A lot can happen in a year.

Just ask Evan Phenegar, who lost the ability to walk after a motorized scooter accident and then regained it after a month in Texas Children’s Inpatient Rehabilitation Unit. Thanks to physical therapy, strong resolve and a supportive family, Evan’s life is back to normal less than a year after his accident.

Texas Children’s is one of the largest, busiest and most comprehensive pediatric and ob/gyn health care organizations in the world, and it’s astonishing to see how much ground we cover in just one year.
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Front cover: Texas Children’s patient Charlie Tabora is serene as a newborn.
Back cover: One year later, Charlie scrunches his nose and shows off his sense of humor.
Little miracles happen every day in the first year of an infant’s life. She learns to hold her head up, discovers her hands and feet and figures out how to walk and talk. It’s amazing how much a baby grows and changes in just one year. That’s how we feel about life at Texas Children’s. It seems there’s a new and exciting developmental milestone just about every week, and it’s incredible to see how much can happen in the span of a year.

We have more than 3 million patient encounters a year spread out over three hospitals and more than 50 satellite locations. Our staff of more than 11,000 doctors and employees are committed to making a difference, whether it’s by greeting a patient family with a smile or making the next big bench-to-bedside breakthrough. Multiply our sheer volume and scope of services by the passion and productivity of our staff, and you have a level of activity that’s completely unprecedented in children’s and women’s health care.

Like a proud parent, we want to share with you the images and stories that made up our organization’s growth and development over the past year. Our Annual Report includes a timeline of the “firsts” we accomplished and the headlines we made in 2013, as well as in-depth features on some of the new initiatives we launched. Although each of these moments is worth celebrating, what’s most important is the chance at a normal life Berkley Bishop now has after her spina bifida fetal surgery, the countless heartbeats and breaths Ruby Gomez now takes after her heart-lung transplant and every seizure-free day Aidan Maxwell now has after his breakthrough epilepsy treatment. That’s what marks the true measure of a year in the life of Texas Children’s.

Mark A. Wallace
President and Chief Executive Officer,
Texas Children’s Hospital
A YEAR OF TRIUMPHS

Like everyone else, Texas Children’s moves forward one step, one event, one milestone at a time. What makes us different is how much we take in stride in the span of a week, a month or a year. These are just a few highlights from our whirlwind year.
Imagine a child growing up in substandard housing conditions with damp, moldy walls triggering her asthma on a regular basis. What if the same people who were treating her asthma could help her family negotiate with their landlord to make improvements that would impact her health?

A medical legal partnership is a unique health care delivery model that brings physicians and lawyers together to tackle health issues that have legal, rather than medical, solutions. This could include helping a family secure Medicaid payment for a specialized wheelchair or for home nursing services or preparing legal guardianships to allow parents to continue making health care decisions for their children with special needs after they turn 18.

On November 1, Texas Children’s Hospital and the Houston Bar Association’s Houston Volunteer Lawyers joined forces to form a medical legal partnership that provides low-income patients and patient families with critical legal assistance. This is the first partnership of its kind to be offered in the Houston area.

Through the program, a dedicated Houston Volunteer Lawyers staff attorney provides legal advice and representation to Texas Children’s patients and their families with assistance from outside pro bono lawyers. The project is being funded in part by a donation from Walmart.

The Texas Children’s Medical Legal Partnership currently provides legal aid to patients in Texas Children’s Inpatient Rehabilitation Unit, the Fetal Center, the Special Needs Primary Care Clinic, Retrovirology and Texas Children’s Pediatrics Gulfgate, with plans to expand in 2014.

“It has always been our mission to help low-income children with all of their medical needs, and this program is just another example of how we are doing that,” said Mark A. Wallace, president and CEO of Texas Children’s Hospital.
Texas Children’s Hospital designated Level IV NICU

The Neonatal Intensive Care Unit (NICU) at Texas Children’s Hospital has been designated as a Level IV NICU, where it will continue to provide care for infants with interdisciplinary issues, including complex surgical diseases.

“A crucial part of a patient’s outcome is that they have access to the highest level of care available, especially the most fragile infants, who can face numerous challenges,” said Dr. Stephen Welty, chief of Texas Children’s Newborn Center and chief of neonatology at Baylor College of Medicine.

A new policy at the American Academy of Pediatrics (AAP), published in the September 2012 edition of Pediatrics, updates the levels of neonatal care from Level I to Level IV, with Level IV offering the most comprehensive care available in treating the tiniest and most critically ill babies.

NICUs with a Level IV designation must:

- Provide life support and care for infants born earlier than 32 weeks gestation and weighing less than 1,500 grams.
- Perform advanced imaging, including MRI and echocardiography.
- Provide a full range of respiratory support.
- Be located within an institution with the capability to provide surgical repair of complex congenital or acquired conditions.
- Maintain a full range of pediatric medical subspecialists, pediatric surgical subspecialists and pediatric anesthesiologists at the site.
- Facilitate transport and provide outreach education.

“Babies who are born prematurely or who are critically ill have the highest demands for specialized resources and require around-the-clock, multidisciplinary care,” Welty said. “Designations are critical for proper regionalization of neonatal care and optimal outcomes.”

Texas Children’s Hospital receives Level IV designation for NICU, the highest level of care available for preterm and critically ill infants.

Baylor College of Medicine Department of Pediatrics ranks third in U.S. for NIH funding, with approximately $100 million in annual funding.

Texas Children’s opens Newborn Primary Immune Deficiency Clinic to provide early detection and treatment of severe combined immune disorder.

Pavilion for Women opens community ob/gyn practice in Pearland area, offering outpatient services, preventive care and prenatal care closer to home.
At Meagan and Derek Bishop’s 18-week ultrasound, they found out that their baby, a girl they would name Berkley, had spina bifida. The Bishops’ obstetrician referred them immediately to Texas Children’s Hospital, where they found out Berkley had myelomeningocele spina bifida, a very serious birth defect. Her spine and spinal cord had not formed properly, and she had an open lesion beginning at the fifth lumbar vertebrae. She was at risk of hydrocephalus (increased fluid in the brain), brain damage, nerve damage, difficulty walking and controlling her bowel and bladder functions, and other disabilities.

The Bishops met with maternal-fetal medicine specialist Dr. Rodrigo Ruano, who told them that Texas Children’s Fetal Center had performed five fetal surgeries to date to close neural tube defects like the one Berkley had.

“They were very hopeful that the fetal surgery would decrease the risk of hydrocephalus and increase the likelihood that one day Berkley would be able to walk unassisted, but they also said it was very risky for both my baby and myself, and there were no guarantees,” Meagan said.

“The uterus does not like to undergo surgery, and it will want to contract after surgery,” said Dr. Robert Bollo, pediatric neurosurgeon at Texas Children’s Hospital. “There is a high risk that the baby will be born prematurely.”

