Dedicated to
Sister Alice 1947–2013

The 2013 Annual Report is
dedicated to the memory of Sister
Alice Strogen, who had a profound
impact on patients, families and
staff at Children’s Hospital. Through
countless changes over the course of
her more-than-20-year chaplaincy
at CHOP, Sister Alice was a beloved
constant, and an incredible source
of strength, kindness and hope.
Changing the Odds

Dream Team, New Reality: Grant unites camps in pediatric cancer research.

Changing What’s Possible
A World’s First: Multidisciplinary CHOP team first to succeed at novel surgery.

Changing the Care Landscape
Innovation All Around: Imaginative buildings deliver better care — and better experiences — in exciting new ways.

Change Begins with CHOP
Better Care, Lower Cost: An innovative solution to fix the healthcare system could save billions.

Changing the Paradigm

Changing Horizons
Making a Mark on the World: A thoughtful international strategy is establishing CHOP as a global leader in pediatric medicine.

Changing History
The Year in Philanthropy: A landmark gift helped the CHOP Foundation raise $130.8 million.

Dream Team, New Reality: Grant unites camps in pediatric cancer research.

Our Achievers
Leadership

Board of Trustees
Endowed Chairs

Financial Summary
Hospital Statistics

Research Statistics
Charitable Giving
Dear Friends,

More than 2,500 years ago, the Greek philosopher Heraclitus said that the only constant in life is change. You have only to spend a short time in pediatric medicine in the 21st century to realize the utter truth of that statement.

At CHOP, we are fortunate that we approach change from a position of strength. With our top-ranked clinical programs, groundbreaking research enterprise and state-of-the-art facilities, The Children’s Hospital of Philadelphia is widely recognized as a premier provider of pediatric healthcare.

But what got us here won’t necessarily take us where we need to go. The healthcare landscape, the financial climate, the legislative environment — all of these portend dramatic changes in the years ahead.

Some institutions will resist change. Others will accept and even embrace it. We must lead it.

We need to continue finding groundbreaking treatments, developing innovative care models, building new partnerships, and seeking and meeting new challenges. We must think and plan today for what the future holds.

CHOP attracts “change agents” — people who, in whatever their roles, serve as catalysts for innovation. In the pages of this Annual Report, and in the expanded online version at chop.edu/ar, you’ll meet some of our remarkable change agents: researchers, clinicians, patient families and donors, and you’ll get a behind-the-scenes look at some of the advances they made possible in 2013.

You’ll see the change they’re leading at CHOP — and discover how their work is changing the world.

Sincerely,

Steven M. Altschuler, M.D.
Chief Executive Officer
A WORLD’S FIRST
Multidisciplinary CHOP team first to succeed at novel surgery

If you stick to just trying the things you’re 100 percent sure will be successful, you’re likely never going to hit a home run.

J. William Gaynor, M.D.
Cardiothoracic Surgeon
It was early on a Thursday morning, and everyone in the room was focused on the beat of Tucker Roussin’s tiny heart.

As pediatric cardiologist Jack Rychik, M.D., monitored Tucker’s heartbeat, the surgical team, led by Holly Hedrick, M.D., and guided by ultrasound images interpreted in real time by maternal-fetal medicine specialist Mark Johnson, M.D., worked quickly and efficiently, every decision informed by decades of experience, every step one they had completed hundreds of times before.

It was their knowledge and expertise that made what happened next possible: Cardiothoracic surgeon J. William Gaynor, M.D., removed a massive tumor from Tucker’s walnut-sized heart — and Hedrick returned the unborn baby to his mother’s womb.

A Family’s Choice

Tucker had been diagnosed with a fetal pericardial teratoma, an extremely rare tumor that grows on the lining surrounding the heart, when his mother, Katie, was 20 weeks pregnant. A series of fetal echocardiograms performed by clinicians with CHOP’s Fetal Heart Program, who have special expertise diagnosing cardiac conditions before birth, revealed that the tumor was almost as large as Tucker’s heart — and it was growing quickly.

The Fetal Heart team, led by Rychik, met with Hedrick and other clinicians from the Center for Fetal Diagnosis and Treatment to go over the options available to Katie and Tucker. After much discussion, they recommended open fetal surgery to remove the tumor.

The procedure had never been used successfully to treat this condition, but the team knew that without it, Tucker would likely die within the week. They also knew that if any medical team could save Tucker’s life, it was theirs.

An Extraordinary Team

Removing a tumor from a baby’s heart in utero:

Few medical teams have the skill and resources to even attempt such a complex procedure, which presents significant risks for both mother and baby.

But CHOP’s fetal surgeons, who have performed more than 1,075 in utero surgeries, know better than anyone how to minimize those risks; their work has helped make complex prenatal surgery an option for a growing number of babies with birth defects. And the experts treating Katie and Tucker knew that the team they had assembled, which included fetal surgeons, cardiologists, maternal-fetal medicine specialists and cardiothoracic surgeons, was more comprehensive than any other in the world.

It was that knowledge, says Rychik, that made all the difference: “It was the ability to bring so many different disciplines to the table that made us confident enough to take the leap to try to do this.”

An ‘Everyday’ Birth

Fourteen weeks after his surgery, Tucker was delivered via c-section in CHOP’s Garbose Family Special Delivery Unit; just two weeks later, he was on his way home to Vermont with his mom, dad and big brother Gavyn.

Tucker is now 8 months old — a happy, healthy baby with no signs of cardiovascular problems. His heart, says Rychik, “is indistinguishable from a normal heart.” And his future, Hedrick says, looks incredibly bright.

“We expect that Tucker should be able to lead a full life,” she says. “But there’s so much we still don’t know. He’s the first baby to survive in utero surgery for this condition, so we’ll be following him closely as he grows up. What we learn will inform our ongoing efforts to develop new treatments for children with all types of birth defects, both common and rare. We’ve learned so much from Tucker — and he still has much to teach us.”

The pioneering surgery that saved Tucker’s life was one of many incredible breakthroughs made at CHOP, where awe-inspiring procedures like in utero surgery take place every day — and physicians are encouraged to do the kind of work that leads to lasting, transformative changes in the field.

That means constantly asking new questions — and taking their work in challenging new directions. Says Gaynor: “If you stick to just trying the things you’re 100 percent sure will be successful, you’re likely never going to hit a home run.”

