the grandchildren are not legally her children, Mejorado could not add them to her private insurance. She applied for Medicaid to provide the children appropriate and regular health care, like well-child check-ups and medications.

Helping families like Mejorado’s ensure the health and well-being of their children was the impetus for Texas Children’s Health Plan. The Health Plan was the nation’s first health maintenance organization (HMO) created just for children in 1996.

Today, the Health Plan covers children, teens and pregnant women through the Children’s Health Insurance Program (CHIP) and Medicaid and is the largest Medicaid and CHIP provider HMO in Harris and Jefferson counties. The Health Plan includes a staff and network of more than 1,100 primary care physicians, 3,200 specialists and 70 hospitals.

In 2012, Texas Children’s Health Plan began development of The Center – a new facility that will provide high quality health care for the Medicaid and CHIP populations served by the Health Plan. The Center is scheduled to open in August 2013.

“The Center will allow us to provide a transformative health system that will change health care for the better,” said Texas Children’s Health Plan President Christopher M. Born. “Texas Children’s Health Plan’s goal is to keep the kids it serves healthy and to provide the proper prenatal care and education to our pregnant members so that they can deliver healthy babies.”

As a Health Plan employee and Medicaid participant, Mejorado uses her experiences to better assist Health Plan members. Her experience also has allowed others better insight.

“Working with Cecelia made me even more aware of the different complexities of our families who are on Medicaid,” said Kristen Cover, Health Plan marketing director. “I feel grateful that we have the Medicaid program for children and pregnant women.”
In just over 17 years, Texas Children’s Pediatrics has grown from a single practice to become the largest pediatric primary care network in the U.S. Last year, Texas Children’s Pediatrics had 1.1 million patient visits, and by the end of 2012, the network had grown to nearly 50 practices, blanketing one of the nation’s largest cities.
Leading Texas Children’s Pediatrics along with President Kay Tittle is newly appointed Chief Medical Officer Dr. Stanley Spinner. Spinner oversees the network’s 200 pediatricians, guiding the medical policies, practices and programs of Texas Children’s Pediatrics. He works closely with physician groups, researching and implementing cost-effective best practices across the organization. He’s steering a large, impressive ship, but at the end of the day, he’s still foremost a physician.

“I need to keep my ability to be a physician, to understand the challenges of my colleagues, to remain connected to the patients,” Spinner said. “I think it’s important for my colleagues to know I’m still a physician, not just an administrator. I know they respect that.”

Spinner earned his Bachelor of Arts in Biology from The University of Texas at Austin and his medical degree from The University of Texas Health Science Center at San Antonio. He completed his pediatric residency program at Baylor College of Medicine, earned a certificate in medical and healthcare management from Rice University and completed an advanced quality improvement and safety program at Texas Children’s Hospital.

Nearly 30 years ago, he joined Texas Children’s Pediatrics Town & Country, the third practice to join the Texas Children’s Pediatrics network. Spinner was the chair of Texas Children’s Pediatrics’ executive committee for 10 years and for 12 years served as the regional medical director for the group. Now, as CMO, he juggles patients — visiting one of the Texas Children’s Pediatrics practices weekly — with the daily business of running the network he’s seen grow from the ground up.

“I’m learning what makes each practice tick,” Spinner said. “Each practice has populations and challenges that are unique to it. The more I learn about the entire network, the more I can help individual practices adapt and share ideas from other practices and from my own experiences. My hopes and dreams are that this organization continues to grow and that we continue to provide full-spectrum pediatric care wherever children are in the city.”

Texas Children’s Pediatrics comprises pediatric practices throughout the Houston metropolitan area, including five Community Cares practices. The Community Cares practices provide trusted, high-quality pediatric medical services for children who otherwise would seek care from emergency rooms or possibly go without care or treatment because of low family income or lack of health insurance.

When Spinner took on the CMO role, he saw the potential for the growing network as well as the challenge to make it more cohesive.

“Dr. Spinner is an experienced leader who already has been a tremendous asset to Texas Children’s Pediatrics, and he’s bringing more than 25 years of health care expertise to his new role,” Tittle said.

