



The Children's Hospital
of Philadelphia®

2015 ANNUAL REPORT



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\$312,840,840 in research funding, a 50-plus-location Care Network, 1.24 million outpatient visits: This is our year by the numbers.







WELCOME FROM THE NEW PRESIDENT & CEO

2015 was an exceptionally exciting year at The Children's Hospital of Philadelphia — a year of change and discovery, of innovation and excellence, of new possibilities and extraordinary breakthroughs.

In this *Annual Report*, you'll meet some of our clinical and research teams and discover how their work is changing children's lives. You'll get to know some of the patient families that have entrusted us with their children's care. And you'll learn more about how we're advancing our mission of care, compassion and innovation.

Every day at CHOP, we find new paths to excellence.

I hope you enjoy learning more about where our journey took us in 2015.

Madeline Bell

President and Chief Executive Officer

CHOP's NEXT CHAPTER

WITH MORE THAN 25 YEARS AT THE
CHILDREN'S HOSPITAL OF PHILADELPHIA,
MADELINE BELL TAKES ON A NEW ROLE: CEO.

President and CEO Madeline Bell
overlooking the new Buerger Center
for Advanced Pediatric Care

For as long as Madeline Bell can remember, she wanted to be a nurse. A photo of her taken at 3 years old shows her sitting under the Christmas tree, smiling with her freshly unwrapped toy nurse's kit. If another child were injured on the playground, Bell was always the one to say, "Let me have a look at that cut."

As an undergraduate at Villanova's College of Nursing, Bell briefly intended to become a doctor instead, but the dean implored her to reconsider: "There won't be any leaders in nursing if everyone goes into medicine." ►



Madeline Bell at 3 years old. On her Christmas wish list was a nurse's kit.

Little did the dean know, Bell would become not only a leader in nursing but also the leader of all 12,000 employees at The Children's Hospital of Philadelphia. On July 1, Bell left her role as CHOP's president and chief operating officer (COO) to become president and chief executive officer.

Shaping the Future

In her new role, Bell is focused on driving the Hospital's strategic growth and helping to tell — and shape — CHOP's story.

When Bell began at CHOP in the 1980s, there was no CHOP Care Network — CHOP was a single building. Now, due in no small part to her efforts, there are more than 50 Care Network locations, and CHOP has extended its reach through strategic alliances with numerous other hospital systems — including the institution's first out-of-market alliance, with Mount Sinai Health System in New York. Weighing the costs and benefits of future expansion will be very much on Bell's mind as CEO.

Philanthropy is also key on her agenda, and she speaks about it passionately. "I want to be part of making CHOP hands-down the charity of choice for Philadelphia and beyond," she says. "What better cause is there than to give to children, the architects of our future?"

As CEO, Bell will remain front and center on several issues that she has helped to drive at CHOP: patient safety, performance improvement, patient engagement, and diversity and inclusion.

Focused on Patients and Families

Bell has long been a champion of making CHOP a family-centered environment, incorporating patient-family feedback in everything from the design of the new Buerger Center for Advanced Pediatric Care to the selection of patient pajamas. She relishes opportunities to speak with families and hear their stories.

"If I get frustrated with my own work, I go over to the Hospital and interact with a family or a front-line nurse or physician," she says. "The best moments are hearing those stories. It gives you a heavy dose of perspective on what really matters. They are CHOP's mission in action." ■





“WHAT BETTER
CAUSE IS THERE
THAN TO GIVE TO
**CHILDREN, THE
ARCHITECTS OF
OUR FUTURE?”**

Madeline Bell, President and CEO

ZION'S STORY

A SURGICAL FIRST, A LIFE-CHANGING TRANSFORMATION

The moment came at a little after 2 a.m.

A silence fell over the room. A child's hand that had lain lifeless and waxen-looking slowly began to suffuse with a healthy pink color as blood flowed into its arteries.

To the more than 40 people gathered in OR 5 at The Children's Hospital of Philadelphia, it was a milestone years in the making — a sign that **the first bilateral hand transplant ever performed on a child was going well.** ►

Zion Harvey, 8, shown with his mother, Pattie Ray, is the world's first child to receive a bilateral hand transplant. He lost his hands at age 2 to sepsis.



A Radical Idea

By any measure, 8-year-old Zion Harvey has led an extraordinary life. At the age of 2, he developed sepsis, a life-threatening infection that led to the amputation of his feet and hands. The illness also damaged his kidneys, and, two years later, Zion underwent a kidney transplant — receiving an organ donated by his mother, Pattie Ray.

It was a daunting start. But Zion proved to be a dauntless kid. With prosthetic feet, he learned to run, jump and play just like other children. What he did without hands was even more remarkable: He used his residual limbs to master eating, writing, even playing video games.



Building Strength. Daily physical and occupational therapy sessions, either at CHOP or near his Baltimore home, are necessary to help Zion develop full use of his transplanted hands.



Members of the enormous surgical team, who rehearsed for months before performing the more than 10-hour transplant operation.

Fast-forward to 2012. Zion and Pattie went to Shriners Hospitals for Children – Philadelphia to investigate the possibility of prosthetic hands. But Scott Kozin, M.D., surgeon and chief of staff at Shriners, had a different and radical suggestion: a double hand transplant.

The Ideal Patient

Transplantation of nonessential organs like hands is rare. The surgery itself, known as vascularized composite allotransplantation (VCA), is performed by only a few teams around the world and requires exceptional expertise in complex microvascular and hand surgery. Acquiring donor organs is challenging. And transplant recipients must take powerful medication for the rest of their lives to prevent rejection of the organs — a risk that for some patients is not worth the gain of limbs they have learned to manage without.

Zion was different. The fact that he was already taking immunosuppressants for his transplanted kidney meant that doctors could piggyback on these drugs to prevent rejection of the hands. Equally important, Zion displayed a courage and tenacity that portended well for the long road to recovery he would face.

A Specialized Program, an Elite Team

Kozin referred Zion to the Hand Transplantation Program at The Children's Hospital of Philadelphia. Led by L. Scott Levin, M.D., F.A.C.S., who is also the Paul B. Magnuson Professor of Bone and Joint Surgery, chairman of the Department of Orthopaedic Surgery and professor of Surgery (Plastic Surgery) at Penn Medicine, the program combines the expertise of CHOP's Division of Plastic and Reconstructive Surgery and Division of Orthopedics with that of Penn's Transplant Institute. After 18 months of evaluation, the team determined that Zion was an ideal candidate for what would be the world's first

pediatric bilateral hand transplant. "As far as we know, it's never even been attempted in a child," says surgeon Benjamin Chang, M.D., co-director of CHOP's Hand Transplantation Program.

The massive surgical team assembled and began to prepare, conducting detailed rehearsals covering every aspect of the procedure. "There's a saying in surgery," says Levin. "The only shortcut you need is preparation." When Levin was convinced the team was fully ready, Zion was listed for transplant with the United Network for Organ Sharing (UNOS).

A Historic Surgery

On a warm summer night, just three months later, the call came: Thanks to the generosity of a grieving family, a donor had been found. Zion and Pattie hurried to CHOP from their home in Baltimore.

The operation lasted more than 10 hours. Working through the night, the surgical team used microscopes as they attached bones, blood vessels, nerves, muscles, tendons and finally skin, sewing with sutures that were finer than a human hair. At its conclusion, Levin, Chang and Kozin were able to give Pattie the best possible news: "Your little guy has two hands."

Monkey Bars Ahead?

Zion faces many months of physical and occupational therapy as he learns to use his new hands, and he will be closely monitored for signs of organ rejection.

When Levin first met the precocious little boy, he asked Zion why he wanted hands. The answer: so he could swing on the monkey bars. With his characteristic grit and determination, CHOP's comprehensive medical care and a bit of luck, Zion may well be on his way to achieving that goal. ■

A SPECIAL PLACE FOR SPECIAL CARE

Custom-designed glass that includes child-sized handprints.

The awesome ramp that winds between the first and second floors, covering the length of a football field. Bountiful natural light. Stunning graphics of children in action. Interactive games. Swaying flowers and flowing water features.

These design elements were carefully selected for the newly opened Buerger Center for Advanced Pediatric Care specifically to make an appointment with a pediatric specialist more fun for children and easier on their families. ►

Nicholas Busillo, 16 months, explores one of the “Wait. Play. Learn.” areas in the Buerger Center for Advanced Pediatric Care. They have interactive games, comfortable seating and plenty of natural light.



THE BUERGER CENTER SPARKLES WITH
INNOVATIVE, FAMILY-FRIENDLY FEATURES.

“We built it to be childlike, not childish,” says Pat Richards, senior director, Main Campus Ambulatory Services, who was on the team that shepherded the project over the course of seven years. “Visiting the doctor can be scary for some children and stressful for their parents. Our overriding thought was: How can we make this the best experience possible?”

Similarly, kid- and family-friendly features were woven into the three new Specialty Care Centers that opened last year in the CHOP Care Network: Princeton at Plainsboro, King of Prussia and Brandywine Valley. The new centers increased outpatient square footage by 50 percent, making more appointments available.

The Right Level of Care Near Home

“Technically, Princeton and King of Prussia are replacement facilities, while Brandywine Valley is a totally new location. Together, they truly allow CHOP to provide state-of-the-art care to families in their communities,” says Amy Lambert, senior vice president, CHOP Care Network. “For children whose conditions don’t require a trip to Main Campus, we bring the right level of care from CHOP physicians and nurses close to their home.”

The CHOP Care Network also expanded its relationships with community hospitals, entering into agreements with St. Mary Medical Center in Langhorne, Pa., and Lancaster (Pa.) General Health.

For those who do need or choose to see specialists on Main Campus, the Buerger Center offers an unparalleled setting, brimming with conveniences that make visits efficient and enjoyable. Even though it boasts 700,000 square feet, it is easy to navigate, with clinical “neighborhoods” that locate related services near each other.



Top: Alex Lo, 3, has plenty of room to run around before an imaging test at the CHOP Care Network King of Prussia Specialty Care and Surgery Center. *Above:* The new Brandywine Valley location combines specialty care from the Springfield and Chadds Ford practices and ambulatory surgery from the Exton practice into one bright, spacious facility.

BIGGER, BETTER, BRIGHTER!

	Square Feet	Exam Rooms	ORs	Specialties	Urgent Care
Brandywine Valley	44,000	28	2	16	Feb. 2016
King of Prussia	135,000	68	2	31	Yes
Princeton at Plainsboro	25,000	42	0	19	No



Parents will appreciate five levels of parking, quick dining options, and both quiet and active waiting areas. Check-in kiosks on each floor and streamlined procedures aim to reduce registration time by nearly 50 percent.