Glimpses of History

Tucker’s surgery was one of several surgical milestones celebrated at CHOP this year.

- On May 28, 2013, CHOP’s 1,000th fetal surgery patient, Audrey Oberio, was born in the Garbose Family Special Delivery Unit.
Shawn, 7, diagnosed with leukemia in 2012, is now tearing up a soccer field. A new, CHOP-led team is working to make the dream of recovery from cancer a reality, even for children with the highest-risk forms of the disease.
The enemy: a stubborn group of cancers that strike children and cause death at a high rate despite decades of attempts to find cures.

There is a group of scientists who have made it their life’s work to know the enemy: Through DNA analysis they lay bare the genetic code of cancer cells and identify mutations that make those cells different. These mutations are potential targets for shutting down or turning off the cell.

Meanwhile, another group of scientists has worked for years to coax a prize-winning fighter, the immune system, into battle. And they have: An approach in which the patient’s own T cells are modified to attack cancer cells has shown dramatic results in relapsed leukemia beginning in 2011.

The two fields — genomics and immunotherapy — traditionally work separately. But a new grant to a team led by scientists at The Children’s Hospital of Philadelphia is allowing for a profound change: the joining of camps.

First Grant of Its Kind

In April, the team, led by CHOP oncologist and scientist John Maris, M.D., received a prestigious “Dream Team” grant, the first in pediatric cancer research. The well-known initiative Stand Up to Cancer provides Dream Team grants for research that shows the potential to result in new treatments and cures. “We were looking for not just really good science, but something that had the potential to really change the field,” says Lee J. Helman, M.D., of the National Cancer Institute, who served on the scientific advisory committee that selected the first pediatric Dream Team.

The CHOP grant, also funded by the St. Baldrick’s Foundation, provides $14.5 million over four years. Leading scientists in genomics and immunotherapy are now working together to identify targets on cancer cells and develop bioengineered agents, using the immune system, to attack the cancer.

Maris, who directs CHOP’s Center for Childhood Cancer Research, is joined by Stephan Grupp, M.D., Ph.D., and Tom Curran, Ph.D., in leading the CHOP team. Grupp is internationally known for his work using a patient’s own immune cells to kill leukemia, while Curran is a leader in the field of brain tumor genomics and will spearhead efforts to define new immune targets in the most lethal of these cancers.

New Realities for Children with Cancer

The goal is to bring the work from lab to patient as quickly as possible. “The Dream Team anticipates that if we are successful, all of the work will end up in the Children’s Oncology Group pipeline for definitive testing,” Maris says. The world’s largest organization devoted to pediatric cancer research, the Children’s Oncology Group (COG) includes more than 8,000 scientists, doctors and other experts at 200 hospitals and universities. Their collaboration means that potential new treatments can reach more children and their success can be evaluated more quickly. COG has been chaired since 2010 by CHOP oncologist Peter Adamson, M.D.

The Dream Team grant unites scientists from seven institutions, showing again the remarkable ability of CHOP to lead, unite and effect change for the sake of children. “There are sets of brain tumors, sarcomas, neuroblastomas and leukemias that have completely unacceptable cure rates,” says Maris. “I’m very optimistic that this sort of thinking will lead to very new realities for children with cancer.”

Better Now, Better Later

Study Shows Proton Therapy Effective for Neuroblastoma

The tougher the cancer, the tougher the treatment. Children with high-risk cancers, if they survive, live with the effects of treatment, which can include cognitive deficits, hearing loss, infertility and secondary cancers. Doctors and scientists at CHOP are helping to lead the challenge not only of finding cures for the toughest cancers, but also finding treatments with fewer long-term effects.

A study published in June by a team at CHOP showed that proton therapy is effective in treating high-risk neuroblastoma, which arises from the nervous system and can often appear as a tumor in the chest or abdomen. For the majority of the children in the study, proton therapy kept the cancer from recurring at the site of the tumor and also spared the liver and kidneys from damage.

CHOP is one of just a few hospitals to offer proton therapy specifically for children — this extremely precise form of radiation destroys tumor cells, while causing less damage to surrounding tissue. It is now used to treat more than 20 different types of pediatric tumors, helping to spare children from the life-altering effects of treatment.
INNOVATION ALL AROUND

Imaginative buildings deliver better care — and a better experience — in exciting new ways.

Strawberry Walker, 11, and her sister Kiwi, 6, romp across the lawn in front of the multicolored windows of the new Nicholas and Athena Karabots Pediatric Care Center in West Philadelphia.
As you approach the Nicholas and Athena Karabots Pediatric Care Center, the first thing to catch your eye is all the color. Bright flowers line the sidewalk. The windows are streaked with oranges, blues, yellows and greens. As light pours through, the floors and walls feel alive with color. Inside, hallways are color coded so it's easier for families to find their examination rooms.

It looks different from the typical pediatrician's office because it is different. The Karabots Center, which opened in January 2013, was built to respond to the needs of the West Philadelphia community where it's located.

As the CHOP Care Network continues to expand, the Karabots Center is a model. Not every building will look the same, but each will be planned in a similar way: in collaboration with patient families and community leaders.

**Built With Community in Mind**

“We thought a lot about what type of building would best suit the community,” says Amy Lambert, senior vice president, CHOP Care Network. “We invested the time to solicit feedback from a lot of stakeholders to get different perspectives.”

For the Karabots Center, the collaboration resulted in a two-story, 52,000-square-foot environmentally sustainable building with 56 child-friendly exam rooms, plus space dedicated to radiology, hearing and vision testing, and a phlebotomy laboratory. It is steps from the subway, and there's plenty of free parking. There's a cozy corner where volunteers from the Reach Out and Read Program, which is headquartered at Karabots, read to children before and after doctor visits. Because families receive a pager when they check in, they can take advantage of spacious, light-filled waiting areas without delaying their appointment.

“We like that even when you're inside, it's like you're outside because of the nice view out the windows,” says Noelle Walker after daughters Strawberry and Kiwi receive their flu vaccines. “The care is as good as ever, and it's more convenient for us.”