“He will be critical to guiding the medical policies of our constantly growing network of pediatric practices to ensure the best possible care for our patients and the children of the Houston community.”
# STATEMENT OF OPERATIONS*

Fiscal Year 2012

*Fiscal year 2012 = October 1, 2011 – September 30, 2012*

## Net patient service revenue

<table>
<thead>
<tr>
<th>Location</th>
<th>Net Patient Service Revenue (in thousands)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Texas Children's Hospital Main Campus</td>
<td>137,984</td>
</tr>
<tr>
<td>Texas Children's Hospital West Campus</td>
<td>3,274</td>
</tr>
<tr>
<td>Texas Children's Pavilion for Women</td>
<td>21,365</td>
</tr>
<tr>
<td>Texas Children's Hospital Main Campus</td>
<td>18,191</td>
</tr>
<tr>
<td>Texas Children's Hospital West Campus</td>
<td>3,224</td>
</tr>
<tr>
<td>Inpatient/outpatient surgeries</td>
<td>25,269</td>
</tr>
<tr>
<td>Texas Children's Hospital Main Campus</td>
<td>33,859</td>
</tr>
<tr>
<td>Texas Children's Hospital West Campus</td>
<td>79,727</td>
</tr>
<tr>
<td>Emergency Center visits</td>
<td>113,586</td>
</tr>
<tr>
<td>Texas Children's Hospital Main Campus</td>
<td>680</td>
</tr>
<tr>
<td>Texas Children's Hospital West Campus</td>
<td>48%</td>
</tr>
<tr>
<td>Texas Children's Pavilion for Women</td>
<td>8%</td>
</tr>
<tr>
<td>Texas Children's Pediatrics</td>
<td>36%</td>
</tr>
<tr>
<td>Total patient encounters</td>
<td>3,120,653</td>
</tr>
<tr>
<td>Texas Children's Hospital Main Campus</td>
<td>48%</td>
</tr>
<tr>
<td>Texas Children's Hospital West Campus</td>
<td>8%</td>
</tr>
<tr>
<td>Texas Children's Pavilion for Women</td>
<td>4%</td>
</tr>
<tr>
<td>Texas Children's Pediatrics</td>
<td>36%</td>
</tr>
<tr>
<td>Texas Children's Health Centers</td>
<td>4%</td>
</tr>
</tbody>
</table>

## Available for reinvestment in the mission

<table>
<thead>
<tr>
<th>Location</th>
<th>Available for Reinvestment (in thousands)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid</td>
<td>261,773</td>
</tr>
<tr>
<td>Texas Children's Health Plan members</td>
<td>90,622</td>
</tr>
</tbody>
</table>

## PATIENT STATISTICS

### Admissions

<table>
<thead>
<tr>
<th>Location</th>
<th>Admissions (in thousands)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Texas Children's Hospital Main Campus</td>
<td>20,023</td>
</tr>
<tr>
<td>Texas Children's Hospital West Campus</td>
<td>1,437</td>
</tr>
<tr>
<td>Texas Children's Pavilion for Women</td>
<td>4,506</td>
</tr>
</tbody>
</table>

### Census days

<table>
<thead>
<tr>
<th>Location</th>
<th>Census Days (in thousands)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Texas Children's Hospital Main Campus</td>
<td>137,984</td>
</tr>
<tr>
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<td>3,274</td>
</tr>
<tr>
<td>Texas Children's Pavilion for Women</td>
<td>18,191</td>
</tr>
</tbody>
</table>

### Inpatient/outpatient surgeries

<table>
<thead>
<tr>
<th>Location</th>
<th>Inpatient/outpatient Surgeries (in thousands)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Texas Children's Hospital Main Campus</td>
<td>21,365</td>
</tr>
<tr>
<td>Texas Children's Hospital West Campus</td>
<td>3,224</td>
</tr>
<tr>
<td>Texas Children's Pavilion for Women</td>
<td>680</td>
</tr>
</tbody>
</table>

### Emergency Center visits

<table>
<thead>
<tr>
<th>Location</th>
<th>Emergency Center Visits (in thousands)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Texas Children's Hospital Main Campus</td>
<td>79,727</td>
</tr>
<tr>
<td>Texas Children's Hospital West Campus</td>
<td>33,859</td>
</tr>
</tbody>
</table>