After much thought and prayer, Meagan and Derek decided that they would go through with the surgery.

“As parents looking down the road, we needed to be able to tell our daughter that we did everything in our power to give her a shot at a normal life,” Meagan said.

On December 13, 2012, at 22 weeks gestation, Meagan and Berkley underwent the fetal surgery with no complications. Meagan stayed on bed rest in her parents’ house in Houston for the next three-and-a-half months, and on March 11, 2013, Berkley was born. Three weeks later, the Bishops took home a healthy, beautiful baby girl, already well on her way to a developmentally normal childhood.

“We are so happy we did this surgery,” Meagan said. “It gave her the best possible outcome – a chance for a spina bifida-free life.”
Pavilion for Women celebrates one year of delivering miracles

In March, Texas Children’s Pavilion for Women marked one year since transitioning labor and delivery services into the new $575-million facility. The move signaled the pediatric hospital’s major expansion into obstetrics and gynecological care with a special focus on high-risk pregnancies and multiple births.

Drawing on decades of ob/gyn experience, Texas Children’s and Baylor College of Medicine experts contributed to many first-year milestones, including breakthrough procedures and medical firsts, patient demand that outpaced hospital expectations, and top marks in patient satisfaction for a health care environment created for women.

The Pavilion for Women exceeded its first-year projections by 20 percent with more than 4,300 deliveries since opening. In April, less than one month after opening, Texas’ first surviving set of sextuplets was delivered at the Pavilion for Women, reinforcing the hospital’s expertise as the place for multiples and high-risk pregnancies.

As the year continued, hospital experts delivered one set of quintuplets, four sets of quadruplets, seven sets of triplets and more than 139 sets of twins. Outpatient clinic visits topped 106,000, and nearly 2,500 expectant mothers toured the facility.
Inaugural Family Fun Run sets families on the right course

On Saturday, April 13, Texas Children’s Hospital West Campus hosted more than 1,500 participants at the inaugural Texas Children’s Hospital Family Fun Run. In partnership with the Houston Marathon Foundation, the noncompetitive Fun Run included 1K and 3K courses for families with children of all abilities – including those needing walkers and wheelchairs.

This event, formerly known as the Kids’ Fun Run, has a rich history of more than 15 years. This was the first year the event was open to the entire family, and the goal was to provide a fun way to educate and encourage Houston-area children and their families to adopt active, healthy lifestyles.

Following the races, families were invited to participate in the Family Fun Zone, which included 26 activities and attractions across three major zones – adventure, creative and wellness – and provided food and refreshments.

Texas Children’s sports medicine experts developed a training guide to help parents educate children on the importance of physical activity. The eight-week training guide helped build endurance and confidence and ensured that all 1,500 participants crossed the finish line injury free.
On March 19, Isaiah Goertz was rushed to Texas Children’s Hospital after a flesh-eating bacteria attacked his body, causing an infection that eventually led to the removal of part of the quadriceps in his left leg.

The experience nearly cost Isaiah his life. After surviving eight surgeries, Isaiah recovered in Texas Children’s Pediatric Inpatient Rehabilitation Unit for several months. The energetic and determined teen participated in a rigorous schedule of therapy to help ensure he could again navigate the daily activities that were part of his life and once again do the things he loved.

“He’s made such wonderful progress,” said his grandmother, Rosa Goertz, two months into his stay at the Inpatient Rehab Unit. “He’s walking around. Three weeks ago there was nothing like this. I cannot thank these people enough.”

Texas Children’s Hospital celebrated the one-year anniversary of its Inpatient Rehabilitation Unit on May 21. Texas Children’s opened the eight-bed unit to meet a dire need in the community.

“When the only acute patient rehabilitation program for children in Houston closed its doors a few years ago, children suffering traumatic injuries or catastrophic illnesses had to be transferred far away for their specialized rehabilitation care,” said Mark A. Wallace, Texas Children’s President and CEO. “We’re very excited that we now have this eight-bed unit that allows us to provide children with the care they need right here in their own community.”

Dr. Aloysia Schwabe, chief of Texas Children’s Physical Medicine and Rehabilitation, leads a team of rehabilitative specialists, therapists and nurses, to help patients heal – physically and emotionally – after they are weakened by illness or accident. Staff members share one common goal: to help patients restore their quality of life.
Patients travel to Capitol Hill to advocate for Medicaid

Audrina Cardenas made national news in the fall of 2012 when she was born with a third of her heart outside of her body. Doctors at Texas Children’s Hospital performed a unique surgery to help repair Audrina’s incredibly rare heart defect and save her life.

Jamie Schanbaum was a student at the University of Texas at Austin in 2008 when she contracted meningococcal septicemia. She endured a grueling fight for her life that resulted in the amputation of both her feet and most of her fingers.

Both Audrina and Jamie depend on the support of Medicaid to ensure they receive comprehensive care and treatment. In the summer of 2013, Audrina and her mother, Ashley, and Jamie and her mother, Patsy, joined Texas Children’s Hospital representatives on a trip to Washington, D.C., to share how Medicaid greatly impacted their personal journeys.

They were among 36 families who participated in the Children’s Hospital Association’s Speak Now for Kids Family Advocacy Day. The families convened on Capitol Hill to deliver an important message to members of Congress: At a time when access to care is improving for millions of adults, don’t forget the kids.

“These families demonstrate why we need support for programs like Medicaid and having them speak directly to government leaders helps ensure that Medicaid isn’t just a number in the budget,” said Texas Children’s Public Relations Director Christy Brunton.

While in the nation’s capitol, the Cardenas and Schanbaum families participated in numerous media interviews and met with Sen. John Cornyn’s staff, Sen. Ted Cruz and Reps. Pete Olson, Gene Green, Ted Poe and Mike McCaul.
New partnership brings world-class pediatric care to San Antonio

After announcing in February that Texas Children’s Hospital and Baylor College of Medicine (BCM) would partner with CHRISTUS Health System to build the Children’s Hospital of San Antonio, Texas Children’s Executive Vice President Randy Wright accepted a position as interim administrator of the Children’s Hospital of San Antonio on July 1.

As the first and only freestanding children’s hospital in the heart of the Alamo City, the Children’s Hospital of San Antonio is partnering with Texas’ top pediatric medical providers to ensure that children in the area have access to world-class pediatric care. As part of the agreement, BCM and Texas Children’s are recruiting, employing and overseen physicians, as well as providing consulting and clinical expertise for the new hospital.

“The Children’s Hospital of San Antonio will be a great resource for the families of San Antonio, and we know it will ultimately benefit all the children of Texas. We are very excited to be a part of that,” said Mark A. Wallace, Texas Children’s President and CEO.

Dr. Mark Gilger, Texas Children’s former chief of Gastroenterology, serves as pediatric-in-chief for Children’s Hospital of San Antonio and BCM vice-chair of pediatrics for San Antonio. Wright was tapped to provide interim leadership to the new hospital during a critical phase of its development.