**Patient Care — and More**

The Karabots Center currently accommodates 64,500 patient visits a year, along with the 45 pediatricians and nurse practitioners and 90 residents and fellows who care for them. On the second floor, CHOP's Early Head Start Program features a play area where parents learn to engage their toddlers in ways that enhance development. Other CHOP programs that primarily serve West Philadelphia — the Refugee Clinic, Community Asthma Prevention Program, Domestic Violence Education Program and Family Planning Program — also call the Karabots Center home.

Bringing these programs together, in the place where their participants' children receive care, creates opportunities to improve that care.

“We want our leadership in pediatric medicine to extend to the innovative way we deliver care and to how our facilities lessen the stress for families receiving services and facilitate collaboration among our staff,” says CHOP CEO Steven M. Altschuler, M.D. “These are more than family-friendly, state-of-the-art buildings. They serve as laboratories to foster advances in care.”

**A Model to Grow On**

The CHOP Care Network is expanding or constructing new Specialty Care Centers in King of Prussia and Chadds Ford, Pa., and Princeton, N.J. Each will be unique, but each will be shaped by two influences: the CHOP model of excellence in care and the community it serves.
Owen, pictured here with his parents, has had multiple surgeries, experienced many hospital stays and currently sees more than 10 different CHOP specialists. CHOP CEO Steven M. Altschuler, M.D.'s proposal promises to improve healthcare delivery for him and other kids with complex medical needs.

CHANGE BEGINS WITH CHOP

BETTER CARE, LOWER COST

An innovative solution to fix the healthcare system could save billions
Owen is just 3 years old, but he has required more healthcare services than most people will in an entire lifetime. He was born with a hole in his diaphragm and a tethered spinal cord, and was diagnosed soon after birth with cerebral palsy and VACTERL, a disorder that has resulted in limb deficiency, problems with vertebrae in his back, and an abnormal connection between his esophagus and trachea. He has had seven major surgeries, has been an inpatient in almost all of CHOP’s intensive care units, and currently sees more than 10 different CHOP specialists.

A Broken System

Children with medical complexities that affect multiple areas of the body represent just 6 percent of all kids in the Medicaid program, but account for some 40 percent of Medicaid spending on children. The current healthcare system isn’t equipped to properly coordinate the many facets of their care, so when kids like Owen fall ill, they often wind up in the emergency room or, worse, admitted to the hospital. With Medicaid payments to hospitals shrinking and the Affordable Care Act calling for even more cuts, these kids would be hurt disproportionately.

An Innovative Solution

CHOP CEO Steven M. Altschuler, M.D., has a startling solution: He believes that improving the quality of care for these kids could actually lower the costs associated with their care. Altschuler has helped devise a plan to create a network of Nationally Designated Children’s Hospitals, the foundation of which would be community-based providers — known as “medical homes” — that know the patient and family and provide intensive, 24/7 care coordination. Large children’s hospitals like CHOP would be part of each network and would provide specialized support when needed. But with improved care coordination among clinicians and standardization across the nation, ER visits and hospital readmission rates would decrease, significantly reducing costs.

“I’m a big proponent of trying to organize care delivery systems to provide the best care at the best price,” says Altschuler. “If this moves ahead, you’re going to see major improvements in pediatric care outcomes and reduction in costs.”

Significant Savings

Altschuler’s proposal promises cost savings of $13 billion over 10 years, which he hopes will prevent the need for Medicaid cuts. And while geared toward a narrow population of kids, if this approach succeeds, it could be a key step in creating more effective healthcare delivery for all.

“The idea is to create a series of regional organized networks that these kids can be part of, and we need that legislated because this would be a national program, with each network submitting data and following the same standards of care,” says Mark Wietecha, president and CEO of the Children’s Hospital Association, an organization that is the voice of more than 220 children’s hospitals in the United States.

Leading the Charge

The efforts of Altschuler and other children’s hospitals’ CEOs to create meaningful reform have earned the support of the Children’s Hospital Association and leaders at more than 50 pediatric hospitals across the nation, as well as the goodwill of Congress and an important role in the healthcare reform debate.

“The federal government is facing unprecedented fiscal pressure that could force deeper cuts to Medicaid,” says Peter Grollman, vice president of the Office of Government Affairs, Community Relations and Advocacy at CHOP. “What makes this so refreshing is that CHOP and other leading children’s hospitals throughout the nation presented Congress with a solution that will make this vital program work better for children and their families. As advocates, this is an important role for us at a critical time.”
CHANGING THE PARADIGM

SAFER. BETTER. FASTER.

Guess who has the best ideas to improve patient safety? The people on the front lines.

Improving care and safety for children like Milo, 8 months, is the reason Mary Ann Gibbons, M.S.N., R.N., Evan Fieldston, M.D., M.B.A., M.H.S.P., and more than 200 other CHOP employees spent the past year testing more than 50 rapid-cycle improvement projects — and why the program is being spread throughout the Hospital now.
The mandate was simple: Make your unit safer. The path to get there — laden with history, procedures, previous attempts, protocol and layers of authority — was a bit less so.

Such was the challenge presented in fiscal year 2013 to the staffs of 4 West Children's Seashore House and 5 East, known during the rapid-cycle improvement initiative's pilot year as “Innovation Units.”

**Asking the Bedside Experts**

Initiatives to improve quality and patient safety at CHOP were nothing new. But there was a difference this time: Front-line staff would decide what to change and precisely how to do it.

The approach came from the logical notion that “change happens best when it’s closest to the sharp end — the people on the front lines,” says Ellen Tracy, M.S.N., R.N., N.E.A.-B.C., director of medical and subspecialty nursing and one of the project’s sponsors.

Unit staff were given tools — safety and satisfaction reports to identify areas for improvement, a structured approach to change, and support from the Hospital’s highest levels — but the steps they took to get there were entirely their own.

**A Wellspring of Ideas**

More than 70 physicians, 120 nurses and other team members began identifying ways to improve safety. In weekly meetings, they covered white boards with ideas, emailed more thoughts, and eventually amassed more than 150 ideas to improve patient safety, communication and family satisfaction.

Next they worked on prioritizing, scheduling and seeking any necessary outside help from areas such as Infection Prevention and Control and Information Services.

“Most of the projects required multiple plan-do-study-act cycles,” says attending physician Evan Fieldston, M.D., M.B.A., M.H.S.P., medical director of care model innovation and the initiative’s other sponsor. “With each project, we trialed a change, studied whether it accomplished our goals, and then adopted it, adapted it or abandoned it.”