### Texas Children's Health Plan members

<table>
<thead>
<tr>
<th>Location</th>
<th>Texas Children's Health Plan Members (in thousands)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid</td>
<td>261,773</td>
</tr>
<tr>
<td>Children's Health Insurance Plan (CHIP)</td>
<td>90,622</td>
</tr>
</tbody>
</table>
COMMUNITY INVESTMENT  
Calendar Year 2011  
in millions

The programs described in this report reflect the community benefit provided by Texas Children’s Hospital in calendar year 2011. Totaling more than $153 million, the specific areas of support include:

**Financial assistance and means-tested government programs** ................................................................................................................................ $72.1  
Charity care at cost, the unreimbursed cost of Medicaid and means-tested government programs

**Community health improvement** .............................................................................................................. $3.6  
Programs or activities focused primarily on improving community health, wellness and safety

**Health professional education** ................................................................................................................. $22.7  
Education and training of medical and allied health professionals, nurses, students, interns, residents and fellows

**Subsidized health care services** ................................................................................................................. $2.4  
Clinical services provided in response to community need despite financial loss incurred

**Research** ........................................................................................................................................................ $45.8  
Laboratory science and applied research initiatives advancing pediatric medicine

**Cash and in-kind contributions** ................................................................................................................... $6.7  
Donations, grants and in-kind support to healthcare organizations and other community groups

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BAYLOR COLLEGE OF MEDICINE  

Texas Children’s Hospital is proud of its affiliation with academic partner Baylor College of Medicine (BCM), home to one of the largest, most diverse and successful pediatric programs in the nation. BCM’s pediatrics program ranked no. 8 among all pediatrics programs on the *U.S. News & World Report* list of America’s Best Graduate Schools and no. 18 among all research-intensive U.S. medical schools. Below are current statistics for BCM.

**Pediatrics, Pediatric Surgery and Ob/Gyn staff**  
Faculty ............................................................................................................................................................................................................. 1,234  
Residents ........................................................................................................................................................................................................... 284  
Clinical and postdoctoral fellows ................................................................................................................................................................ 223

**Research support (in millions)**  
Pediatrics, Pediatric Surgery and Ob/Gyn annual research funding ......................................................................................................................... $105*

* Includes the Department of Pediatrics’ National Institutes of Health funding of approximately $53.1 million.
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Abbott Fund
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Dany and Tom Carter
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Chevron Products Company
The Children’s Fund, Inc.
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Cockrell Family Fund
The Cockrell Foundation
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TEXAS CHILDREN’S HOSPITAL ANNUAL REPORT 2012
$100,000 - $499,999 (continued)

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The Hoglobun Foundation
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Catherine Asher Morgan
Morgan Foundation
Mustang CAT
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Penland Foundation
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Karen S. Pulaski Philanthropic Fund
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Vaught Foundation
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Mrs. Arthur M. Voss
Wachovia Bank
Paula and Rusty Walter
Kay and Max Watson
The Weingarten Schnitzer Family
Whalley Family Foundation
Jacob White Construction Company
Sue and David Williams
Pauline Sterne Wolff Memorial Foundation
Woodforest National Bank
World Health & Golf Association
Young Texans Against Cancer
Zobel-Feigin Endowed Fund
Erla and Harry Zuber
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John J. Scales, Senior Vice President

RECOGNITION

Texas Children’s was granted Magnet® status for a third consecutive time in 2012. The Magnet Recognition Program, awarded by the American Nurses Credentialing Center, recognizes health care organizations for quality patient care, nursing excellence and innovations in professional nursing practice.

In 2012, U.S. News & World Report ranked Texas Children’s Hospital no. 4 among the nation’s top children’s hospitals.

The Houston Business Journal has ranked Texas Children’s Hospital in the top 10 of the Best Places to Work among Houston companies with more than 500 employees for six years in a row.
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Lois F. Stark
Our more than 10,500 staff and employees are dedicated to providing the finest care possible for each child and every woman who comes to Texas Children’s. Our number is great, but our mission is greater.
more than 10,500 dedicated staff and employees providing the finest care possible