The transformation and construction of the Children’s Hospital of San Antonio began in late August 2012 and is expected to be complete in 2014.
Diagnosed at birth with a rare multi-systemic disease called tuberous sclerosis complex (TSC), Aidan Maxwell began suffering epileptic seizures when he was 2 years old. The seizures required medicine that left him, in his mother’s words, “nearly catatonic.”

August 2012 marked a turning point for then 8-year-old Aidan and his family. Researchers at Texas Children’s Hospital, where Aidan was being treated, and Cincinnati Children’s Hospital recently had made a discovery that Everolimus, a drug used to treat cancers and prevent rejection of transplanted organs, potentially could reduce or eliminate the occurrence of seizures in patients with TSC. Texas Children’s, Baylor College of Medicine and Cincinnati Children’s joined forces to conduct a small prospective drug trial on patients with TSC, and Aidan was enrolled in the trial.

The results, published online in the journal *Annals of Neurology* on July 16, 2013, were incredible.

“Of the 20 patients included in this study, 17 had dramatic improvements in their epilepsy, including Aidan,” said Dr. Angus Wilfong, director of the comprehensive epilepsy program at Texas Children’s Hospital. “It was drastically more effective than any other medicine that had been used.”

Dr. John Swann, co-director of the Jan and Dan Duncan Neurological Research Institute at Texas Children’s Hospital, and his team made the initial discovery that helped lead to this rapid bench-to-bedside breakthrough.

“Our unique environment allows us to study neurological diseases collaboratively between lab and clinic and move intervention therapies forward faster,” Swann said.
Newborn screens detect critical congenital heart disease

The leading cause of death in infants less than 1 year of age is critical congenital heart disease (CCHD).

In August, legislation requiring CCHD screening for all newborns in Texas went into effect, requiring all birthing facilities in the state to implement their own protocol for a screening test. Texas Children’s Pavilion for Women has helped drive this legislation as part of the Texas Pulse Oximetry Project (TxPOP). The Pavilion for Women has been screening all newborns since July 2012.

Dr. Charleta Guillory, neonatologist at Texas Children’s Hospital, is co-leader of TxPOP, a joint educational initiative that includes Texas Children’s and 12 other rural and metropolitan birthing facilities in Texas.

“Infants with CCHD may have no symptoms at birth and can return to the hospital after their initial discharge in severe shock and multi-organ system failure,” Guillory said. “Early diagnosis and prompt treatment of CCHD can significantly reduce morbidity and mortality among newborns.”

Newborn screening with pulse oximetry has been shown to detect seven heart defects that cause CCHD: hypoplastic left heart syndrome, pulmonary atresia (with intact atrial septum), Tetralogy of Fallot, total anomalous pulmonary venous return, transposition of the great arteries, tricuspid atresia and truncus arteriosus.

The simple and pain-free screening test is done at any time after 24 hours of age but before leaving the hospital. During the test, a narrow tape with a small sensor is placed on the outside of the baby’s right hand and foot to measure how much oxygen is in the baby’s blood.
On July 16, 2-year-old Christopher Coca stopped breathing and lost his pulse after choking on a piece of food. Paramedics quickly responded to the scene. Thanks to a specialized training course offered by Texas Children’s Hospital, the first responders were able to provide Christopher advanced life support. The team successfully resuscitated Christopher, who regained his pulse and started breathing on his own.

Texas Children’s Simulation Center began providing Pediatric Simulation Training for Emergency Pre-hospital Providers (Pedi-STEPPs) to members of the Houston Fire Department in February of 2012. A grant from the Cullen Trust for Healthcare as well as a community benefit donation from Texas Children’s Hospital allowed this innovative training program to be offered free of charge to the City of Houston for 500 firefighters over a two-year period.

Since the program’s inception, more than 470 EMS providers have gone through an eight-hour course, which provides hands-on skills and scenario-based training for rare, high-risk situations. Councilmember Mike Laster presented a plaque to Texas Children’s Hospital and the Houston Fire Department, proclaiming August 27, 2013 as Pedi-STEPPs Day in honor of the team’s lifesaving work.

Texas Children’s Simulation Center helps train first responders
Texas Children’s Pediatrics receives NCQA designation

Texas Children’s Pediatrics, the nation’s largest primary pediatric care network with more than 200 physicians and 48 locations throughout the greater Houston area, has received the highest Patient Centered Medical Home Recognition from the National Committee for Quality Assurance (NCQA).

Of the 47 Texas Children’s Pediatrics practices that were eligible to apply for this prestigious and recognizable distinction, all have received NCQA’s Level 3 recognition, which is the highest level achievable for primary care organizations.

The NCQA celebrates patient care organizations that have demonstrated a strong commitment to improving quality care for their patients. The program standards provide medical practices with information about organizing care around patients, working in teams, coordinating and tracking care over time and continuously measuring performance.

“We are proud that our practices are being recognized for their dedication to our patients and families,” said Kay Tittle, president of Texas Children’s Pediatrics. “NCQA’s high standards of the reporting and tracking of our outcomes has enhanced our long-standing commitment of providing exceptional patient care.”

The processes implemented throughout all of the practices within the Texas Children’s Pediatrics network have helped improve transparency among providers and staff as well as patient families.

“This recognition has helped strengthen the patient experience across our entire organization,” Tittle said.

Medical practices must seek re-designation from NCQA every three years.
As the year drew to a close, several stories stood out as examples of what makes Texas Children’s one of the best places in the world to give or receive care. Learn about these new programs and offerings and how they’re helping us change lives.
At the age of 1, Ruby Gomez was diagnosed with a complex congenital heart defect for which there is no easy fix. Her heart was larger on the left side than on the right side, causing pulmonary hypertension, injuring the blood vessels in her lungs and limiting the amount of physical activity she could tolerate.

For 16 years following this diagnosis, Ruby and her doctors at Texas Children’s Hospital managed her condition through medication and several surgical and catheterization procedures. She stopped attending school and became home-bound in the eighth grade, and by the time she was 15 she was on the waiting list for both a heart and lung transplant.

“Heart/lung transplants are very rare these days,” said Dr. George Mallory, medical director of the lung transplant program at Texas Children’s, professor of pediatrics at Baylor College of Medicine (BCM) and Ruby’s physician for more than a decade. “There’s not a heart/lung transplant list. There’s a heart transplant list and a lung transplant list, and you have to come to the top of both lists before you can get your surgery. It takes longer, but it was the only way to save her life.”

By October 2013, after more than a year on the transplant list, Ruby and her family were running out of hope and out of time. Ruby spent three weeks in the hospital due to exhaustion and extremely low blood pressure.
“It was incredibly discouraging to be told to just hold out hope and wait when you could see she was getting worse by the day,” said Grizelda Gomez, Ruby’s mom.