Since communication was identified as key to improving quality of care and patient safety, the unit-based teams implemented daily communication huddles, change-of-shift safety reports and multidisciplinary rounds that sought input from everyone involved in a patient’s care, including families.

**From Skeptic to Champion**

Some sharp-end staffers, like Mary Ann Gibbons, M.S.N., R.N., a 28-year CHOP nursing veteran, were initially skeptical. She’d seen many an initiative come and go. Today, she is rapid-cycle improvement’s biggest champion.

“I thought it was just the flavor of the month, but it was so much more,” she says. “Today, change is happening at the bedside — not in the boardroom — and we all have a voice in the changes being made.”

After a year of work, staff members on the two units have completed more than 50 rapid-cycle change projects resulting in improvements on nearly every measure — from care coordination to nosocomial infections, from medication safety to length of stay. Patients are safer, and families are more satisfied with their care.

**Spreading Innovation**

Rapid-cycle improvement is quickly spreading. For fiscal year 2014, the initiative has been rolled out to 14 more units at CHOP Main.

If their experience is anything like those of the pilot units, CHOP could see a groundswell of innovation as units bring their own thinking to what Tracy describes as “one of the most challenging and exciting things I’ve ever been involved with.”

Paula M. Agosto, M.H.A., R.N., chief nursing officer and executive sponsor of rapid-cycle improvement, put it another way: “This project allows us to reconnect everyone back to our purpose as a hospital — we’re here to help children.”
Neonatologist Huayan Zhang, M.D. (left), accompanies international observers Khair Jalal, M.D., Bidong Xiao, M.D., and Xiufang Yang, M.D., on rounds in the NICU. More than 70 international medical professionals traveled to CHOP to learn in fiscal year 2013.
Shaika Echtibi’s father is in her room in the Pediatric Intensive Care Unit at The Children’s Hospital of Philadelphia. He’s on the phone requesting approval for a machine his daughter will need to help in her recovery. By his side is Zaid, an Arabic-speaking medical interpreter from International Patient Services at Children’s Hospital. He’s translating between the attending physician, nursing team, Shaika’s father and the representative on the other end of the line. The little girl suffers from a combination of rare congenital conditions and developmental delays and has come to CHOP for care she couldn’t receive in her native country.

This scene has become a familiar one at CHOP, where more than 1,000 international patients have been treated over the last few years. Nearly half of those patients came to the Hospital for care in fiscal year 2013, traveling from more than 60 countries. A broad array of global relationships allows CHOP to treat some of the most complex pediatric cases in the world, addressing not just the medical, but also the cultural needs of the patient and family.

The growth of the international patient population is the most obvious sign of CHOP’s international strategy, but the work of International Medicine reaches far beyond patient care. New collaborations and programs here at home and around the world are establishing Children’s Hospital as a global leader in pediatric healthcare.

**Going the Distance**

International visitors to CHOP are not just patients, but also medical professionals and administrators. In the last year, 72 medical observers from more than 30 countries visited the Hospital. They came to learn about our care model in the inpatient setting, pediatric network, surgical services, operating room set-up, critical care and Emergency Department. They spent weeks shadowing our clinicians to improve their own skills. They immersed themselves in the operations of clinical departments and took their knowledge back to their home hospitals.

Children’s Hospital also works with leading pediatric organizations around the world. Significant collaborations are under way with Beijing Aiyuhua Hospital for Women and Children, opening in June 2014, and King Abdullah Specialized Children’s Hospital in Riyadh, Saudi Arabia. CHOP experts are advising on the design and development of the facilities and providing education and training in clinical and operational areas, including patient safety, quality and family-centered care.

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**Learning from Each Other**

While collaborative relationships with other children’s hospitals around the world solidify, CHOP will continue treating patients like Shaika, now 6. With help from CHOP’s physical and occupational therapists, she’s learned to walk, and as she grows, her quality of life is likely to improve even more. Shaika has seen huge benefits from her treatment in Philadelphia. Doctors here have also learned from this little girl, who has spent months in the Hospital under the care of CHOP clinicians and care providers.

“It’s not just about us going out and changing the world. The world is changing us,” says Cynthia Haines, senior vice president of International Medicine. “CHOP is becoming a different organization because of our international efforts and because of these children we’re caring for. We can’t help but evolve.”

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*Shaika Echtibi (right) and her father, Hazza (left), have made many trips to CHOP, each time staying for several weeks, or even months. During every visit, they’re assisted by medical interpreters like Zaid Al abbas (center).*
THE YEAR IN PHILANTHROPY

A landmark gift helped the CHOP Foundation raise $130.8 million.
A Family’s Generosity

For a leading institution like CHOP, a gift can literally change the course of medicine. Behind every pioneering scientific advance at CHOP, there have been equally transformative philanthropic investments from our community of donors.

In 2013, we saw the largest and most dramatic gift in our history: a landmark $50 million gift from the Buerger family toward the construction of a new state-of-the-art outpatient facility (shown at left). Currently under construction on the Hospital’s South Campus in West Philadelphia, the building will be named the Buerger Center for Advanced Pediatric Care.

This is not only the largest gift in the Hospital’s history, but also one of the largest naming gifts for a building in Philadelphia. The family gift, made by Alan and Constance Buerger, Reid and Krista Buerger, and Grant Buerger, marks a milestone in the Hospital’s $100 million capital campaign, “Building Hope,” to fund the new outpatient facility.

Buildings and Breakthroughs

Growing our network through new facilities, like the Buerger Center and the Nicholas and Athena Karabots Pediatric Care Center that opened last year in West Philadelphia, allows CHOP to reach more communities where more children and families can benefit from our world-class clinical expertise, vital programs and family-centered care (see related story on Page 8). Philanthropy is critical to these efforts.

Philanthropy is also changing the odds for kids fighting tough diseases like cancer and sickle cell disease. John Maris, M.D., director of the Center for Childhood Cancer Research, received the first-ever pediatric “Dream Team” grant from Stand Up to Cancer, a nearly $15 million investment to create new treatments for childhood cancer (see related story on Page 6). And we launched “Hope on the Horizon,” a volunteer-driven, $5 million campaign to raise funds to support Alan Flake, M.D.’s pioneering procedure that has the potential to cure sickle cell disease in just a few years.