Waiting Made Fun

Kids will love the “Wait. Play. Learn.” areas on each floor, the two-story rehabilitation gym — complete with climbing wall — and the opportunity to explore the 14,000-square-foot rooftop garden and 2.6-acre landscaped outdoor plaza at ground level.

Patients and families were part of the Buerger Center planning process, and their ideas — like using local scenes in the graphics and including benches big enough to change a teenage child in some restrooms — were included.

Input from the doctors, nurses and therapists who treat patients in the Buerger Center led to exam rooms that better incorporate computers and work spaces that foster collaboration among clinicians.

Room to Grow

The Buerger Center is opening in stages, with additional specialty practices moving in through 2017, when the initial seven floors will be occupied. With an eye toward the future, it was built to accommodate five more floors of clinical space when needed.

“The Buerger Center is a transformative space that is a testament to what we can achieve when families, clinicians and more than 4,000 donors collaborate to design a completely new experience for patients,” says President and CEO Madeline Bell. “When children walk through the doors, they know they are in someplace special. That’s our mission: providing the best care in the best facilities.” ■

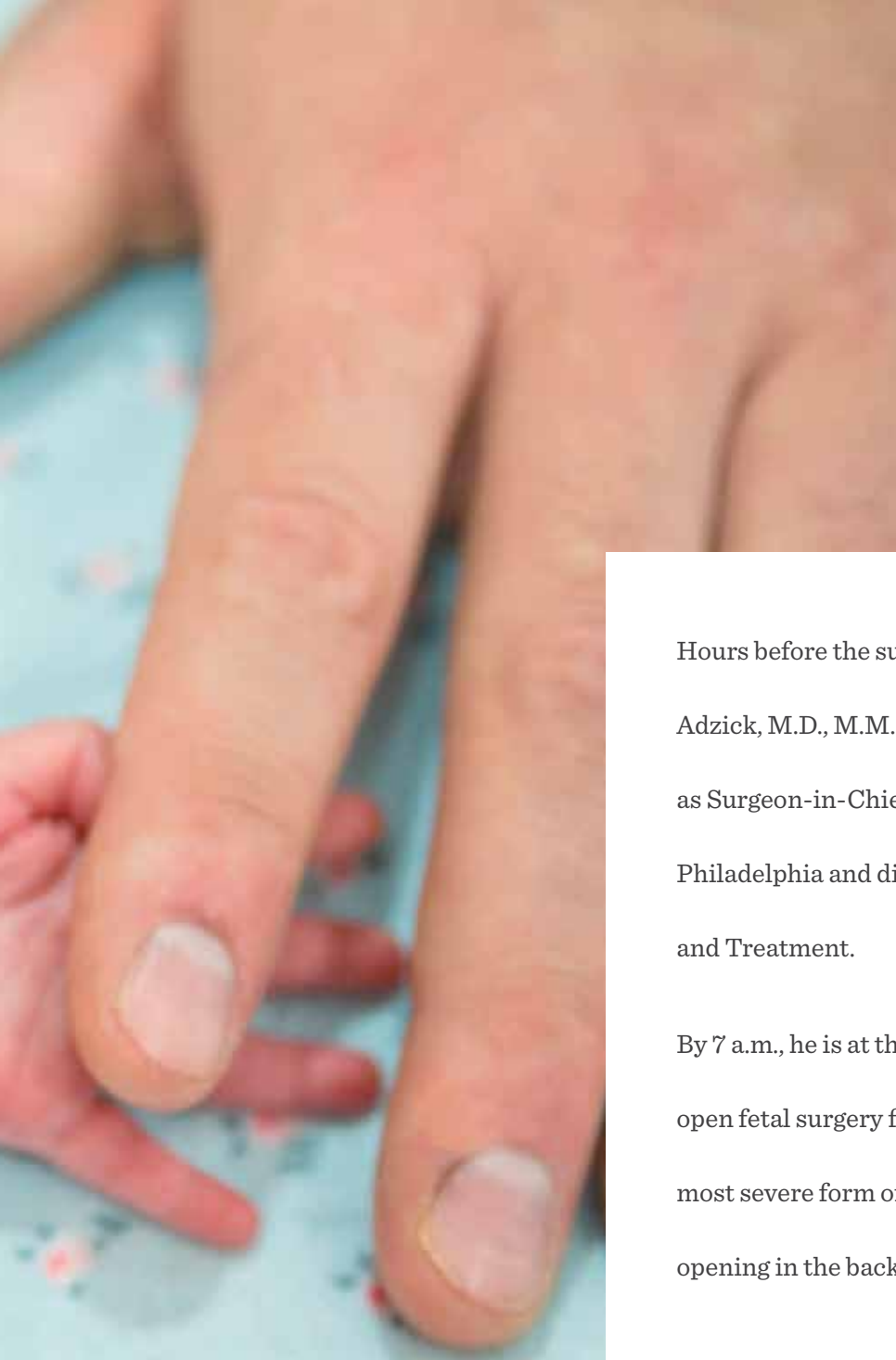


Left: To get the Buerger Center amenities and design just right, the CHOP team traveled to newer children’s hospitals, museums and libraries in 13 cities across the country to scout the latest and greatest architectural and clinical elements. Brothers Kolbe Geiger, 3, and Liam, 7, find that the two-story Leonard B. Kahn Discovery Walkway is great for letting off steam after a Hematology appointment.



A LEGENDARY **LEGACY**

FOR 20 YEARS, CHOP'S CENTER FOR FETAL DIAGNOSIS AND TREATMENT HAS WORKED TIRELESSLY TO **ADVANCE THE FIELD OF FETAL SURGERY AND OFFER LIFESAVING CARE FOR PREGNANCIES DIAGNOSED WITH BIRTH DEFECTS.**



Hours before the sun rises, an alarm sounds and N. Scott Adzick, M.D., M.M.M., awakens to begin another busy day as Surgeon-in-Chief at The Children's Hospital of Philadelphia and director of its Center for Fetal Diagnosis and Treatment.

By 7 a.m., he is at the Hospital prepping to perform an open fetal surgery for myelomeningocele (MMC), the most severe form of spina bifida, in which there is an opening in the back. ►



Maive Seabold (*at left*) underwent lifesaving fetal surgery at CHOP's Center for Fetal Diagnosis and Treatment (CFDT) to remove a massive tumor growing from her tailbone. Only about 15 such surgeries have ever been performed, and N. Scott Adzick, M.D., M.M.M., CFDT director and CHOP Surgeon-in-Chief, has done nine of them.

Adzick is a pioneer of fetal surgery, in which lifesaving procedures are performed while an unborn baby is inside its mother's womb. He and the Center's multidisciplinary team co-led a groundbreaking study that proved fetal repair of MMC can produce better outcomes than traditional repair after birth, including improved chances of a child being able to walk independently.

At 8 a.m., surgery is in full swing. Adzick is laser focused as he and the surgical team do what many once thought impossible: open the mother's uterus, close the hole in the fetus' spine, then close the uterus, allowing the child to continue developing until birth. The Center's team has performed more than 1,300 fetal surgeries to treat various birth defects, the most of any program in the world. The team also performs other, less-invasive procedures that offer improved outcomes, as well as nonsurgical therapies.

A Dynamic Duo

The surgery is over by 10 a.m. On his way to see his next patient, Adzick stops by the Garbose Family Special Delivery Unit, the first comprehensive birth facility housed in a pediatric hospital for women carrying babies with known birth defects, to check in on a patient on bed rest. The SDU was the brainchild of Adzick and Lori Howell, D.N.P., M.S., R.N., the Center's executive director. It has revolutionized care by keeping mother, baby and family in one space for labor, birth and the postpartum experience. More than 2,350 deliveries have taken place in the unit to date.

Much of Adzick's and Howell's days are spent tackling the sundry tasks of running the largest and most comprehensive fetal diagnosis and treatment program in the world, which they've done together at CHOP since 1995. They lead the world's most experienced fetal team, which has cared for more than 18,000 expectant families, from all 50 states and more than 60 countries. Their office walls are peppered with pictures of patients



reaching childhood milestones, living proof of the impact their work has had. The Center's very first patients are now in college, making plans for their futures.

"It's incredible to look back on the past 20 years," says Howell, who is known as the glue that connects the many working parts of this complex center. "We battled a lot of skepticism in the beginning, even from our own colleagues. It's remarkable to see how far we and our patients have come."

Always Advancing

The Center continues to push the envelope, with advances in *in utero* stem cell transplantation and gene therapy, and efforts to develop an external support system designed to help preterm

infants bridge the gap between their mother's womb and the world.

"Every accomplishment we've had, day after day, year after year, has inspired us to keep discovering, keep finding new and better treatments that will help even more children live the fullest lives possible," says Adzick.

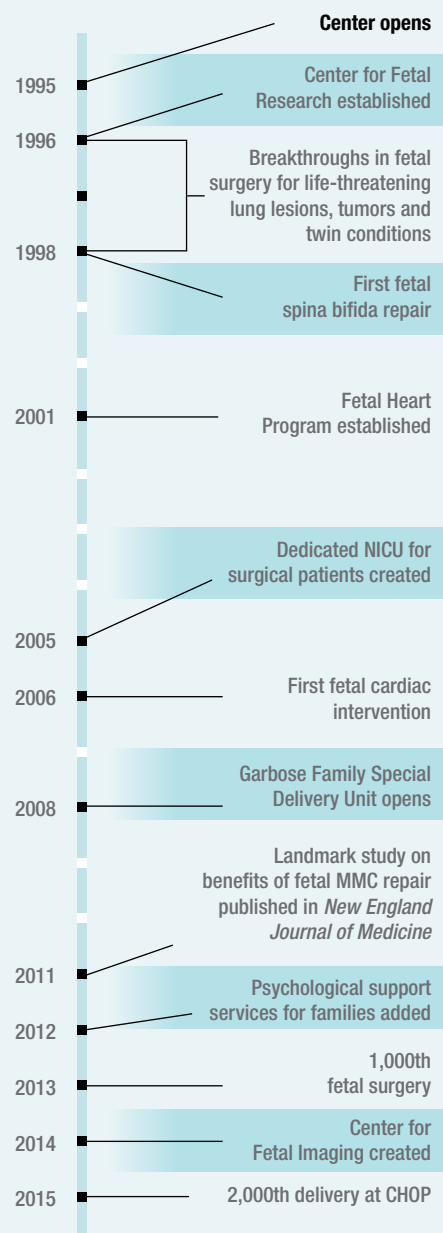
Just after 5 p.m., he gathers around a table with other members of his team for consultation with a family who has traveled cross-country for a second opinion. After a daylong evaluation, the team reviews the diagnosis and lays out a detailed plan of care, giving this family — like so many before them — what they'd journeyed so far in search of: **hope.** ■

"ONE OF THE THINGS I'M MOST PROUD OF IS THE WAY WE TREAT PATIENTS. WE PLACE THEM ON A PEDESTAL AND PROVIDE THEM THE BEST MEDICAL CARE IN THE WORLD."