On December 11, the pager given to Ruby to alert her of a possible organ match finally went off.

“On that exact day 20 years ago, I had a baby who was stillborn,” Grizelda said. “It was always a very sad day for me. Now, I can remember it as a great day. It’s the day that Ruby’s life was saved.”

Although Ruby will have to be monitored closely for six months following her transplant, she is expected to grow stronger every week and eventually make a full recovery. She should even be well enough to attend high school with her peers next fall during her senior year.

Texas Children’s transplant team replaced 98 organs in 2013, more organs than ever in its history and more than any other pediatric program in the country. In addition, Texas Children’s has one of the highest one-year post-transplant survival rates.

“Volume is important, because the more procedures a staff performs, the more experienced they become and the better they are at resolving issues like rejection or infection,” Goss said.

Texas Children’s is part of several multicenter National Institutes of Health research projects studying ways to minimize the side effects that sometimes accompany an organ transplant, including adverse reactions to medication, rejection of the transplanted organ, increased risk of secondary problems, long-term growth issues and skin complications.

Texas Children’s liver transplant program is the largest in the country, performing 43 pediatric transplants in 2013, and the lung transplant program is one of the busiest in the world, performing 18 pediatric transplants in 2013.

“The CMS certification allows the sickest children to come from anywhere in the U.S. to seek treatment at Texas Children’s and to know they won’t have to worry about whether their state-funded health care programs will cover the cost,” Goss said.

These studies seek to determine ways to decrease patients’ dependence on immune suppressant medications, which used to be required for a child’s entire life.
When Allyson Ruiz started to have back pain in June 2012, she and her family chalked it up to normal aches and pains associated with running track, barrel racing and playing volleyball and basketball. By March 2013, however, 14-year-old Allyson’s pain was so bad she couldn’t walk without crying. After a visit to her local orthopedic specialist revealed nothing, she went to a neurosurgeon in Houston, who put her in a hard back brace and mandated complete bed rest outside of attending classes at school.

“The news was devastating,” said Mary Ellen Ruiz. “My daughter is a wonderful athlete and being involved in sports is a huge part of her life. The worst part was that we didn’t know how long this bed rest was supposed to last.”

That summer, Allyson’s aunt, who lives in Katy, heard about a new Sports Medicine Clinic that had just opened at Texas Children’s Hospital West Campus. She encouraged Allyson to come to Houston for a consultation with Dr. Jorge Gomez, an attending physician with Texas Children’s Sports Medicine Program and associate professor of pediatrics at Baylor College of Medicine (BCM).

“Dr. Gomez evaluated her, and he told us that she could start doing physical therapy to try to get stronger and manage her
Allyson started doing physical therapy near her home in San Antonio, and she and Mary Ellen drove seven hours every two weeks to see Gomez. After six months of physical therapy and close monitoring by Texas Children’s Sports Medicine team, Allyson is now pain free and playing through all four quarters of her high school basketball games.

“Even though it was a lot of driving and missing school, it was 100 percent worth it, and we would do it again in a heartbeat,” Mary Ellen said. “Dr. Gomez just got it. He got why being an athlete was so important to Allyson and promised to do everything he could to get Allyson back to where she was. We are so appreciative of Dr. Gomez and Texas Children’s Hospital.”

The new, state-of-the-art Sports Medicine Clinic at Texas Children’s Hospital West Campus opened on August 9. The $10 million, 28,500 square foot space is completely dedicated to young athletes, featuring a 3,000 square foot gym, two radiology rooms, three casting rooms, 16 exam rooms and advanced technologies, including robotic dynamometry for isokinetic testing, motions recording and analysis to enhance rehabilitation.

“The new space houses our multidisciplinary team of pediatricians, surgeons, physical therapists and dietitians who are used to working with kids and certified in sports medicine,” said Dr. Albert Hergenroeder, chief of Texas Children’s Sports Medicine

Clinic and head of the Adolescent Medicine and Sports Medicine section at BCM.

Texas Children’s multidisciplinary sports medicine program combines the pediatric expertise of nationally known and respected pediatric and adolescent sports medicine specialists with innovative treatments and advanced equipment to provide unparalleled sports medicine care for athletes of all ages and levels.

Addressing sports medicine issues in the pediatric environment of one of the nation’s best and busiest children’s hospitals gives the sports medicine team easy access to other pediatric subspecialists, allowing complete, multidisciplinary care. Cutting-edge pediatric orthopedic surgery is one of many specialties of the sports medicine team.

“When children and adolescents need surgery, they need it in a children’s hospital where everyone from anesthesia to orthopedics to the support staff are highly trained and experienced in caring for pediatric patients,” said Dr. William A. Phillips, chief of Texas Children’s Orthopedic Services and professor of pediatrics at BCM. “When we operate on a sports medicine injury, we have to take into account that the skeletal system of a growing young person is radically different from that of an adult.”

As pediatric specialists, the team also understands family-centered care and how to treat children within the context of a family unit. That experience equips them to understand child development issues — such as hormonal shifts, psychological impacts and changes in body composition — in a way other physicians may not. The Sports Medicine Program provides tailored care for all young and adolescent athletes, male or female.
With four children (ages 11, 9, 8 and 7), and one more on the way, Evelyn Willoughby was elated to hear about the opening of The Center for Children and Women. The new Health Plan members, offers pediatricians, advanced practice doctors here try to spend as much time as they can with us. We don’t feel like we’re being rushed out the door. Plus I love that there’s a pharmacy here.”

Willoughby was even more pleased when she learned about Centering Pregnancy, a unique program that combines traditional prenatal monitoring with pregnancy and childbirth education in a group setting. Eight to 12 women who are in similar stages in their pregnancies meet regularly, learning care skills, participating in a facilitated discussion and developing a support network with other group members.
Each group meets for 10 sessions throughout pregnancy and early postpartum. A midwife completes standard physical health assessments on each of the women and facilitates group discussion.

“I really enjoy the Centering Pregnancy sessions, mostly because I love meeting new people, and you really get to know what other people are going through,” Willoughby said.

Designed to address the shortage of primary medical care for the Medicaid and CHIP (Children’s Health Insurance Program) populations, The Center is revolutionizing the way CHIP and Medicaid patients receive health care. Traditionally, families who do not have a permanent medical home and who live in medically underserved neighborhoods have a high number of visits to the emergency room for non-emergency medical needs.

As a result, the cost of health care is higher for all patients, and wait times in already overtaxed emergency rooms can be extremely long.

“This is really going to change the way these families interact with the health care system,” said Dr. Heidi Schwarzwald, medical director of pediatrics for The Center and associate professor of pediatrics at Baylor College of Medicine (BCM).

The Center is designed to ensure that all patients receive proper care by providing extended hours to accommodate the busy schedules of members. Pediatric care is available 16 hours a day, Monday through Friday, and 10 hours a day on weekends. Obstetric care is available 12 hours a day, Monday through Friday, and six hours a day on Saturday.