A Record-breaking Year

It was a year of powerful change and record-breaking accomplishments: We had our most successful fundraising year ever, far surpassing our fiscal year 2013 goal of $80 million with a total of $130.8 million in donations. This stunning amount represents more than 100,035 gifts of varying sizes from new and longtime supporters.

We thank our generous donor community for making all of this, and so much more, possible. Our donors share in each of our remarkable achievements, as well as the small miracles that happen in the Hospital every day: making a suffering patient smile, fixing a heart before a baby is even born, healing an injured child and giving families hope.

Your compassion and generosity help us build hope and offer better futures to children and families all over the world. Thank you.

To learn more about the year in fundraising at CHOP, see the 2013 Philanthropy Annual Report at chop.edu/philanthropy.

The Buerger family’s philanthropic support, and that of the entire community, will enable children from Philadelphia and around the world to receive the highest level of pediatric care in this state-of-the-art facility.

Steven M. Altschuler, M.D.
CHOP CEO
Our Achievers

In an institution filled with achievers and achievements, we highlight some of the most notable of 2013.
Paula Agosto, R.N., M.H.A.
Senior Vice President and Chief Nursing Officer

In January, Agosto was named senior vice president and chief nursing officer after serving as interim CNO for five months. Agosto started at CHOP as a staff nurse in the Pediatric Intensive Care Unit (PICU) 28 years ago and then moved into leadership roles, including nurse manager of the PICU, director of Critical Care, Emergency Transport and Emergency Nursing, and assistant vice president of Critical Care, Respiratory and Neuro-diagnostic Services. In addition to her extensive leadership experience, Agosto has led a number of cross-organizational improvement and operating plan initiatives.

A change that has had significant impact on your work:

The obvious change for me is moving to the role of chief nursing officer. Although change can be intimidating, it can also be an opportunity for a leader to re-engage team members in achieving new goals and re-establishing their purpose. My hope is to lead CHOP Nursing to a renewed level of professionalism, partnership and clinical excellence.
The incorporation of modern science into medical practice has allowed us to actually do some of the things we used to just talk about. As recently as 15 years ago, kids used to be crippled with arthritis. We knew the TNF molecule was to blame, but we couldn’t do anything. Then, a drug was invented to block TNF, and those kids are running around today. It’s so gratifying to be able to tell parents: ‘We can control this.’

Edward Behrens, M.D.
Physician and Researcher, Division of Rheumatology

Behrens received the Stewart J. McCracken Award for excellence in the field of arthritis research from the Arthritis Foundation. This prestigious award was given in recognition of his work on macrophage activation syndrome (MAS), a rare but devastating condition that is poorly understood. Ten percent of patients with systemic juvenile idiopathic arthritis will develop sudden-onset, life-threatening MAS. Behrens’ work paves the way for novel therapeutics by implicating an inflammatory pathway not previously suspected of triggering the disease.

A change that has had significant impact on your work:

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ANNUAL REPORT 2013

Garrett M. Brodeur, M.D.
Physician and Researcher, Division of Oncology

Brodeur received one of the American Society of Clinical Oncology’s most prestigious awards, the Pediatric Oncology Award. Throughout his career, Brodeur has concentrated on neuroblastoma, the most common solid tumor of childhood. He discovered that when neuroblastoma cells develop multiple copies of a specific gene, children develop a high-risk subtype of neuroblastoma and require aggressive treatment. This discovery ushered in the current era of genomic analysis of tumors, allowing a more targeted approach that can avoid overtreating or undertreating a child.

“A change that has had significant impact on your work:

Nanotechnology could really be revolutionary. Drugs delivered in nanoparticles put 10 to 100 times as much drug in the tumor initially, and the drug stays in the tumor longer. You could treat a cancer patient with a much lower total dose of chemotherapy and dramatically reduce exposure of normal tissues to its toxic effects.

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Robert M. Campbell Jr., M.D.
Director, Center for Thoracic Insufficiency Syndrome

Campbell, an orthopedic surgeon and inventor of the vertical expandable prosthetic titanium rib (VEPTR), was recognized by the U.S. Food and Drug Administration (FDA) as one of 30 “rare disease heroes,” for his contribution to the research and treatment of rare diseases. He was the first to identify thoracic insufficiency syndrome (TIS), a spine and chest wall deformity that inhibits normal breathing and lung growth, and developed the VEPTR, the only FDA-approved treatment for TIS. Campbell was also chosen for the FDA’s Orthopaedic and Rehabilitation Devices Panel.

“A change that has had significant impact on your work:

When the FDA approved the VEPTR, I thought to myself, ‘Quite a few kids around the world will now have a chance.’ I’d been waiting 17 years for that approval. It never occurred to me to give up. I knew if I quit working on it, kids were going to die.
In coming to CHOP from Penn, I went from leading a scientific department to leading a clinical one. I didn’t realize how different it would be. Here, you meet families and see how they have persevered. You see some horrible diseases, and it drives people to get things done and stay focused. It’s profound. A sense of mission pervades the institution.
Disruptive technology is exploding all around us and changing how providers identify, prepare for, train, perform and reflect on our resuscitation for shock, trauma and cardiac arrest. When we bring simulation-based training to the point of care—the inpatient units where clinicians work every day—we see dramatic improvements in survival rates. Now we’re using telesimulation to help translate these techniques to resource-limited settings around the world.
As the president of AACN, I often needed to step out of my comfort zone and take on new challenges. My presidential theme of ‘Dare To’ challenged members to determine what would bring us closer to achieving our optimal contribution — to our patients, their families, our colleagues and ourselves. I’ve been so inspired by the nurses who shared their own daring stories — whether they were taking on a new role, pursuing more education or addressing a more personal issue like their own health. One common theme emerged from all of those stories: When we dare to, we really can ‘be the change we wish to see.’
Just after my residency, I was privileged to meet an amazing orthopedic surgeon, Dr. Ashok Banskota, who had developed a children’s disability hospital in Nepal. I’ve remained involved in training his residents ever since. There is an enormous unmet need for surgical care, including orthopedics, in developing countries. While training is important, it is perhaps more important to build the capacity to provide essential surgical care at the primary referral level. Surgery must be redefined in a public health context and integrated within health systems if we are to reduce the enormous burden of surgical diseases.