N. Scott Adzick, M.D., M.M.M., CFDT Director and CHOP Surgeon-in-Chief, shown with CFDT Executive Director Lori Howell, D.N.P., M.S., R.N.

20 YEARS OF ADVANCES

Over the past two decades, the Center for Fetal Diagnosis and Treatment has been home to breakthroughs, discovery and hope. Here, a few highlights:



CHANGE AGENT

OUR NEW CHIEF SCIENTIFIC OFFICER HAS BIG PLANS FOR THE FUTURE OF THE RESEARCH INSTITUTE.



“Growing up, I wanted to be the curator of the Louvre,” says Chief Scientific Officer Bryan A. Wolf, M.D., Ph.D., a merry smile spreading across his face. The humor in the idea of Wolf — who holds advanced degrees in pharmacology and endocrinology — as a museum caretaker isn’t lost on him.

Though his current role at The Children’s Hospital of Philadelphia seems a far cry from museum director in Paris, where he grew up, you could say Wolf is still a curator of sorts. Instead of art, though, he organizes and nurtures people and ideas.

Transforming CHOP

Wolf studied medicine at the School of Medicine Necker-Enfants-Malades, University of Paris, and after graduation moved with his family to the United States in 1984 for residency and fellowship training. In 2001, he joined CHOP as the chair of Pathology and Laboratory Medicine, where he introduced molecular and genomics-based diagnostic testing.

In 2008, Wolf’s career took a turn toward the technical when he was promoted to the role of senior vice president and chief information officer. As CIO, he again led several transformational initiatives, including the Hospital’s implementation of the electronic health record (EHR).

In 2014, he was asked to head the new Department of Biomedical and Health Informatics. Under his guidance, the department was tasked with improving health outcomes and accelerating research by using analytics to examine the EHR data for best practices.

Chief Scientific Officer Bryan Wolf, M.D., Ph.D. (*second from right*), is collaborating with researchers throughout the organization — including (*from left*) Douglas Wallace, Ph.D., director, Center for Mitochondrial and Epigenomic Medicine; Stephen Hunger, M.D., chief, Division of Oncology, and director, Center for Childhood Cancer Research; and Beverly Davidson, Ph.D., director, Raymond G. Perelman Center for Cellular & Molecular Therapeutics — to develop a new strategic plan for CHOP’s Research Center.

When Wolf became CSO early in 2015, he was asked to lead yet another transformation within CHOP: the design of a new strategic plan for the Research Institute. This plan will set forth the Hospital’s basic science, clinical and translational research goals for the next five years.

“I really see the strategic plan as the place where I can have the biggest impact on CHOP,” explains Wolf. “The NIH funding environment is really tough. We have to be clear about where we want to be five to 10 years from now, the impact we want to have and how exactly we plan to get there, so we know where to put our focus and our funding.”

A Scientific Approach to Strategy

Wolf won’t be determining the Research Institute’s direction alone: He and Joseph W. St. Geme, M.D., CHOP’s physician-in-chief and chair of the Department of Pediatrics, are at the helm of a faculty-led approach to developing the Research Institute’s strategic plan — scheduling focus groups and planning retreats to collect input from throughout the organization.

Instead of a top-down approach to strategic planning, Wolf hopes to engage the ideas and gain the support of the majority of the Research Institute’s more than 500 investigators before CHOP leadership approves the final plan.

No small task, but few people would be more capable of bringing together CHOP’s brightest and most promising clinicians, investigators, leaders and ideas than Wolf.

“Dr. Wolf is adept at leading groups of people who have a broad range of interests, experience and talents — especially when they’re passionate about what they do,” says CHOP President and Chief Executive Officer Madeline Bell.

“At CHOP, we attract people who have a drive to change the world around them,” says Wolf. “They think big and take risks. And I enjoy seeing that passion and nurturing it — it’s the fun part of my job!” ■

THE ROAD BEST TAKEN

HOW STANDARDIZING CARE DELIVERY HELPS
IMPROVE OUTCOMES FOR EACH INDIVIDUAL CHILD





Tamnysha Roberson knew the drill. Her 5-year-old daughter, Rhyan, had spiked a fever, so once again they were off to The Children's Hospital of Philadelphia.

Rhyan has sickle cell disease, which, among other complications, puts her at risk for serious bacterial infections. For years, established practice had been to admit sickle cell patients to the Hospital anytime they develop fever.

When Rhyan and Tamnysha arrived at CHOP's Emergency Department, Rhyan was given IV antibiotics, carefully monitored for several hours and then, to the immense delight of both mother and daughter, sent home. They were spared a Hospital admission thanks to an innovation known as a Clinical Pathway. ►

NOT in the Hospital! Sickle cell disease patient Rhyan Roberson, 5, spends much less time as an inpatient at CHOP since the development of an innovative Clinical Pathway that guides her care.



STANDARDIZED TREATMENT, **MORE** **EFFECTIVE CARE**

The Land of Variation

“It’s a great time to be in medicine,” says Jane Lavelle, M.D., associate director, Emergency Medicine. The explosive growth of new knowledge, coupled with technological innovations, creates more possibilities to help patients than ever before. It also creates new challenges. Changes in practice are constant. Millions of scholarly articles are published each year. No matter how diligent the physician, keeping up can be difficult.

Which can foster what Lavelle calls “the land of variation,” a place of widely differing ways of treating similar patients, with the potential for widely differing outcomes.

The team in CHOP’s E.D., who see the broadest imaginable spectrum of illness — including nearly 70 percent of the patients admitted to the Hospital — had an idea: Gather clinicians from multiple disciplines and collectively figure out how to standardize care.

And so the idea for Clinical Pathways was born.

Meeting of the Minds

“We bring together a multidisciplinary group of experts who are up to date on the latest literature, who have a lot of experience with a particular condition or process of care,” says Ron Keren, M.D., M.P.H., chief quality officer.

The teams that create the pathways reconvene at regular intervals to measure outcomes, review evidence and consider: Should we do anything differently? Should we change our recommendations? It is a continuous cycle of learning and improvement.

And what about those who see standardization as “cookbook medicine”? Keren stresses that pathways are a guide, not a mandate. In fact, having a protocol in place that streamlines care “opens up time to talk about the kids who don’t quite fit the pathway, to customize care for kids who need it.”

Today there are nearly 90 clinical pathways in place (with more coming online all the time), spanning topics from asthma to appendicitis, and informing care in all CHOP settings — inpatient units, ORs, primary care practices, as well as the E.D. Keren’s Office of Clinical Quality Improvement has also created tools to make following the pathways easier for clinicians, such as order sets built into the electronic medical record with recommended tests and treatments preselected.

**“PATHWAYS
EMPOWER
EVERYONE ON
THE CLINICAL
TEAM.”**

Jane Lavelle, M.D.

For the Wider World

The team takes particular pride in providing Clinical Pathways to clinicians everywhere. All are available on CHOP’s website, and about half of the 30,000 views they receive each month are from outside the Hospital. “It’s a way for CHOP to provide leadership and have an impact on the quality of care kids receive around the world,” says Keren.

For Rhyann, the benefits live much closer to home. Thanks to a pathway based on evidence that sickle cell patients deemed “low-risk” can safely be treated for fever at home, Rhyann’s yearly Hospital admissions have been cut in half. That leaves more time for much more important activities like playing with her dog, Foxy.

“We are surrounded by excellence in this Hospital,” says Lavelle. “If we can engage clinicians in creating standards of care, unleashing the creative energy and brilliance of people throughout the institution, that’s incredibly powerful.” ■



Ron Keren, M.D., M.P.H., and Jane Lavelle, M.D., have spearheaded the institution-wide work to create Clinical Pathways. There are now nearly 90, which are used by clinicians at CHOP — and around the world.



TREATING THE “UNTREATABLE”

TWO DOCTORS AT CHOP ARE SAVING LIVES
BY EXPLORING AN UNCHARTED FIELD OF MEDICINE.

Some medical advances are so big, so groundbreaking, that they have the power to improve the health of millions around the world: vaccines, antibiotics, surgical anesthesia, organ transplantation.

Others — like the breakthrough lymphatic imaging and intervention procedures developed and performed by CHOP pediatric cardiologist Yoav Dori, M.D., Ph.D., and Maxim Itkin, M.D., an interventional radiologist at Penn Medicine — may not have as widespread an impact from the start, but they’re no less important to the children they save and their families. ►

To capture never-before-seen images of the lymphatic system, Yoav Dori, M.D., Ph.D., injects a small amount of an MRI contrast agent into a patient through a catheter.

Children like Marta (*right*), a Norwegian teenager whose lymphatic system was leaking large amounts of fluid into her chest and abdomen. She couldn't lie down to sleep because it made her feel like she was drowning in her own body. Her doctors had no idea how to stop the leaks.



She was flown to CHOP for lymphatic imaging procedures with Dori and Itkin. And after interventions to correct her lymphatic leaks, she was able to return home healthy.