“Our objective is to provide a conveniently located, one-stop shop for our members,” said Texas Children’s Health Plan President Chris Born.

Patient families also will have full support of behavioral health specialists, social workers, care coordinators, nutritionists and many services provided by a multidisciplinary team.

“We help guide patients through the process from start to finish,” said Tangula Taylor, director of operations at The Center. “Our goal is to make sure patients walk out with all of their comprehensive needs met.”

Texas Children’s Health Plan was founded in 1996 by Texas Children’s Hospital and is the nation’s first health maintenance organization (HMO) created just for children. It offers a primary-care network, specialists and a large hospital network to its nearly 360,000 members.

“I have no doubt that The Center for Children and Women will improve the general health of the community,” said Dr. Lisa Hollier, medical director of obstetrics for The Center and professor of obstetrics and gynecology at BCM.
As a yoga instructor and the daughter of a nurse who developed community programs for women with menopause, 49-year-old Pauline Schloesser was just about as in touch with her body and her changing hormones as one could be. Still, when she found herself experiencing extreme irritability and discomfort, she didn’t know where to turn for help.

“I kept Googling ‘menopause support Houston’ and coming up empty, until one day, all of a sudden, Texas Children’s Pavilion for Women showed up on my screen,” Schloesser said. “I called the number immediately and made an appointment.”

Schloesser was, in fact, the very first patient at the brand new Menopause Center, part of the Women’s Place at Texas Children’s Pavilion for Women. Co-directed by psychiatrist Dr. Lucy Puryear and gynecologist Dr. Ronald Young, the Menopause Center is devoted solely to helping women through the menopause years, providing personalized treatment to improve patient health and quality of life.

“I found out that I was basically within one year of hitting menopause,” Schloesser said.

After trying to stabilize her hormones with low-dose birth control, ultimately Schloesser found relief in an anti-anxiety medication called Paxil.

The Women’s Place is dedicated to women’s reproductive mental health

$2 million endowed chair

As endowed chair of the Women’s Place, Schloesser has helped establish the center as a leader in reproductive mental health.
“I was pretty skeptical about it, but in the end it did the trick,” Schloesser said. “Within a very short period of time, Dr. Puryear was able to understand my situation and come up with a solution. I never felt like I was being talked down to or like she was being overly formal with me. It feels good to have somewhere to turn now in case I have any other issues in the future.”

Located in Texas Children’s Pavilion for Women, the Women’s Place is one of only a handful of programs in the nation dedicated to the care and treatment of women’s reproductive mental health. It offers psychiatric consultation and medical treatment plans related to premenstrual dysphoric disorder, infertility issues, mood and anxiety disorders during and after pregnancy, assistance during reproductive loss and perimenopause and menopause care, among other conditions.

Mood and anxiety disorders after pregnancy, including postpartum depression, are the number one complications after delivery, affecting more women than infection and hemorrhage.

To help shed more light on the subject, experts at the Women’s Place are conducting research on postpartum depression.

“We’re looking at the brains of mothers who have postpartum depression using functional MRI machines,” said Puryear, the Maureen Hackett Endowed Chair for Reproductive Psychiatry and associate professor of obstetrics and gynecology and psychiatry at Baylor College of Medicine. “We are showing them photos of their newborns to see how their brains respond and seeing if the hormone oxytocin can improve the symptoms of postpartum depression.”

The center also is starting a new collaboration with Texas Children’s Pediatrics to increase screening of mothers at the newborn visit. They are educating physicians and staff about how to screen for postpartum depression and setting up a referral system so that it’s easy to request an appointment if the mother screens positive.

“One of the barriers to effective screening in the pediatrician’s office has been a lack of available appointments for women who screen positive for postpartum depression,” Puryear said. “Through this initiative, we will be increasing the availability of mental health professionals to treat these women in a timely fashion.”

The Menopause Center at Texas Children’s Pavilion for Women offers treatments for a wide variety of menopause symptoms from night sweats, sleeplessness and bladder irritability to depression, sexual dysfunction and pelvic floor disorders. Patients have access to a wide array of specialists in reproductive psychiatry, urogynecology, vulvovaginal health, hormone replacement therapy and gynecologic oncology.

“One of my favorite aspects of the Menopause Center is that we don’t simply treat the symptoms and leave it at that – we help women improve the overall quality of their lives,” said Dr. Ronald Young, co-director of the Menopause Center. "\[Image\]"
In addition to recruiting hundreds of new physicians and support staff and expanding its facilities, Texas Children’s Hospital has made a substantial investment in cutting-edge medical technology over the past few years. Two new pieces of equipment acquired by Texas Children's this year made history in the U.S., and two others have brought the hospital in line with the leading edge of health care organizations worldwide.

**PET/MRI Scanner**

In April, Texas Children’s Hospital became the first children's hospital in the United States to begin using a PET/MRI (positron emission tomography/magnetic resonance imaging) scanner, a state-of-the-art technology that helps in early and accurate diagnosis of various cancers, heart diseases and degenerative neurological disorders.

PET/MRI offers enhanced diagnostic capability with less radiation exposure, a particular concern for pediatric patients. The hybrid imaging technology incorporates MRI soft tissue morphological imaging and PET functional imaging, producing more detailed images than either technique alone. Hybrid PET and MRI scans eliminate the need to move patients from one imaging unit to another.
making it easier to combine data from both scans to produce enhanced details.

Texas Children’s Hospital currently is offering this technology to patients through a clinical trial.

“Studying the structural and functional changes in the body may allow us to detect abnormalities, even before the clinical symptoms of a disease begin to show,” said Dr. George Bisset, chief of Pediatric Radiology at Texas Children’s Hospital. “This technology holds so much promise, and we are anxious to see where it takes us.”

Until recently, scientists could not integrate PET and MRI scanners because powerful MRI magnets interfered with the imaging detectors on the PET scanner. PET/MRI may be able to replace the PET/CT scans now used to investigate cancers and other problems in pediatric patients, exposing patients to significantly less radiation dose than that required for PET/CT scans.

**Leica G-STED Super-Resolution Microscope**

Texas Children’s Hospital is the first institution in North America to acquire a Leica Microsystems Gated Stimulation Emission Depletion (G-STED) microscope.

The microscope allows researchers to take never-before-seen, super-resolution photos below 40 nanometers within a cell and is the only microscope in the world that can acquire images at this level of resolution from deep within cells and from within living cells.

This microscope will enable researchers at Texas Children’s to see interactions that are taking place at a cellular level, within live cells, to better understand and gain new insights into congenital immune deficiencies and immune defenses, which can lead to novel therapy approaches. It also will aid researchers in understanding the mechanics and interactions of viruses within cells and provide greater detailed information about how infections occur.