David A. Spiegel, M.D.
Attending Surgeon, Division of Orthopedic Surgery

Spiegel, an orthopedic surgeon, researcher and humanitarian, was awarded the 2013 Humanitarian Award from the Pediatric Orthopaedic Society of North America for his “outstanding service to the underserved children of the world with musculoskeletal disorders.” For the past 16 years, Spiegel has volunteered in Nepal. His teachings and training efforts have involved 16 countries, most recently Iraq, Somalia and China. He has been involved with the essential surgery program of the World Health Organization for the last nine years and works full time at CHOP.

“A change that has had significant impact on your work:

Just after my residency, I was privileged to meet an amazing orthopedic surgeon, Dr. Ashok Banskota, who had developed a children’s disability hospital in Nepal. I’ve remained involved in training his residents ever since. There is an enormous unmet need for surgical care, including orthopedics, in developing countries. While training is important, it is perhaps more important to build the capacity to provide essential surgical care at the primary referral level. Surgery must be redefined in a public health context and integrated within health systems if we are to reduce the enormous burden of surgical diseases.
The biggest change for me over the past year was rejoining the CHOP community. When I think back on my career, my time as chief resident here has had an enormous influence on the path I’ve taken. I was here when Jean Cortner and then Dick Johnston were physician-in-chief. Both became mentors to me and have been an important source of guidance over the years. Being chief resident sparked my interest in leadership roles and the opportunity to support the careers of others. CHOP is an amazing place and has always had a sense of purpose that permeates across the staff.

Joseph W. St. Geme III, M.D.
Physician-in-chief, and Chair, Department of Pediatrics

Accepting the position at CHOP was a homecoming for St. Geme, who came to Philadelphia from Duke University, where he had served as chair of the Department of Pediatrics and chief medical officer of Duke Children’s Hospital & Health Center since 2005. St. Geme completed his pediatric residency and chief residency at CHOP 25 years ago. A distinguished physician-scientist and clinician-educator, St. Geme is a member of the Institute of Medicine and is recognized nationally for his outstanding leadership at Duke.

“

A change that has had significant impact on your work:

The biggest change for me over the past year was rejoining the CHOP community. When I think back on my career, my time as chief resident here has had an enormous influence on the path I’ve taken. I was here when Jean Cortner and then Dick Johnston were physician-in-chief. Both became mentors to me and have been an important source of guidance over the years. Being chief resident sparked my interest in leadership roles and the opportunity to support the careers of others. CHOP is an amazing place and has always had a sense of purpose that permeates across the staff.”
What has changed in the 36 years I've been teaching cardiac anatomy are the advances in noninvasive imaging. Images now approach the appearance of the real thing — what a surgeon sees while literally holding a heart in his or her hand. It was exciting to be the first director of cardiac MRI at CHOP and to witness how MRI, along with echocardiography, has given us 3-D representations of the heart.

Paul M. Weinberg, M.D., F.A.A.P., F.A.A.C.
Director, Cardiology Fellowship Training Program and Resident Education in Cardiology

For 22 years, Weinberg has served as director of the Fellowship Training Program in Pediatric Cardiology at CHOP, guiding the training of more than 100 fellows. He received the 2013 Distinguished Teacher Award from the American College of Cardiology in recognition of his “innovative, outstanding teaching characteristics and compassionate qualities” resulting in “major contributions to the field of cardiovascular medicine at the national and/or international level.” Weinberg conducts weekly teaching conferences on cardiac morphology (heart structure) and has frequently lectured on that topic at national and international meetings.

A change that has had significant impact on your work:

What has changed in the 36 years I’ve been teaching cardiac anatomy are the advances in noninvasive imaging. Images now approach the appearance of the real thing — what a surgeon sees while literally holding a heart in his or her hand. It was exciting to be the first director of cardiac MRI at CHOP and to witness how MRI, along with echocardiography, has given us 3-D representations of the heart.
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Evelyn Rome Tabas Endowed Chair in Pediatric Cardiology
Victoria L. Vetter, M.D.

Jennifer Terker Endowed Chair in Pediatric Cardiology
Robert E. Shaddy, M.D.

Cardiothoracic Surgery

Daniel M. Tabas Endowed Chair in Pediatric Cardiothoracic Surgery
J. William Gaynor, M.D.

Alice Langdon Warner Endowed Chair in Pediatric Cardiothoracic Surgery
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Pending appointment
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Pending appointment

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Jeffrey Modell Endowed Chair in Pediatric Immunology Research
Pending appointment

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Louis and Amelia Canuso Family Endowed Chair for Clinical Research in Oncology
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Mabel E. Leslie Endowed Chair in Pediatric Ophthalmology
Monte Mills, M.D.

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John P. Dormans, M.D.

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Pending appointment

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Pending appointment

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Pending appointment

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

William H. Bennett Professor of Pediatrics at the University of Pennsylvania School of Medicine
Katherine High, M.D.

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Mary Downs Endowed Chair in Pediatric Craniofacial Treatment and Research
Pending appointment

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
Pending appointment

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.

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

The 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.

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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
Diego Jaramillo, M.D.

Rheumatology
Joseph Lee Hollander Endowed Chair in Pediatric Rheumatology
Pending appointment

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., F.A.A.P., F.A.C.S.

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.

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.

Howard M. Snyder III Endowed Chair in Pediatric Urology
Pending appointment
Financial Summary

### SOURCES OF REVENUE

<table>
<thead>
<tr>
<th></th>
<th>FY 2013</th>
<th>FY 2012*</th>
<th>FY 2011*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net Patient Service Revenue</td>
<td>$1,849,940,000</td>
<td>$1,678,604,000</td>
<td>$1,547,375,000</td>
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<tr>
<td>Other Operating Revenue</td>
<td>105,318,000</td>
<td>103,442,000</td>
<td>86,217,000</td>
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<tr>
<td>Contributions (1)</td>
<td>65,692,000</td>
<td>46,560,000</td>
<td>66,323,000</td>
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<tr>
<td>Research</td>
<td>218,931,000</td>
<td>184,851,000</td>
<td>189,585,000</td>
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<tr>
<td><strong>TOTAL SOURCES OF REVENUE</strong></td>
<td><strong>$2,239,881,000</strong></td>
<td><strong>$2,013,457,000</strong></td>
<td><strong>$1,889,500,000</strong></td>
</tr>
</tbody>
</table>