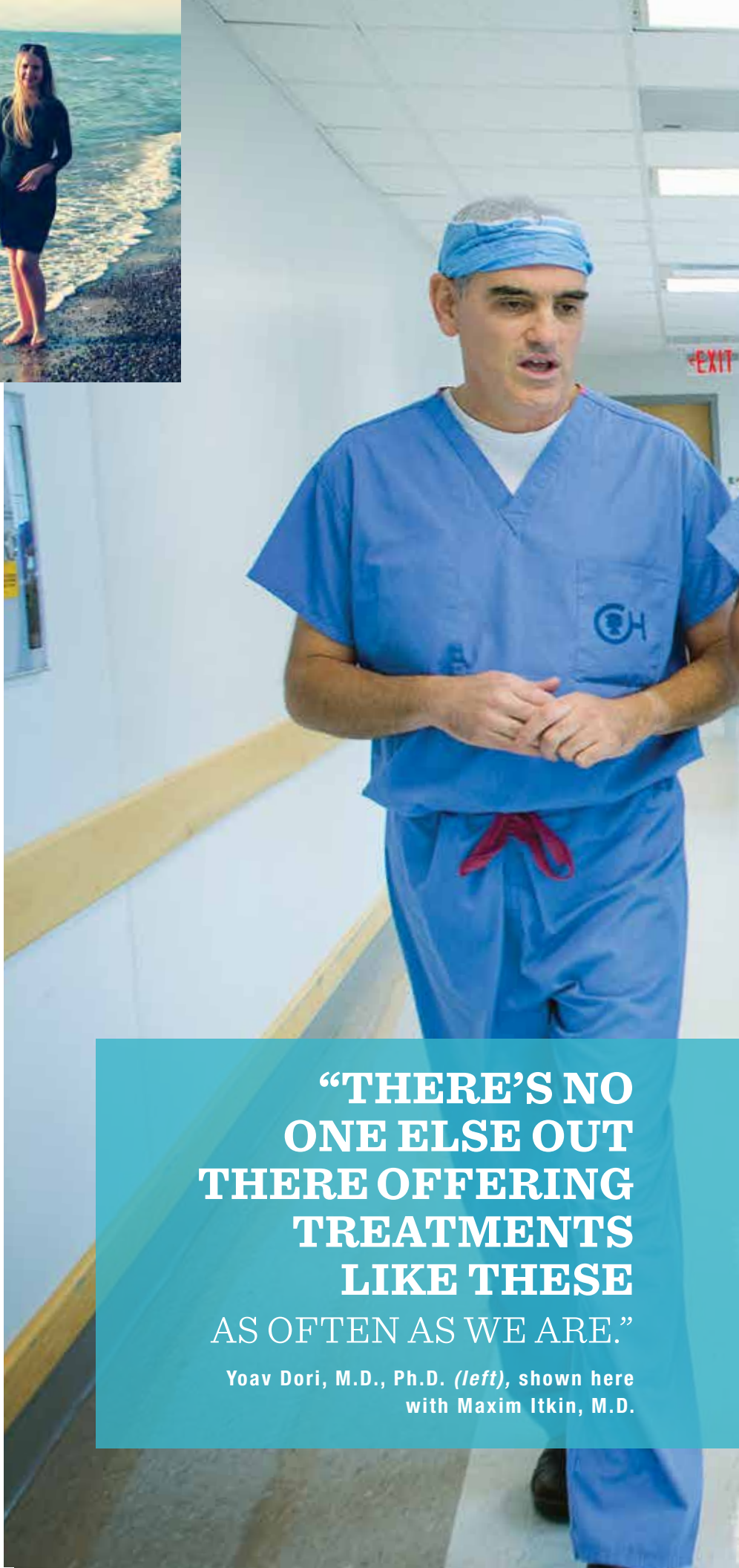
What's the Lymphatic System?

Until recently, not much was known about this major organ system, which includes the spleen, thymus, lymph nodes and lymph vessels. The lymphatic system routes a clear fluid, called lymph, throughout the body, carrying it from tissues and organs such as the liver and intestinal tract back into the bloodstream. One of the main purposes of the lymphatic system is to help keep the immune system working properly. Another is to return excess fluid from tissue into the bloodstream.

"Lymph and the lymphatic system is everywhere in the body," says Itkin, "and if the system isn't working right, or it's leaking fluid somewhere, it appears to have implications in all kinds of diseases."

Inadequate imaging technologies, though, made it difficult for doctors to get a clear view of the lymphatic system. This meant attempts at identifying abnormalities and treating them was also nearly impossible.

Itkin and Dori theorized that treating the lymphatic system was the key to curing some conditions and eliminating the symptoms of others. They just needed a better view of the lymph vessels.



**"THERE'S NO
ONE ELSE OUT
THERE OFFERING
TREATMENTS
LIKE THESE
AS OFTEN AS WE ARE."**

Yoav Dori, M.D., Ph.D. (*left*), shown here
with Maxim Itkin, M.D.



They collaborated to develop a specialized technique called dynamic contrast MR lymphangiography (DCMRL). During the procedure, a small amount of an MRI contrast agent is injected directly into the lymphatic system, then tracked by MRI.

The images this technology produce show the entire anatomy of the lymphatic system, as well as the direction and speed of lymphatic flow.

For the first time ever, Dori and Itkin are able to determine the exact locations of lymphatic leaks, allowing them to then seal the leaks using interventional techniques like embolization.

“There’s no one else out there who’s offering treatments like these as often as we are,” says Dori, in a tone that sounds both amazed and excited. “A small number of doctors may do one or two of these procedures per year, but we’re doing one or two per week.”

What’s Next?

“We’re in this stage where we have this proven tool for discovery and we’re quickly learning how and when to use it,” says Dori, who, along with Itkin, leads the Center for Lymphatic Imaging and Interventions at CHOP and the Hospital of the University of Pennsylvania. “We’re always telling people, ‘If something is swelling or leaking, or you can’t explain a condition or its symptoms, just call us and we’ll figure it out!’”

Dori and Itkin have already discovered the etiology for a handful of rare and complex diseases. And they’re currently using DCMRL to clarify the role of the lymphatic system in several more common conditions, including neonatal lung disease and congestive heart failure — the latter of which affects more than 5 million people in the United States alone.

Don’t be surprised if lymphatic imaging and intervention ends up on the next list of medical breakthroughs that impact the lives of millions around the world. ■

SOMETHING
ABOUT BEING AT
HOME

CHOP HOME CARE KEEPS PATIENTS AND FAMILIES
RIGHT WHERE THEY SHOULD BE: **TOGETHER.**



As she sleeps, many things keep 2-year-old Savannah safe and sound: her parents, a room away. The stuffed animals at her feet. And the multitude of machines, including a ventilator and heart monitor, surrounding her crib.

Born with a rare craniofacial disorder, Savannah spent her first three months at The Children's Hospital of Philadelphia. She was discharged on Nov. 19, 2013. Since then she's been someplace amazing: **home.** ▶



Savannah, 2, born with Saethre-Chotzen syndrome, is shown at home with her mom, Karen.



GOING THE DISTANCE



**9 TIMES
AROUND**

Nurses and respiratory therapists traveled **232,938 miles**, more than nine times the Earth's circumference, in the past year.

Drivers traveled **247,487 miles** to make deliveries, farther than the distance from Earth to the moon, in 2015.

**PAST THE
MOON**



"You can't heal if you're not fully comfortable," says Savannah's mom, Karen, who noticed improvements in her daughter's ability to sleep as soon as she was home. "For children that means feeling safe and being with the people who love them most. There is just something about being at home."

That this little girl, who has had 12 surgeries and has a tracheotomy, is rocked every night and sleeps in her own crib is a testament to the devotion of her parents, the skill of the surgeons and intensive care team at CHOP, and the dedication of Children's Hospital Home Care.

Growing and Growing

Since its beginning in 1989, with approximately 10 employees, Home Care has become an integral extension of the CHOP mission. From their hub at the new Specialty Care Center in King of Prussia, Home Care nurses, respiratory therapists, dietitians, delivery drivers, warehouse workers and pharmacists, now numbering more than 75, travel hundreds of thousands of miles each year. They serve more than 7,000 children a year, double the amount five years ago.

Reasons for the growth are varied: More children survive serious disease, technology allows complex care outside the hospital, home care is less costly than inpatient care, and families prefer it.

"It's so hard to take care of a child in a hospital, because it disrupts the family system," says Amy Gallagher, senior director, CHOP Home Care. "We truly feel that the patient and the family heal better when the patient is home."

■ **City, Country, Beach** – The team travels 60 miles into Pennsylvania and Delaware and 75 miles into New Jersey, as far as the shore.

■ **Reaching Internationally** – The team provided service to more than 100 CHOP patients from different countries in the past year. Families have extended stays in hotels or apartments as children undergo treatment.




 A photograph of Jeff Tait and Amy Gallagher standing in a warehouse filled with boxes. Jeff is on the left, wearing a blue polo shirt with a logo and a lanyard, with his arms crossed. Amy is on the right, wearing a black blazer over a light blue top and a lanyard. They are both smiling at the camera. The background shows tall shelves filled with cardboard boxes, some labeled 'UP↑' and 'WILD BERRY'.

Jeff Tait, operations manager, and Amy Gallagher, senior director, CHOP Home Care, at the Home Care warehouse in King of Prussia.

Because of Home Care, children with sickle cell disease, hemophilia, cancer, cystic fibrosis, neuromuscular disorders and other conditions eat dinner at the table, go to school, play with the neighborhood kids and sleep in their own rooms. Services run the gamut: teaching how to use a nebulizer for asthma; providing supplies and support for feeding tubes; administering chemotherapy drugs; delivering life-sustaining equipment; and forging relationships with families of children who will require complex care for years, like Savannah.

Delivering Excellence

Every month, a driver delivers 48 types of supplies to Savannah's family apartment in rural Bucks County. The team manages delivery, monitoring and maintenance for 11 pieces of equipment, and respiratory therapist John Tamasitis, R.R.T., N.P.S., visits frequently. "The standard you experience in the Hospital, you're going to get it at home," says Tamasitis, an 18-year member of the Home Care team.

During visits, Tamasitis sends live video of Savannah and confers with her intensive care physician at CHOP, as part of a telemedicine pilot program. Weaning Savannah from a ventilator is a goal — and with help from Home Care, she breathes on her own as many as 14 hours a day. That means the family can do things many take for granted, such as going for a walk together.

Home Care is a lifeline the family can rely on at any hour. Once, around midnight, Savannah's parents became concerned about her breathing. They phoned Tamasitis, who quickly realized a call wasn't enough. He drove to their apartment right away.

"We can call him anytime, day or night," says Karen. "I don't like to think about what our life would be like if we didn't have this team. They make the quality of our life so much better." ■


 A photograph of respiratory therapist John Tamasitis in a home setting. He is kneeling on a colorful patterned rug, holding a blue folder and looking down at a young child, Savannah, who is lying on her back. A woman, Savannah's mother, is lying on her side next to Savannah, looking at her. In the background, there is a window with blinds, a couch, and some medical equipment, including a nebulizer machine.

Respiratory therapist John Tamasitis helped Savannah and her parents transition home after a three-month stay at CHOP, and continues to visit often.

HIGHLIGHTS OF OUR YEAR IN PHILANTHROPY

GENEROSITY PERSONIFIED



\$155,832,339
from
78,793 DONORS

In fiscal year 2015, 78,793 donors gave a total of \$155,832,339 to The Children's Hospital of Philadelphia. From schoolchildren who raised \$50 at a bake sale to a noted philanthropist who gave \$50 million, our donors inspired us with their generosity, goodwill and commitment to ensuring a bright future for all children.



DAISY DAYS

A beloved Philadelphia tradition. Throughout the month of May, children, families, businesses and schools come together to support CHOP.



**\$700K+
RAISED**



**5,800 GIFTS &
5,600 DONORS**



**20 RETAIL PARTNERS
15 SCHOOL PARTNERS**



**15 COMMUNITY
GROUPS/EVENTS**

CHEERS FOR CHOP

CHEERS FOR CHOP

Hosted by the Friends of CHOP, this celebratory evening features entertainment, cocktails and dancing.