“Leica’s G-STED microscope allows us to have unprecedented views..."
into the human immune system, which is especially relevant in helping us explore extremely rare immune deficiencies in children,” said Dr. Jordan Orange, chief of Texas Children’s Immunology, Allergy and Rheumatology, director of the Center for Human Immunobiology at Texas Children’s Hospital and professor of pediatrics, pathology and immunology at Baylor College of Medicine (BCM).

“This will benefit our patients as we push beyond the current treatment options and find novel therapies for a variety of illnesses by better understanding the human immune system,” Orange said.

**Da Vinci Si Surgical System**

Texas Children’s Hospital acquired its first surgical robot, the da Vinci Si Surgical System, in September with the arrival of Dr. Chester Koh. An internationally recognized expert in minimally invasive surgery, Koh is director of the hospital’s new dedicated pediatric robotic surgery program and associate professor of urology, pediatrics and obstetrics and gynecology at BCM.

Through the use of robotic surgery, surgeons are able to perform minimally invasive reconstructive procedures in patients of all ages using the robot’s 3-D visualization, intuitive computer-enhanced motion control, smaller instruments and increased range of motion for delicate surgical procedures.

“With the da Vinci robot, I can use my hands exactly the same way as if I were performing the procedure myself, except I’m sitting at a console away from the patient, and the robot is the one performing the actual sutures,” Koh said.

“It reduces strain and fatigue on the surgeon, and internal 3-D cameras greatly increase the visibility that we would normally have in surgery. Because it is less invasive, patients have minimal scarring, they can go home faster, and they need less pain medication.”
The da Vinci Si Surgical System will be used on patients undergoing pyeloplasty, uretal re-implantation, kidney removal and reconstruction of the kidney, ureter and bladder, among other procedures.

**Three-Dimensional Printer**

In January, Texas Children’s Hospital obtained the technology to create models with 3-D printing, a process that uses computational images to build an object.

The 3-D printer is being used on a trial basis as part of a multi-institutional effort to prove its worth. Among the uses for these physical models are bone surgeries, cardiac surgeries and airway surgeries.

Dr. Rajesh Krishnamurthy, director of research and cardiovascular imaging, and his team create exact replicas made from a polymer-based plastic. The process takes many hours of work by Krishnamurthy’s team to create a very accurate model from CT images of the organs on a computer before beginning the printing process, which takes nine hours.

“Right now, most of our treatment planning is based on computational modeling,” Krishnamurthy said. “Now, we’re progressing to actual physical models.”

State-of-the-art computational models actually show a very precise picture of the organs and bones to facilitate surgical planning, so now the task is to prove that three-dimensional printing provides incremental value over these techniques.
As Dr. Alireza A. Shamshirsaz neared the end of his fellowship in maternal-fetal medicine, he realized he wasn’t quite finished with his training. His dream was to return to his home country of Iran to open a fetal center there, but he didn’t feel like he had enough training and experience yet.

He began looking for a fellowship program that combined fetal surgery with pediatric surgery, something that didn’t exist up until that point. Fortuitously, Texas Children’s Hospital decided to launch a first-of-its-kind Perinatal Surgery Fellowship at exactly the same time, and one of Shamshirsaz’s close friends encouraged him to apply.

“There were some programs across the country, but nothing as comprehensive as Texas Children’s,” Shamshirsaz said.

His application was accepted, making Shamshirsaz the first fellow in the country to benefit from this type of program. In addition to obtaining the right skills through the fellowship, Shamshirsaz recently had an opportunity to travel to Iran with Dr. Michael Belfort, Texas Children’s ob/gyn-in-chief and chair of the Department of Obstetrics and Gynecology at Baylor College of Medicine (BCM), to perform the first open fetal surgery in the Middle East.
Today, thanks to Shamshirsaz, Texas Children’s Fetal Center is in talks to open a “sister program” at the University of Tehran in Iran.

When it comes to medical residencies and fellowships, Texas Children’s has moved to the top of its class among pediatric hospitals. While most hospitals offer residencies and fellowships in different specialties, Texas Children’s depth and breadth enable the organization to offer many unique and varied programs, some of which can’t be found anywhere else.

**Perinatal Surgery Fellowship**

The Perinatal Surgery Fellowship debuted in 2012 at Texas Children’s. According to Belfort, the program allows physicians to cross-train in both maternal-fetal medicine and in a select aspect of pediatric surgery. The result is a doctor who’s skilled in both complementary specialties.

“Fetal surgery has always been a unique subspecialty,” Belfort said. “You have some people trained in maternal-fetal medicine and others trained in pediatric surgery. In the past, the two specialties would learn each other’s skill set, but they would learn it informally. This allows them to formally train on both sides.”

Perinatal surgery fellows study pediatric surgery, pediatric neurosurgery, pediatric interventional cardiology, as well as obstetrical medicine. Half of the two-year fellowship is devoted to the practice of maternal-fetal medicine, while the second half of the program focuses on pediatrics.

**Physician Assistant Pediatric Surgery Fellowship**

In 2013, Texas Children’s Hospital established a pediatric surgery fellowship program for physician assistants – the first program of its kind in the country. The one-year program is designed to extensively train physician assistants to become leaders in all areas of pediatric surgery.

This program provides a completely unique opportunity for fellows to gain hands-on experience among the full spectrum of pediatric surgical subspecialties, including cardiovascular surgery, neurosurgery, orthopedics, general surgery, urology, otolaryngology, dental, plastic and craniofacial surgery, as well as trauma services.

“Training will be provided in clinics, on the surgical floors, in research and in the operating rooms,” said Dr. Larry Hollier, chief of Plastic Surgery Service at Texas Children’s and chief of plastic surgery at BCM. “Fellows will be exposed to advanced surgical training that will provide them with the experience necessary to practice in a wide variety of pediatric surgical subspecialties and clinical settings, both in an academic as well as private practice system. The knowledge and opportunity this program offers is unlike any other program in the world.”

Four fellows will be appointed the first year with growth sought in subsequent years.

**Pediatric Critical Care Medicine Fellowship**

The Pediatric Critical Care Medicine Fellowship allows physicians to train at three sites within the hospital: the 31-bed Pediatric Intensive Care Unit (PICU), the 21-bed Cardiovascular Intensive Care Unit (CVICU) and the 36-bed progressive care unit, also known as a “step-down” unit.
Every year Texas Children’s PICU admits more than 2,400 patients, and many of those are on ventilators or other forms of advanced support. The CVICU cares for hundreds of patients each year, including more than 800 children who receive cardiopulmonary bypass surgeries. The step-down unit accepts more than 2,500 admissions every year.

Participants in the Pediatric Critical Care Medicine Fellowship also work with the hospital’s mobile transport team (called The Kangaroo Crew) and the hospital’s renowned Simulation Center.