### USES OF REVENUE

<table>
<thead>
<tr>
<th></th>
<th>FY 2013</th>
<th>FY 2012*</th>
<th>FY 2011*</th>
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</thead>
<tbody>
<tr>
<td>Salaries, Wages and Employee Benefits</td>
<td>$1,051,244,000</td>
<td>$977,164,000</td>
<td>$916,048,000</td>
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<tr>
<td>Supplies and Expenses</td>
<td>406,539,000</td>
<td>370,414,000</td>
<td>352,388,000</td>
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<tr>
<td>Depreciation</td>
<td>119,151,000</td>
<td>124,139,000</td>
<td>116,258,000</td>
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<tr>
<td>Interest</td>
<td>14,884,000</td>
<td>17,893,000</td>
<td>11,719,000</td>
</tr>
<tr>
<td>Research Expenses</td>
<td>327,944,000</td>
<td>299,464,000</td>
<td>293,214,000</td>
</tr>
<tr>
<td>Uncompensated Care</td>
<td>105,838,000</td>
<td>73,888,000</td>
<td>70,754,000</td>
</tr>
<tr>
<td>Provisions for Programmatic Investments</td>
<td>214,281,000</td>
<td>150,495,000</td>
<td>129,119,000</td>
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<tr>
<td><strong>TOTAL USES OF REVENUE</strong></td>
<td><strong>$2,239,881,000</strong></td>
<td><strong>$2,013,457,000</strong></td>
<td><strong>$1,889,500,000</strong></td>
</tr>
</tbody>
</table>

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

*Reclassified for comparative purposes
## Combined Balance Sheet

<table>
<thead>
<tr>
<th>ASSETS</th>
<th>FY 2013</th>
<th>FY 2012</th>
<th>FY 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash and Short-term Investments</td>
<td>$407,767,000</td>
<td>$275,286,000</td>
<td>$196,472,000</td>
</tr>
<tr>
<td>Receivables</td>
<td>304,705,000</td>
<td>264,045,000</td>
<td>223,626,000</td>
</tr>
<tr>
<td>Other Current</td>
<td>93,254,000</td>
<td>100,360,000</td>
<td>103,212,000</td>
</tr>
<tr>
<td><strong>TOTAL CURRENT ASSETS</strong></td>
<td>$805,726,000</td>
<td>$639,691,000</td>
<td>$523,310,000</td>
</tr>
<tr>
<td>Investments</td>
<td>1,669,173,000</td>
<td>1,624,075,000</td>
<td>1,567,569,000</td>
</tr>
<tr>
<td>Property, Plant &amp; Equipment (Net)</td>
<td>1,742,905,000</td>
<td>1,606,769,000</td>
<td>1,547,931,000</td>
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<tr>
<td>Other Assets</td>
<td>79,666,000</td>
<td>64,663,000</td>
<td>34,438,000</td>
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<tr>
<td><strong>TOTAL ASSETS</strong></td>
<td>$4,297,470,000</td>
<td>$3,935,198,000</td>
<td>$3,673,248,000</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>LIABILITIES AND NET ASSETS</th>
<th>FY 2013</th>
<th>FY 2012</th>
<th>FY 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Portion of Long-term Debt</td>
<td>$14,850,000</td>
<td>$16,525,000</td>
<td>$12,331,000</td>
</tr>
<tr>
<td>Accounts Payable and Accrued Expenses</td>
<td>331,169,000</td>
<td>294,777,000</td>
<td>263,266,000</td>
</tr>
<tr>
<td><strong>TOTAL CURRENT LIABILITIES</strong></td>
<td>$346,019,000</td>
<td>$311,302,000</td>
<td>$275,597,000</td>
</tr>
<tr>
<td>Long-term Debt</td>
<td>751,820,000</td>
<td>756,870,000</td>
<td>682,600,000</td>
</tr>
<tr>
<td>Other Liabilities</td>
<td>302,361,000</td>
<td>354,085,000</td>
<td>220,507,000</td>
</tr>
<tr>
<td><strong>TOTAL LONG-TERM LIABILITIES</strong></td>
<td>1,054,181,000</td>
<td>1,110,955,000</td>
<td>903,107,000</td>
</tr>
<tr>
<td>Unrestricted Net Assets</td>
<td>2,568,101,000</td>
<td>2,215,660,000</td>
<td>2,202,128,000</td>
</tr>
<tr>
<td>Temporarily Restricted Net Assets</td>
<td>182,193,000</td>
<td>154,694,000</td>
<td>153,765,000</td>
</tr>
<tr>
<td>Permanently Restricted Net Assets</td>
<td>146,976,000</td>
<td>142,587,000</td>
<td>138,651,000</td>
</tr>
<tr>
<td><strong>TOTAL NET ASSETS</strong></td>
<td>$2,897,270,000</td>
<td>$2,512,941,000</td>
<td>$2,494,544,000</td>
</tr>
<tr>
<td><strong>TOTAL LIABILITIES AND NET ASSETS</strong></td>
<td>$4,297,470,000</td>
<td>$3,935,198,000</td>
<td>$3,673,248,000</td>
</tr>
</tbody>
</table>
## Hospital Statistics

### STATISTICAL HIGHLIGHTS

<table>
<thead>
<tr>
<th></th>
<th>FY 2013</th>
<th>FY 2012</th>
<th>FY 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Admissions</td>
<td>28,996</td>
<td>28,761</td>
<td>28,401</td>
</tr>
<tr>
<td>Patient Days</td>
<td>154,551</td>
<td>151,266</td>
<td>146,143</td>
</tr>
<tr>
<td>Number of Beds</td>
<td>494</td>
<td>480</td>
<td>469</td>
</tr>
<tr>
<td>Number of Employees</td>
<td>11,048</td>
<td>10,701</td>
<td>10,500</td>
</tr>
</tbody>
</table>