**\$675K
RAISED**



**RAISED \$1M+
IN ONLY 2 YEARS**



**MORE THAN 700
GUESTS**



FOUR SEASONS PARKWAY RUN & WALK

This popular event benefits pediatric cancer research and survivorship programs at CHOP.



**\$1.275M
RAISED**



**12,000
PARTICIPANTS**



**LARGEST SINGLE
FUNDRAISER OF THE YEAR**



AN EXTRAORDINARY GIFT FROM AN EXTRAORDINARY MAN

Philanthropist Raymond G. Perelman gave CHOP a \$50 million gift — equal to the largest in the Hospital's history — to support a wide range of pediatric research.

In recognition of the gift, CHOP has established the **Raymond G. Perelman Campus**, an 8-acre area that will serve as a hub of innovation.

The gift will provide direct support for:

- **The Raymond G. Perelman Center for Cellular & Molecular Therapeutics**, a center led by the world's leading experts in immunotherapy and molecular therapy who are designing ways to re-engineer the body's immune system to fight and defeat cancer, metabolic diseases and other catastrophic illnesses
- **The Perelman Scholars**, two new tenure-track faculty positions at CHOP to be filled by candidates from among the world's finest pediatric researchers
- **The Perelman Fund for Research Innovation**, a permanent source of reliable funding for the CHOP Research Institute to strategically identify and support new pilot research initiatives
- **The Raymond G. Perelman Endowed Chair in Pediatric Neuro-Ophthalmology**, which will support a highly skilled researcher and physician-scientist seeking to understand and treat ophthalmologic diseases in children
- **Support** for general research activities of the CHOP Research Institute

AT THE FOREFRONT IN 2015

WHETHER THEY ARE BEING RECOGNIZED FOR A NATIONAL HONOR OR STEPPING INTO A NEW LEADERSHIP ROLE AT CHILDREN'S HOSPITAL, **THESE NINE CLINICIANS AND SCIENTISTS ARE AT THE FOREFRONT OF THEIR SPECIALTIES** AND ARE A BIG REASON CHOP REMAINS ON THE CUTTING EDGE OF PEDIATRIC HEALTHCARE.

**Nathan Blum, M.D.**

Chief, Division of Developmental
and Behavioral Pediatrics

*William H. Bennett Professor of Pediatrics at the Perelman
School of Medicine at the University of Pennsylvania*

In response to the dramatic increase in diagnoses of autism, attention-deficit/hyperactivity disorder and other developmental diseases, Children's Hospital created this new division in 2014 and, after a nationwide search, found the chief among its faculty. Blum, who completed his residency and fellowship at CHOP, has been with the Hospital since 1988. Blum is also the director of the Leadership Education in Neurodevelopmental and Related Disabilities (LEND) Program at CHOP, an interdisciplinary training program dedicated to improving the systems of care for children with neurodevelopmental disabilities and chronic health conditions.

What are you reading or listening to for fun?

Outliers: The Story of Success by Malcolm Gladwell.

"It's interesting to see what circumstances facilitate people being unusually successful. I also read a lot of Lisa Scottoline because her books are set in Philadelphia."

**Andrew Costarino, M.D., M.S.C.E.**

Chief, Division of Cardiac Critical Care Medicine

*Children's Hospital of Philadelphia Endowed Chair
in Cardiac Critical Care Medicine*

CHOP created this new, cutting-edge division in 2015 and looked to an alumnus with unique expertise to lead it. Costarino, who completed his residency and fellowships at Children's Hospital, is board certified in pediatrics, anesthesiology, pediatric anesthesiology, neonatal-perinatal medicine and critical care medicine. He practiced at CHOP from 1979 to 2001. Costarino spent the next 14 years at Nemours/Alfred I. duPont Hospital for Children before coming "home" last year to direct the clinicians who care for patients in the Evelyn and Daniel M. Tabas Cardiac Intensive Care Unit (CICU). Physicians in the CICU are dual trained in critical care and cardiology.

What are you reading or listening to for fun?

"I read *The New York Times* every day to keep up with current events."

**Steven D. Douglas, M.D.**

Chief, Section of Immunology

Douglas received the International Society for NeuroVirology's Paradigm Builder Lectureship Award in recognition of his 40 years of seminal and continuous work in the biology of immune cells, which has put him "in the forefront of research in immunology," the Society said. Douglas' research has encompassed basic studies of cell biology, identification of mechanisms of HIV infection and clinical trials in HIV-infected patients. His current research, a \$4.3 million Program Project NIH NeuroAIDS grant from the National Institute of Mental Health, is investigating new methods to eradicate HIV that lurks in brain cells despite conventional antiviral treatments. Douglas is a member of the Scientific Oversight Leadership Committee for the International Maternal Pediatric Adolescent AIDS Clinical Trials (IMPAACT) Network.

What are you reading or listening to for fun?

There Is Simply Too Much to Think About: Collected Nonfiction by Saul Bellow. "Marvelous insight into the human condition."

**John M. Flynn, M.D.**

Chief, Division of Orthopedics

Richard M. Armstrong Jr. Endowed Chair in Pediatric Orthopedic Surgery

“Jack” Flynn has been an attending physician at CHOP since 1996 and served as the associate chief from 2005 to 2015, when he assumed his new position. He has a particular research interest in scoliosis and has pioneered the use of image-guided navigation for pediatric spinal deformities, an innovation that significantly improves the safety of implant placement. Flynn has co-authored some of the most important guidelines for spine surgery safety, especially the prevention of neurologic injury and infection. He is a past president of the Pediatric Orthopaedic Society of North America and was recently appointed to a 10-year term as a director of the American Board of Orthopaedic Surgery.

What are you reading or listening to for fun?

Spotify. “I have four kids — 16, 19, 21 and 24 — three off in college and med school. We share Spotify playlists. I feel connected to my ‘departed’ when I listen to their music while commuting to CHOP.”



Stephen P. Hunger, M.D.

Chief, Division of Oncology

Director, Center for Childhood Cancer Research

Distinguished Chair in the Department of Pediatrics

Hunger came to Philadelphia from Children's Hospital Colorado, where he served as director of the Center for Cancer and Blood Disorders, chief of the Section of Pediatric Hematology/Oncology/Bone Marrow Transplantation, and professor of Pediatrics at the University of Colorado School of Medicine. At CHOP, he sees the resources and "incredible" clinical and research staff providing the opportunity to have a wider impact on the field of pediatric oncology. Hunger has a particular research interest in acute lymphoblastic leukemia (ALL), the most common childhood cancer. He served as chair of the Children's Oncology Group's ALL Committee from 2008 to 2015 and leads the ALL target project that has revolutionized understanding of the genetics of childhood ALL.

What are you reading or listening to for fun?

Unfaithful Music & Disappearing Ink by Elvis Costello.

"I like his music and read reviews of the book. It'll be good for long plane rides."



Ian Krantz, M.D.

Co-director, Individualized Medical Genetics Center
Director, Center for Cornelia de Lange Syndrome and Related Diagnoses

When Krantz sequenced the exomes of three unrelated children treated at CHOP for a complex developmental disorder, he identified a new syndrome and, in the process, shed light on key biological processes during the earliest stages of human development. He called it CHOPS syndrome, the acronym representing the symptoms the affected children shared: cognitive impairment and coarse facial features, heart defects, obesity, pulmonary involvement and short stature. For the children's parents, who had been searching for answers for as long as 17 years, finally having a diagnosis brought a sense of relief and community. Since Krantz's research was published in March, three additional CHOPS syndrome patients have been identified.

What are you reading or listening to for fun?

Up, Up, and Away: The Kid, the Hawk, Rock, Vladi, Pedro, le Grand Orange, Youppi!, the Crazy Business of Baseball, and the Ill-fated but Unforgettable Montreal Expos by Jonah Keri. "I grew up in Montreal, and my two brothers and I were diehard Expos fans."



Sriram Krishnaswamy, Ph.D.

Researcher, CHOP Division of Hematology
and Penn Cardiovascular Institute

The International Society on Thrombosis and Haemostasis honored Krishnaswamy with a BACH (Biennial Awards for Contributions to Hemostasis) Investigator Recognition Award for his work advancing the research and understanding of coagulation (blood clotting).

Krishnaswamy investigates the biochemical underpinnings of coagulation, with an eye toward better understanding clotting factors' structure and function and blood clotting disorders. In the Western world, the cost of treating blood clotting-related diseases — which include cardiovascular disease, stroke, liver disease, deep vein thrombosis and as a comorbidity of cancer — surpasses the cost of treating all cancers combined.

What are you reading or listening to for fun?

Trigger Mortis: A James Bond Novel by Anthony Horowitz. "I'm a huge James Bond fan and my wife won't let me watch the movies over and over."

**Carole L. Marcus, M.B.B.Ch.**

Director, Sleep Center

Distinguished Chair in the Department of Pediatrics

Marcus, a pulmonologist who has directed the Sleep Center since 2003, was recognized for her exceptional initiative and progress in research with the 2015 William C. Dement Academic Achievement Award, one of the most prestigious honors in the sleep medicine field. Marcus has spent most of her career studying the physiology of pediatric obstructive sleep apnea, which has been associated with adverse behavioral, cognitive, quality of life and health outcomes in children, and trying to understand the factors leading to airway collapse in sleep.

What are you reading or listening to for fun?

Wonder by R.J. Palacio. "It's a young-adult novel told from the perspective of a boy with craniofacial deformities. I work with these children and I think about their breathing, not about what they're going through in their lives and at school. I'm finding it very insightful."

**Lucy B. Rorke-Adams, M.D.**

After 50 years of devoted service as a neuropathologist, Rorke-Adams retired from CHOP last summer. During her groundbreaking career, she continually advanced the field, taking bold, sometimes controversial stands. She advocated for reclassifications of embryonal pediatric brain tumors, which led to improved treatment and outcomes for patients, and for research on so-called migration disorders, which eventually showed the link to genetics. Rorke-Adams was also on the forefront of documenting the neuropathology of shaken baby syndrome. She served as president of several professional societies and the medical staffs of Philadelphia General Hospital and Children's Hospital. In recognition of her many contributions, the Hospital established the Lucy Balian Rorke-Adams Endowed Chair in Neuropathology in 2010.

What are you reading or listening to for fun?

War and Peace and *Sonya: The Story of Sonya Tolstoy* by Judith Armstrong. "I'm very interested in biographies. This is a thick book, and I didn't have the time to read it when I was still working. Sonya was a remarkable woman in her own right."



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Ian N. Jacobs, M.D.

E. Mortimer Newlin Endowed Chair in Pediatric Otolaryngology and Human Communication

Ralph Wetmore, M.D.