“By the time the fellows are through with our program, they’ll have seen pretty much every type of patient encounter there is to see,” said Dr. M. Hossein Tcharmtchi, director of the Pediatric Critical Care Medicine Fellowship and associate professor of pediatrics at BCM.

The three-year fellowship accepts six new participants every year.

Medical Genetics Residency
This program allows medical school graduates to participate in both clinical and experimental genetics under the watchful eyes of clinical faculty.

“Ours is the largest residency program of its kind in the country,” said Dr. V. Reid Sutton, director of the Medical Genetics Residency Program and associate professor of molecular and human genetics at BCM. “One of the reasons is that we have more faculty trained in medical genetics than any other facility.”

According to Sutton, 25 faculty members teach students in this program. Each year it admits 13 residents, for which between 50 and 60 medical school graduates apply. Participants learn how to care for both pediatric and adult patients with cytogenetic, biochemical and developmental diseases. The residents see patients at a variety of hospitals and clinics, for a total of more than 6,000 patient encounters each year.

Participants also are given financial support to attend at least one scientific or clinical meeting where they present their findings. Some of the groups the students have presented to include the American Society of Human Genetics, the American College of Medical Genetics and the American Society for Clinical Investigation.

Pediatric Neurosurgical Fellowship
Each year, one fellow is chosen to participate in a one-year training
program in several areas of neurosurgery, including treating epilepsy, functional disorders that affect the central nervous system and spinal deformities.

“This fellowship is a good transition from a resident being a ‘learner,’ to one who has responsibility for sharing his or her knowledge with others,” said Dr. Andrew Jea, director of the Pediatric Neurosurgical Fellowship and associate professor of neurological surgery at BCM. “First and foremost, we want our physicians to be excellent clinicians, but we also want them to be able to teach others what they’ve learned.”

Texas Children’s Global Health Residency

Called the Global Health Corps, participants spend the first 36 months in clinical rotations at the hospital, and their final year at one of the hospital’s Centers of Excellence in Africa, which are clinics operated in partnership with BCM.

Participants in the Global Health Corps work in places like Romania, Tanzania, Ethiopia, Malawi, Botswana and Swaziland, or closer to home in places like the Rosebud Indian Reservation in South Dakota. The doctors provide medical care, perform clinical research and train local health professionals. Some of the diseases they confront include malaria, tuberculosis and the ravaging effects of malnutrition.

Entrance to the Global Health Corps is highly competitive. Last year, the program received 172 applications for only five available spots.

“We’ve only been offering this residency for a few years and already it attracts hundreds of applicants from this country’s best medical schools,” said Dr. Gordon Schutze, Texas Children’s physician and vice chair of educational affairs for BCM’s Department of Pediatrics.
A YEAR BY THE NUMBERS

Numbers tell an interesting story about a life in the year of a hospital. How many patients did we help? How many dollars did we invest in the community? Find the answers, and see the physicians, leaders, board members and donors who helped make 2013 a resounding success.
STATEMENT OF OPERATIONS*
Fiscal Year 2013
in thousands

Net patient service revenue ........................................................................................................ $1,373,555
Medicaid insurance plan premium revenue ............................................................................... 785,821
Supplemental Medicaid funding ............................................................................................... 76,851
Other operating revenue .......................................................................................................... 103,738
**Total operating revenue** .................................................................................................... 2,339,965

Less operating expenses ........................................................................................................... 2,273,744

**Available for reinvestment in the mission** ......................................................................... $66,221

PATIENT STATISTICS

**Admissions** .................................................................................................................... 31,223
Texas Children’s Hospital Main Campus ............................................................................... 19,332
Texas Children’s Hospital West Campus ............................................................................. 1,582
Texas Children’s Pavilion for Women ................................................................................... 10,309

**Census days** .................................................................................................................... 180,023
Texas Children’s Hospital Main Campus ............................................................................... 135,295
Texas Children’s Hospital West Campus ............................................................................. 4,098
Texas Children’s Pavilion for Women ................................................................................... 40,630

**Inpatient/outpatient surgeries** .......................................................................................... 26,802
Texas Children’s Hospital Main Campus ............................................................................... 21,295
Texas Children’s Hospital West Campus ............................................................................. 3,734
Texas Children’s Pavilion for Women ................................................................................... 1,773

**Emergency Center visits** ............................................................................................... 116,961
Texas Children’s Hospital Main Campus ............................................................................... 79,460
Texas Children’s Hospital West Campus ............................................................................. 37,501

**Total patient encounters** ............................................................................................... 3,201,805
Texas Children’s Hospital Main Campus ............................................................................... 46%
Texas Children’s Hospital West Campus ............................................................................. 8%
Texas Children’s Pavilion for Women ................................................................................... 6%
Texas Children’s Pediatrics .................................................................................................. 36%
Texas Children’s Health Centers .......................................................................................... 4%

**Texas Children’s Health Plan members** ......................................................................... 359,175
Medicaid ............................................................................................................................... 261,121
Children’s Health Insurance Plan (CHIP) ............................................................................ 98,054

* Fiscal year 2013 = October 1, 2012 – September 30, 2013
COMMUNITY INVESTMENT
Calendar Year 2012
in millions

The programs described in this report reflect the community benefit provided by Texas Children’s Hospital in calendar year 2012. Totaling more than $179 million, the specific areas of support include:

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

- $77.9

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

- $4.2

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

- $23.5

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

- $2.2

**Research**
Laboratory science and applied research initiatives advancing pediatric medicine

- $63.8

**Cash and in-kind contributions**
Donations, grants and in-kind support to health care organizations and other community groups

- $7.7

ACADEMIC PARTNERSHIP

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 and women’s health 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.

- Faculty: 1,173
- Residents: 664
- Clinical and postdoctoral fellows: 315

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

- $97.4
## ADMINISTRATIVE AND MEDICAL EXECUTIVE LEADERSHIP

### ADMINISTRATIVE

<table>
<thead>
<tr>
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<th>Title</th>
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<td>Executive Vice President/Chief Financial Officer</td>
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<tr>
<td>Tabitha L. Rice</td>
<td>Senior Vice President</td>
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<tr>
<td>Michelle Riley-Brown</td>
<td>President, Texas Children’s Hospital West Campus</td>
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<td>Jacqueline R. Ward</td>
<td>Assistant Vice President</td>
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<tr>
<td>Randall P. Wright</td>
<td>Executive Vice President</td>
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### MEDICAL