William Potsic Endowed Chair in Pediatric Otolaryngology and Childhood Communication

Pending Appointment

PATHOLOGY

Michael and Charles Barnett Endowed Chair in Pediatric Mitochondrial Medicine and Metabolic Diseases

Douglas Wallace, Ph.D.

Evelyn Willing Bromley Endowed Chair in Clinical Laboratories and Pathology

Michael J. Bennett, Ph.D.

Evelyn Willing Bromley Endowed Chair in Pathology and Clinical Laboratories

Nancy B. Spinner, Ph.D., F.A.C.M.G.

Mildred L. Roeckle Endowed Chair at The Children's Hospital of Philadelphia Andrei Thomas-Tikhonenko, Ph.D.

Lucy Balian Rorke-Adams Endowed Chair in Neuropathology

Pending Appointment

Evelyn and George Willing Endowed Chair in Pathology Research

Janis Burkhardt, Ph.D.

PEDIATRICS

**Leonard and Madlyn Abramson
Endowed Chair in Pediatrics**
Joseph W. St. Geme III, M.D.

**Mary D. Ames Endowed Chair
in Child Advocacy**
David Rubin, M.D., M.S.C.E.

**William H. Bennett Professor of
Pediatrics at the Perelman School
of Medicine at the University of
Pennsylvania**
Nathan Blum, M.D.

**Distinguished Chair in the
Department of Pediatrics**
Carole L. Marcus, M.B.B.Ch.

**Distinguished Chair in the
Department of Pediatrics**
Gail Slap, M.D.

**Nancy Wolfson Endowed Chair
in Health Services Research**
Jeffrey H. Silber, M.D., Ph.D.

PLASTIC AND RECONSTRUCTIVE SURGERY

**Mary Downs Endowed Chair in Pediatric
Craniofacial Treatment and Research**
Jesse A. Taylor, M.D.

**Friends of Brian Endowed Chair
in Pediatric Plastic and
Reconstructive Surgery**
Pending Appointment

**Peter Randall Endowed Chair
in Plastic and Reconstructive Surgery**
Scott P. Bartlett, M.D.

PRESIDENT'S SCHOLARS

**T. Hewson Bache Endowed Chair
in Pediatrics**
Robert W. Doms, M.D., Ph.D.

**John M. Keating Endowed Chair
in Pediatrics**
Pending Appointment

**Arthur Vincent Meigs Endowed Chair
in Pediatrics**
Beverly Davidson, Ph.D.

**R.A.F. Penrose Endowed Chair
in Pediatrics**
Stewart A. Anderson, M.D.

Louis Starr Endowed Chair in Pediatrics
Pending Appointment

PULMONARY MEDICINE

**Robert Gerard Morse Endowed Chair
in Pediatric Pulmonary Medicine**
Julian Allen, M.D.

RADIOLOGY

**Patricia Borns Endowed Chair
in Radiology Education**
Janet R. Reid, M.D.

**Children's Hospital of Philadelphia
Endowed Chair
in Pediatric Neuroradiology**
Robert Zimmerman, M.D.

**Kenneth E. Fellows Endowed Chair
in Radiology Quality and Patient Safety**
James S. Meyer, M.D.

**John Westgate Hope Endowed Chair
in Radiology Faculty Development**
Kassa Darge, M.D., Ph.D.

**Oberkircher Family Endowed Chair
in Pediatric Radiology**
Timothy Roberts, Ph.D.

**William L. Van Alen Endowed Chair
in Pediatric Radiology**
Pending Appointment

RHEUMATOLOGY

**Joseph Lee Hollander Endowed Chair
in Pediatric Rheumatology**
Edward M. Behrens, M.D.

SURGERY

**C. Everett Koop Endowed Chair
in Pediatric Surgery**
N. Scott Adzick, M.D., M.M.M.

**Josephine J. and John M. Templeton Jr.
Endowed Chair in Pediatric Trauma**
Michael L. Nance, M.D.

THORACIC AND FETAL SURGERY

**Ruth M. and Tristram C. Colket, Jr.
Endowed Chair in Pediatric Surgery**
Alan W. Flake, M.D.

**George Leib Harrison Endowed Chair
in Fetal Therapy**
Mark Paul Johnson, M.D., M.S.

**Louise Schnauffer Endowed Chair
in Pediatric Surgery**
Holly L. Hedrick, M.D.

UROLOGY

**Leonard and Madlyn Abramson
Endowed Chair in Pediatric Urology**
Douglas A. Canning, M.D.

**John W. Duckett Jr. Endowed Chair
in Pediatric Urology**
Stephen A. Zderic, M.D.

**Minimally Invasive Surgery Endowed
Chair in Pediatric Urology**
Pending Appointment

**Howard M. Snyder III Endowed Chair
in Pediatric Urology**
Pending Appointment

Financial Summary

SOURCES OF REVENUE

For the Fiscal Year Ending June 30

	FY 2015	FY 2014	FY 2013*
Net Patient Service Revenue	\$2,128,105,000	\$2,021,363,000	\$1,849,940,000
Other Operating Revenue	95,366,000	104,211,000	103,458,000
Contributions ⁽¹⁾	91,530,000	64,074,000	67,552,000
Research	221,205,000	211,834,000	218,931,000
TOTAL SOURCES OF REVENUE	\$2,536,206,000	\$2,401,482,000	\$2,239,881,000

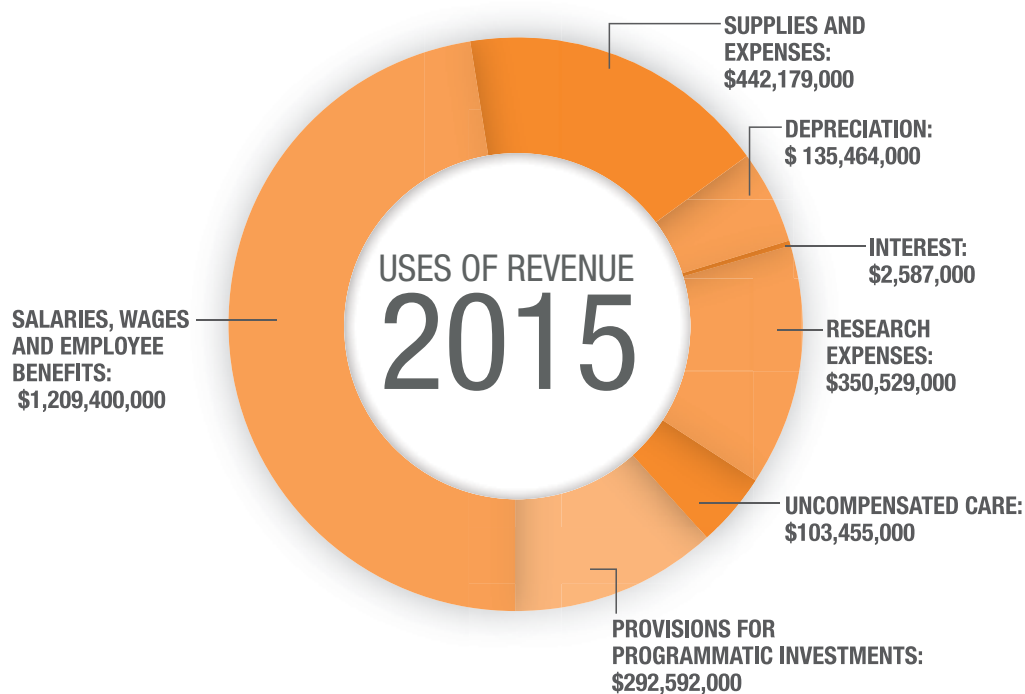
USES OF REVENUE

For the Fiscal Year Ending June 30

	FY 2015	FY 2014	FY 2013*
Salaries, Wages and Employee Benefits	\$1,209,400,000	\$1,121,520,000	\$1,051,244,000
Supplies and Expenses	442,179,000	420,851,000	406,539,000
Depreciation	135,464,000	119,955,000	119,151,000
Interest	2,587,000	8,383,000	14,884,000
Research Expenses	350,529,000	334,155,000	327,944,000
Uncompensated Care	103,455,000	129,101,000	105,838,000
Provisions for Programmatic Investments	292,592,000	267,517,000	214,281,000
TOTAL USES OF REVENUE	\$2,536,206,000	\$2,401,482,000	\$2,239,881,000

⁽¹⁾ Includes unrestricted, temporarily restricted and permanently restricted contributions

*Reclassified for comparative purposes



Combined Balance Sheet

ASSETS				For the Fiscal Year Ending June 30
	FY 2015	FY 2014	FY 2013	
Cash and Short-term Investments	\$531,105,000	\$484,826,000	\$407,767,000	
Receivables	290,235,000	245,931,000	304,705,000	
Other Current	95,110,000	91,472,000	93,254,000	
Total Current Assets	\$916,450,000	\$822,229,000	\$805,726,000	
Investments	2,113,941,000	1,958,345,000	1,669,173,000	
Property, Plant and Equipment (Net)	2,204,005,000	1,952,896,000	1,742,905,000	
Other Assets	112,629,000	72,667,000	79,666,000	
TOTAL ASSETS	\$5,347,025,000	\$4,806,137,000	\$4,297,470,000	

LIABILITIES AND NET ASSETS				For the Fiscal Year Ending June 30
	FY 2015	FY 2014	FY 2013	
Current Portion of Long-term Debt	\$16,187,000	\$15,523,000	\$14,850,000	
Accounts Payable and Accrued Expenses	366,490,000	342,533,000	331,169,000	
Total Current Liabilities	\$382,677,000	\$358,056,000	\$346,019,000	
Long-term Debt	940,365,000	736,297,000	751,820,000	
Other Liabilities	292,129,000	294,269,000	302,361,000	
Total Long-term Liabilities	\$1,232,494,000	\$1,030,566,000	\$1,054,181,000	
Unrestricted Net Assets	3,337,119,000	3,047,668,000	2,568,101,000	
Temporarily Restricted Net Assets	209,097,000	213,612,000	182,193,000	
Permanently Restricted Net Assets	185,638,000	156,235,000	146,976,000	
Total Net Assets	\$3,731,854,000	\$3,417,515,000	\$2,897,270,000	
TOTAL LIABILITIES AND NET ASSETS	\$5,347,025,000	\$4,806,137,000	\$4,297,470,000	

Hospital Statistics

STATISTICAL HIGHLIGHTS

For the Fiscal Year Ending June 30

	FY 2015	FY 2014	FY 2013
Hospital Admissions	29,062	28,156	28,996
Patient Days	162,390	159,045	154,551
Number of Beds	520	500	494
Number of Employees	11,552	11,649	11,048