<table>
<thead>
<tr>
<th>Name</th>
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<tbody>
<tr>
<td>Michael A. Belfort</td>
<td>M.D. Ph.D. Ob/Gyn-in-Chief</td>
</tr>
<tr>
<td>Charles D. Fraser Jr.</td>
<td>M.D. Surgeon-in-Chief</td>
</tr>
<tr>
<td>Mark W. Kline</td>
<td>M.D. Physician-in-Chief</td>
</tr>
<tr>
<td>Dean B. Andropoulos</td>
<td>M.D. Chief, Anesthesiology</td>
</tr>
<tr>
<td>George S. Bisset III</td>
<td>M.D. Chief, Pediatric Radiology</td>
</tr>
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<td>Gary A. Dildy III</td>
<td>M.D. Chief Quality Officer – Ob/Gyn</td>
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<td>Angelo Giardino</td>
<td>M.D., Ph.D. Chief Quality Officer – Medicine</td>
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<tr>
<td>Charles Hankins</td>
<td>M.D. Medical Director, West Campus</td>
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<td>Thomas Luerssen</td>
<td>M.D. Chief Quality Officer – Surgery</td>
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<td>M.D. 2013 President, Texas Children’s Medical Staff</td>
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<td>Allen Millewicz</td>
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<td>Joan E. Shook</td>
<td>M.D. Patient Safety Officer</td>
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<td>Stanley Spinner</td>
<td>M.D. Chief Medical Officer, Texas Children’s Pediatrics</td>
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<tr>
<td>Stephen A. Stayer</td>
<td>M.D. 2014 President, Texas Children’s Medical Staff</td>
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<tr>
<td>James Versalovic</td>
<td>M.D., Ph.D. Chief, Pathology</td>
</tr>
<tr>
<td>David Wesson</td>
<td>M.D. Associate Surgeon-in-Chief</td>
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LEADERS IN PHILANTHROPY

MR. AND MRS. JEFFERY HILDEBRAND
JLH FOUNDATION

$5 million benefiting the Jan and Dan Duncan Neurological Research Institute and Community Cares Practices

“I am so grateful for this wonderful gift and am honored to be the first to hold the JLH Foundation Chair in Transplant Surgery. I look forward to the incredible strides we can make in our groundbreaking work in this area.”

Dr. John Alan Goss, Medical Director of Transplantation and Surgical Director of Liver Transplantation

MR. AND MRS. JAMES T. HACKETT
T.L.L. TEMPLE FOUNDATION

$2 million establishing the Maureen Hackett Endowed Chair in Reproductive Psychiatry

“We are committed to doubling the number of surgeons at Texas Children’s – no small task, but one that is made so much more feasible with generous endowment funds as a resource.”

Dr. Charles D. Fraser Jr., Surgeon-in-Chief, Chief of Congenital Heart Surgery and Donovan Chair in Congenital Heart Surgery

ROBERT AND JANICE MCNAIR FOUNDATION

$1.25 million benefiting the Texas Children’s Hospital McNair Scholars Program

“McNair Scholars Matt and Maria Bettini are rising stars in the study of the immunology of diabetes. Their impact on the field has already been profound.”

Dr. Jordan Orange, Chief of Immunology, Allergy and Rheumatology

$2 million establishing the S. Baron Hardy Endowed Chair for Plastic Surgery

“Texas Children’s is committed to providing a comprehensive, collaborative approach to women’s health that recognizes how vitally important reproductive mental health is to the physical and emotional well-being of every patient and her family. This generous and supportive gift from the Hackett family will enable The Women’s Place to enhance its treatment and research efforts in this important area.”

Dr. Lucy Puryear, Medical Director of the Women’s Place

“Matt and Maria have a sincere joy for discovery, as well as a collaborative spirit. Their presence will invigorate the type 1 diabetes research community here at Texas Children’s.”

Dr. Jake Kushner, Chief of Diabetes and Endocrinology

“The usual challenges of devising safe and effective therapies are multiplied for disorders of the brain, while the number of children suffering from each specific neurological impairment is small enough to escape attention from the pharmaceutical industry. The burden of discovery thus rests on academic researchers, and this generous support helps ensure that we can recruit the best and brightest from around the world.”

Dr. Huda Zoghi, Director of the Jan and Dan Duncan Neurological Research Institute
Gifts to Texas Children’s support the following:

- Research: $19,809,180.40 (39%)
- Education: $14,468,851.42 (29%)
- Patient Care: $8,095,219.86 (16%)
- Capital: $5,001,042.59 (10%)
- Charity Care: $3,222,424.68 (6%)

Texas Children’s receives generous support from:

- Individuals: $22,025,421.26 (44%)
- Foundations: $14,579,604.37 (29%)
- Corporations: $8,333,520.12 (16%)
- Community organizations: $3,242,402.32 (6%)
- Estates and trusts: $2,415,770.87 (5%)

LAUREN AND LARA CAMILLO FAMILY TRUSTS

$1 million benefiting the expansion of the Pediatric Intensive Care Unit at Texas Children’s Hospital West Campus

“Congratulations to Texas Children’s Hospital West Campus! It’s an honor to support their great work. This gift will help ensure that children have access to the best medical care close to home.”

Michelle Riley-Brown, President, Texas Children’s Hospital West Campus

CHEVRON CORPORATION

$1 million benefiting the Angola Sickle Cell Program

“Without newborn screening and simple interventions, a majority of babies born with sickle cell disease in Angola will die before age 2. In the U.S., all babies are tested at birth and, as a result, more than 95 percent of affected children survive to be adults. Thanks to Chevron’s generosity, more of Angola’s children will do the same.”

Dr. Mark W. Kline, Physician-in-Chief

GR8 HOPE FOUNDATION

$1 million benefiting the David and Mary Wolff Emergency Center at Texas Children’s Hospital West Campus

“This is a huge milestone for Texas Children’s Hospital West Campus. As you can imagine, an expansion of this magnitude takes a village. We are so grateful to the Schaubs for their generous support and for helping us provide the very best emergency care to even more children.”

Michelle Riley-Brown, President, Texas Children’s Hospital West Campus

MICHAEL C. LINN FAMILY FOUNDATION

$1 million benefiting the Matthew Linn Fellowship in Congenital Heart Surgery

“Mike’s incredible generosity is laying the groundwork for much-needed advances for pediatric patients with congenital heart diseases.”

Dr. Charles D. Fraser Jr., Surgeon-in-Chief, Chief of Congenital Heart Surgery and Donovan Chair in Congenital Heart Surgery

STERLING-TURNER FOUNDATION

$1 million benefiting Texas Children’s Fetal Center

“Advances in medicine have brought us to a point where we can correct a number of complex medical issues while babies are still in their mothers’ wombs. It’s a privilege to do this—and a responsibility that we take very seriously. I am so grateful for the Sterling-Turner Foundation’s generous gift that will enable us to make further advances and give more babies the chance for healthy lives.”

Dr. Michael A. Belfort, Ob/Gyn-in-Chief
A YEAR TO REMEMBER

With more than 3 million patient encounters, hundreds of lives saved and a number of breakthroughs with long-term impact, another banner year draws to a close. We’re proud of our more than 11,000 staff and employees who provide the finest possible care for each child and every woman who come to Texas Children’s.