OUTPATIENT VISITS

For the Fiscal Year Ending June 30

	FY 2015	FY 2014	FY 2013
CHOP Care Network Specialty Care	381,839	363,497	349,773
CHOP Care Network, West/ South Philadelphia Communities	123,872	117,110	117,963
CHOP Care Network, Suburban Communities	608,214	581,161	590,622
Emergency Department	80,949	86,134	90,378
Day Surgery	18,170	18,065	18,342
Day Medicine	27,484	25,207	26,046
TOTALS	1,240,528	1,191,174	1,193,124

CHOP CARE NETWORK SPECIALTY CARE



CHOP CARE NETWORK, WEST/SOUTH PHILADELPHIA COMMUNITIES



CHOP CARE NETWORK, SUBURBAN COMMUNITIES



EMERGENCY DEPARTMENT



DAY SURGERY



DAY MEDICINE



OUTPATIENT VISITS
2015

100K

200K

300K

400K

500K

600K

Hospital Statistics

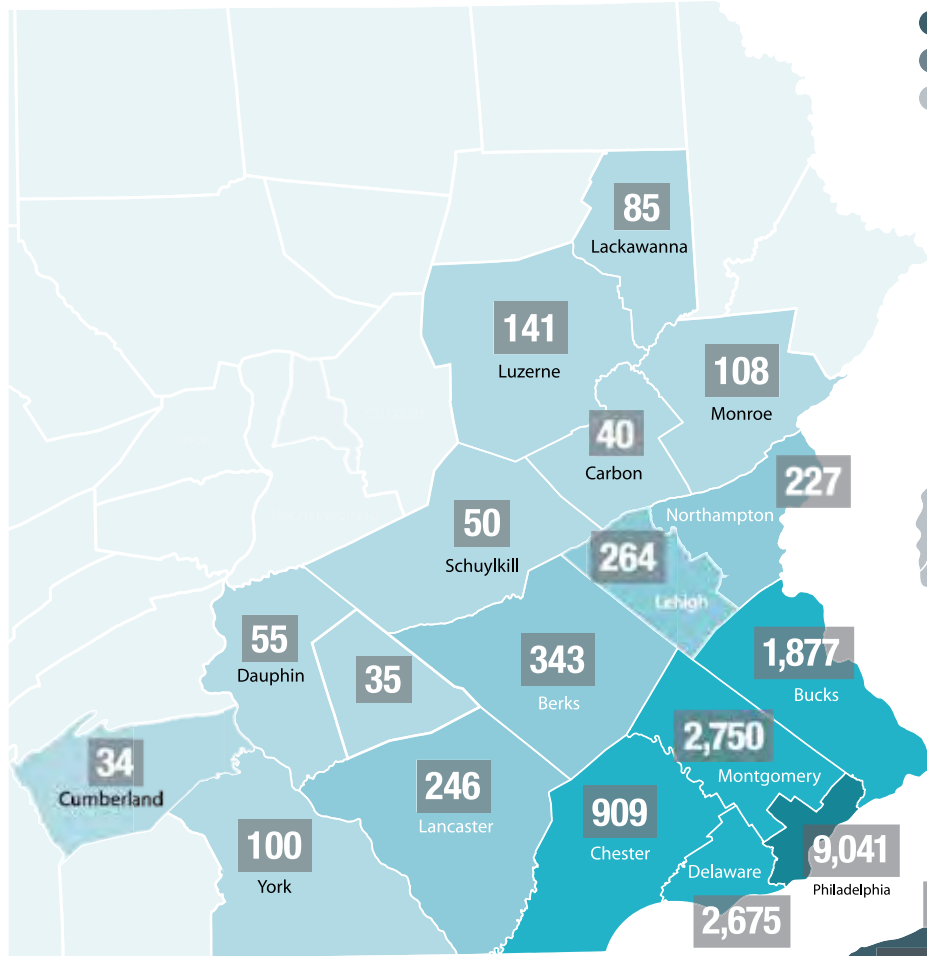
ADMISSIONS FROM PENNSYLVANIA AND NEW JERSEY BY SELECTED COUNTIES For the Fiscal Year Ending June 30

PENNSYLVANIA (EASTERN COUNTIES ONLY)

NEW JERSEY

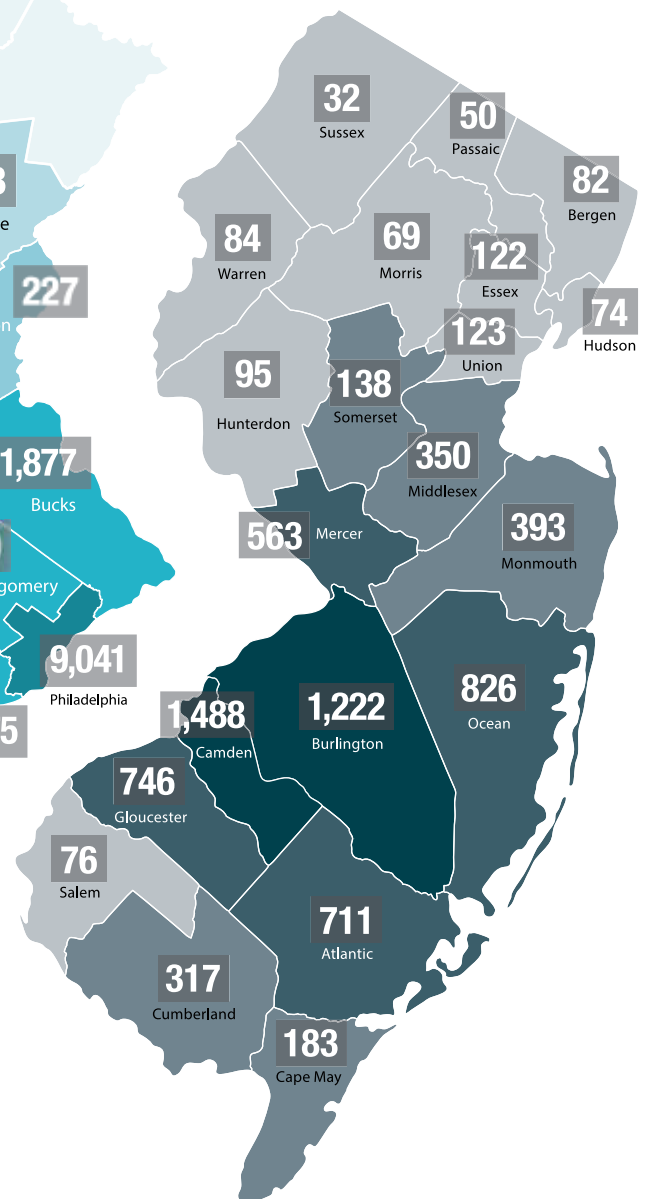
New Jersey Total: 7,744

- = 1,000+ Admissions
- = 500+ Admissions
- = 150+ Admissions
- = 30+ Admissions



Pennsylvania Total: 19,259

- = 8,000+ Admissions
- = 900+ Admissions
- = 200+ Admissions
- = 30+ Admissions
- = Other Counties Combined (359)

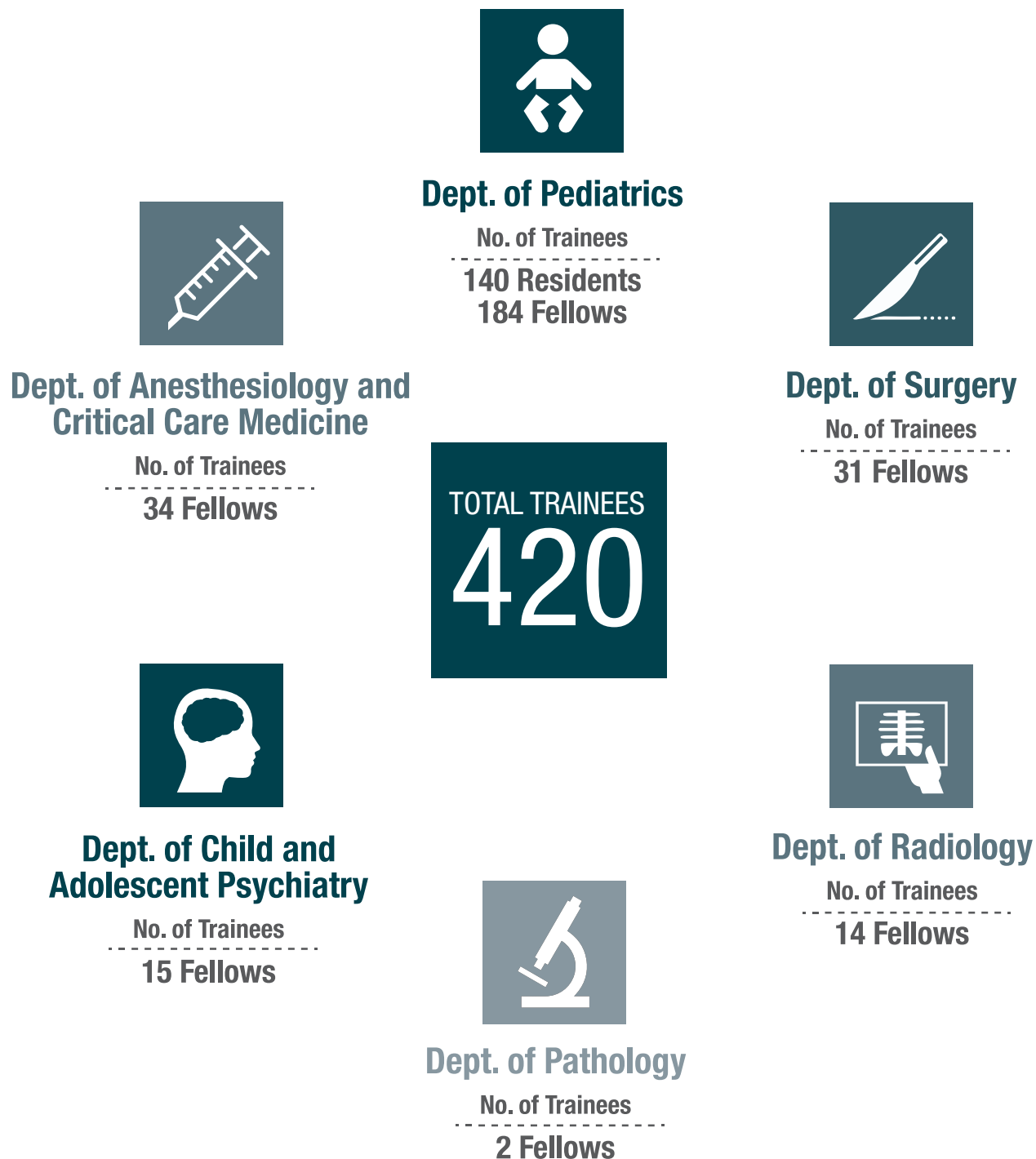


Hospital Statistics *(continued)*

GRADUATE MEDICAL EDUCATION

For the Fiscal Year Ending June 30

In FY15, CHOP had trainees in 65 accredited and nonaccredited training programs.



Research Statistics

ALL SOURCES OF FUNDING

For the Fiscal Year Ending June 30

	Percentage	Dollar Amount
External	70.87%	\$221,694,945
Endowment	5.78%	18,084,659
Hospital	15.86%	49,630,826
Other	7.49%	23,430,409

TOTAL

\$ 312,840,840

BREAKDOWN OF EXTERNAL FUNDING

For the Fiscal Year Ending June 30

	Percentage	Dollar Amount
Federal	53.58%	\$118,791,628
Federal – Stimulus	0.00%	(6,407)
Industrial	7.65%	16,943,347
State/Local	2.71%	6,015,991
Children's Oncology Group – Federal	15.99%	35,453,196
Children's Oncology Group – Foundation/Industry	5.40%	11,976,083
Foundation	10.79%	23,928,130
Other	3.88%	8,592,977

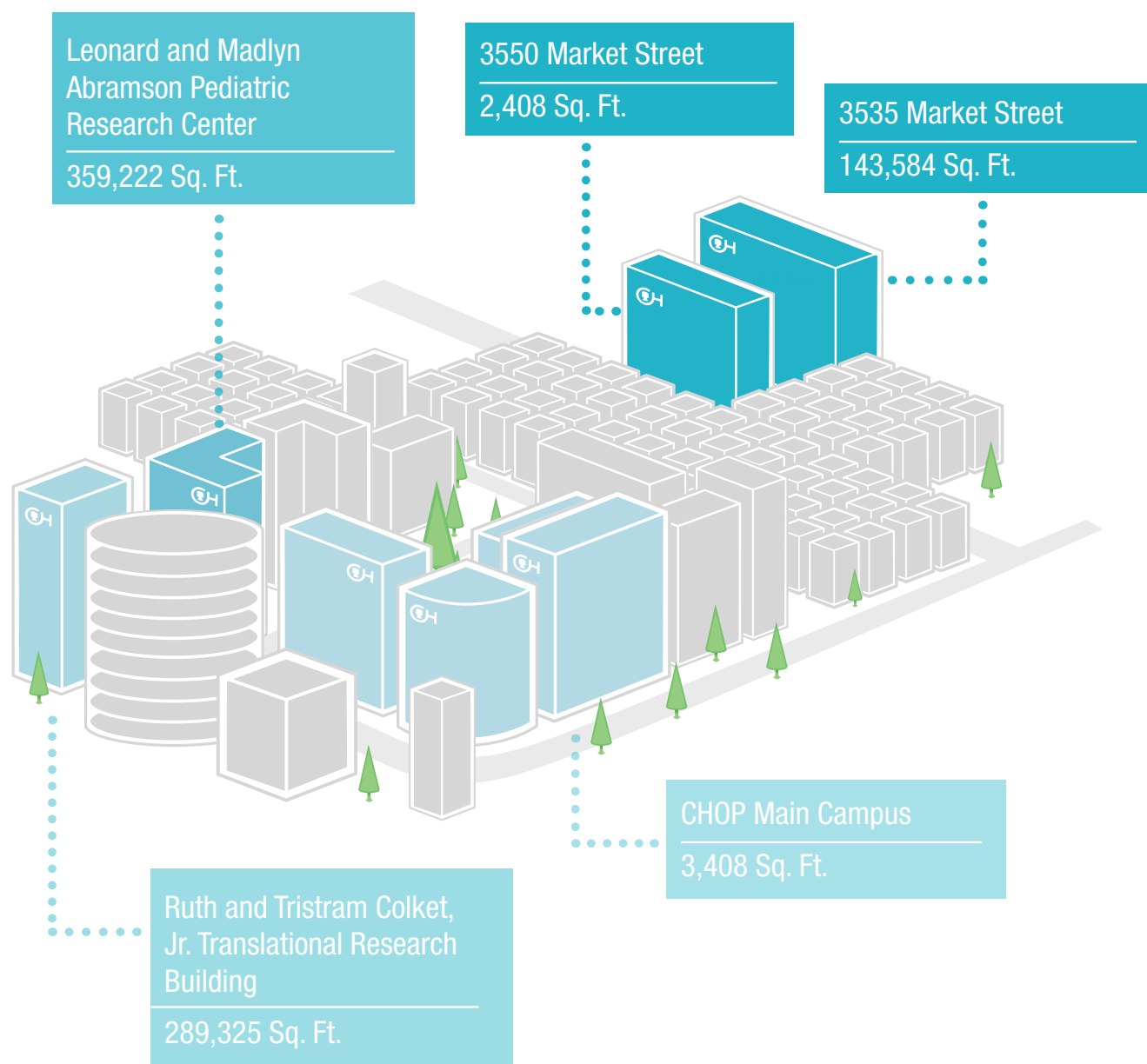
TOTAL

\$221,694,945

Research Statistics *(continued)*

RESEARCH LOCATIONS AND SPACE

For the Fiscal Year Ending June 30



TOTAL SQUARE FOOTAGE OF BUILDINGS:

797,947

Charitable Giving

GIFTS BY DESIGNATION

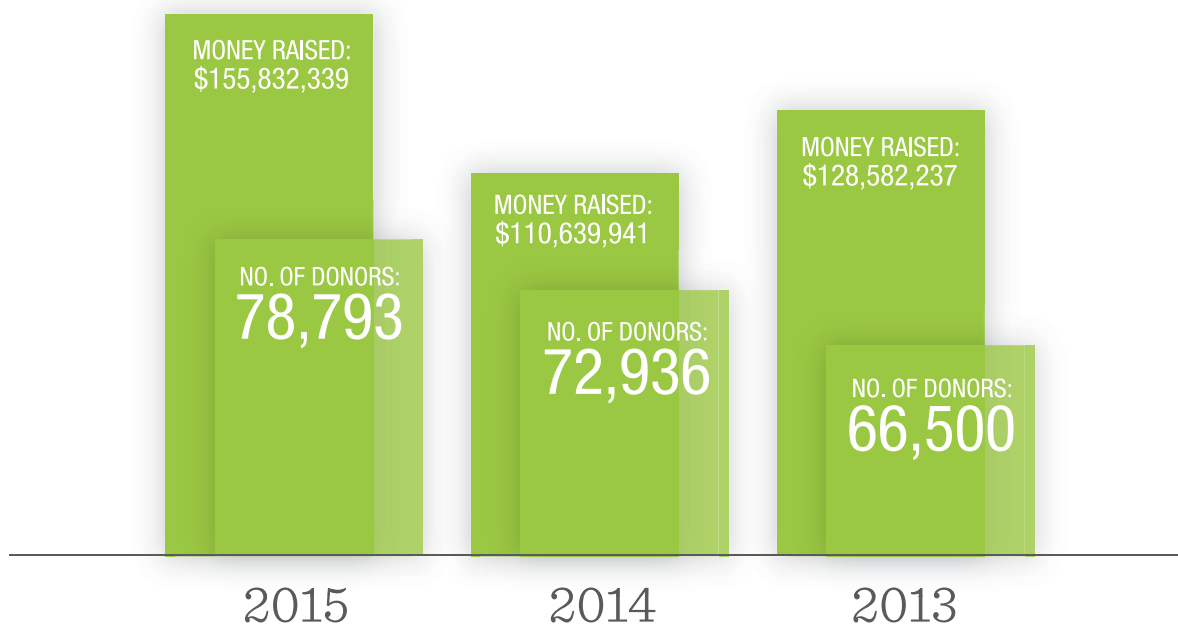
For the Fiscal Year Ending June 30

	Percentage	Dollar Amount*
Capital	7.4%	\$11,491,690
Endowment	54.9%	85,551,804
Research, Care and Education	32.2%	50,221,480
Unrestricted	5.5%	8,567,365
TOTAL		\$155,832,339

*Amounts include total cash and pledges received

DONORS AND DOLLARS

For the Fiscal Year Ending June 30



ENDOWED CHAIRS

For the Fiscal Year Ending June 30



DEDICATED TO Patrick S. Pasquariello Jr., M.D. 1930 – 2015



Top: Patrick S. Pasquariello Jr., M.D. (far left) as a young doctor with his Children's Hospital colleagues.

Right: Dr. Pat served as director of the Spina Bifida Program for many years, caring for patients like Ciarlo, 5.



Patrick S. Pasquariello Jr., M.D., came to The Children's Hospital of Philadelphia as a resident physician in January 1961 and stayed, serving the Hospital and its patients with dedication and compassion until his death on Aug. 29, 2015.

Dr. Pat, as everyone called him, relished being the general pediatrician for thousands of children, guiding them and their parents as they grew. He also lavished his knowledge and kindness on children with special needs, complex conditions and difficult-to-diagnose illnesses. Through more than five decades, students and colleagues found in him a trusted mentor and loyal friend. All whose lives were touched by Dr. Pat's gentle wisdom will miss him.



The Children's Hospital of Philadelphia 2015 *Annual Report* is produced by the Marketing and Public Relations Department.

MEET OUR PATIENTS

Front cover: Maya Rigler, 11, receives chemotherapy in the light-filled Day Hospital at the new CHOP Care Network Specialty Care and Surgery Center, King of Prussia. It's one of four outpatient specialty care facilities CHOP opened in 2015.

Inside front cover: Keira Pitchford, 6, has a little fun after “practicing” for her MRI at CHOP Care Network, King of Prussia. A mock MRI room helps prepare children so they are more relaxed during the actual test.

Page 2: Michaela Willoughby, 20 months, finds a bright spot in the wall of windows that span the front of three levels of waiting rooms at CHOP Care Network, King of Prussia.

Page 45: Jessica Warble, 11, has plenty of room to relax before a diagnostic procedure at CHOP Care Network, King of Prussia, which has its own Imaging Center.

Above: Rylee Dalton, 8, waits for an outpatient surgical procedure at the CHOP Care Network Specialty Care and Surgery Center, Brandywine Valley. The new facility is one of three suburban locations offering day surgery.



The Children's Hospital *of* Philadelphia®

Hope lives here.®

Founded in 1855, The Children's Hospital of Philadelphia is the birthplace of pediatric medicine in America. Throughout its history, a passionate spirit of innovation has driven this renowned institution to pursue scientific discovery, establish the highest standards of patient care, train future leaders in pediatrics, and advocate for children's health. A haven of hope for children and families worldwide, CHOP is a nonprofit charitable organization that relies on the generous support of its donors to continue to set the global standard for pediatric care. The Children's Hospital of Philadelphia, Hope lives here and the  logo are registered marks of The Children's Hospital of Philadelphia.

Keep the connection.