### OUTPATIENT VISITS

<table>
<thead>
<tr>
<th></th>
<th>FY 2013</th>
<th>FY 2012</th>
<th>FY 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHOP Care Network Specialty Care</td>
<td>349,773</td>
<td>343,525</td>
<td>323,404</td>
</tr>
<tr>
<td>CHOP Care Network, West/South Philadelphia Communities</td>
<td>117,963</td>
<td>116,284</td>
<td>115,930</td>
</tr>
<tr>
<td>CHOP Care Network, Suburban Communities</td>
<td>590,622</td>
<td>576,525</td>
<td>574,849</td>
</tr>
<tr>
<td>Emergency Department</td>
<td>90,378</td>
<td>88,212</td>
<td>85,749</td>
</tr>
<tr>
<td>Day Surgery</td>
<td>18,342</td>
<td>18,369</td>
<td>18,358</td>
</tr>
<tr>
<td>Day Medicine</td>
<td>26,046</td>
<td>24,230</td>
<td>23,910</td>
</tr>
<tr>
<td><strong>TOTALS</strong></td>
<td>1,193,124</td>
<td>1,167,145</td>
<td>1,142,200</td>
</tr>
</tbody>
</table>
Hospital Statistics (continued)

### ADMISSION FROM PENNSYLVANIA BY SELECTED COUNTIES

<table>
<thead>
<tr>
<th>County</th>
<th>Admission</th>
<th>County</th>
<th>Admission</th>
<th>County</th>
<th>Admission</th>
<th>County</th>
<th>Admission</th>
<th>County</th>
<th>Admission</th>
</tr>
</thead>
<tbody>
<tr>
<td>Berks</td>
<td>358</td>
<td>Lancaster</td>
<td>233</td>
<td>Philadelphia</td>
<td>9,403</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bucks</td>
<td>1,856</td>
<td>Lehigh</td>
<td>315</td>
<td>Schuylkill</td>
<td>41</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chester</td>
<td>961</td>
<td>Luzerne</td>
<td>118</td>
<td>York</td>
<td>108</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dauphin</td>
<td>45</td>
<td>Monroe</td>
<td>131</td>
<td>Other</td>
<td>489</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Delaware</td>
<td>2,676</td>
<td>Montgomery</td>
<td>2,641</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lackawanna</td>
<td>105</td>
<td>Northampton</td>
<td>232</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTALS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>19,712</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### ADMISSION FROM NEW JERSEY BY SELECTED COUNTIES

<table>
<thead>
<tr>
<th>County</th>
<th>Admission</th>
<th>County</th>
<th>Admission</th>
<th>County</th>
<th>Admission</th>
<th>County</th>
<th>Admission</th>
<th>County</th>
<th>Admission</th>
</tr>
</thead>
<tbody>
<tr>
<td>Atlantic</td>
<td>511</td>
<td>Gloucester</td>
<td>813</td>
<td>Ocean</td>
<td>749</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bergen</td>
<td>52</td>
<td>Hudson</td>
<td>70</td>
<td>Salem</td>
<td>80</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Burlington</td>
<td>1,238</td>
<td>Hunterdon</td>
<td>68</td>
<td>Somerset</td>
<td>131</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Camden</td>
<td>1,515</td>
<td>Mercer</td>
<td>550</td>
<td>Union</td>
<td>136</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cape May</td>
<td>198</td>
<td>Middlesex</td>
<td>312</td>
<td>Warren</td>
<td>48</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cumberland</td>
<td>349</td>
<td>Monmouth</td>
<td>365</td>
<td>Other</td>
<td>117</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Essex</td>
<td>125</td>
<td>Morris</td>
<td>82</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTALS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>7,509</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Hospital Statistics (continued)

<table>
<thead>
<tr>
<th>GRADUATE MEDICAL EDUCATION</th>
<th>For the Fiscal Year Ended June 30</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department of Pediatrics</td>
<td>129 Residents, 157 Fellows</td>
</tr>
<tr>
<td>Department of Anesthesiology and Critical Care Medicine</td>
<td>30 Fellows</td>
</tr>
<tr>
<td>Department of Surgery</td>
<td>33 Fellows</td>
</tr>
<tr>
<td>Department of Radiology</td>
<td>13 Fellows</td>
</tr>
<tr>
<td>Department of Child and Adolescent Psychiatry</td>
<td>13 Fellows</td>
</tr>
<tr>
<td>Department of Pathology</td>
<td>4 Fellows</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>379</strong></td>
</tr>
</tbody>
</table>

In fiscal year 2013, CHOP had trainees in 57 accredited and nonaccredited programs.
### Research Statistics

#### ALL SOURCES OF FUNDING

<table>
<thead>
<tr>
<th>Source</th>
<th>Percentage</th>
<th>Dollar Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>External</td>
<td>73.35%</td>
<td>$219,449,454</td>
</tr>
<tr>
<td>Endowment</td>
<td>4.18%</td>
<td>12,495,945</td>
</tr>
<tr>
<td>Hospital</td>
<td>15.84%</td>
<td>47,400,169</td>
</tr>
<tr>
<td>Other</td>
<td>6.63%</td>
<td>19,850,812</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td><strong>$299,196,380</strong></td>
</tr>
</tbody>
</table>

#### BREAKDOWN OF EXTERNAL FUNDING

<table>
<thead>
<tr>
<th>Source</th>
<th>Percentage</th>
<th>Dollar Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal</td>
<td>63.21%</td>
<td>$138,720,034</td>
</tr>
<tr>
<td>Federal-Stimulus</td>
<td>1.42%</td>
<td>3,107,246</td>
</tr>
<tr>
<td>Industrial</td>
<td>4.68%</td>
<td>10,266,029</td>
</tr>
<tr>
<td>State/Local</td>
<td>2.05%</td>
<td>4,511,957</td>
</tr>
<tr>
<td>Children’s Oncology Group – Federal</td>
<td>14.83%</td>
<td>32,551,293</td>
</tr>
<tr>
<td>Children’s Oncology Group – Foundation/Industry</td>
<td>3.61%</td>
<td>7,921,747</td>
</tr>
<tr>
<td>Foundation</td>
<td>6.6%</td>
<td>14,492,726</td>
</tr>
<tr>
<td>Other</td>
<td>3.6%</td>
<td>7,878,421</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td><strong>$219,449,453</strong></td>
</tr>
</tbody>
</table>
Research Statistics (continued)

<table>
<thead>
<tr>
<th>NEW AWARDS</th>
<th>For the Fiscal Year Ended June 30</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number of Awards</td>
</tr>
<tr>
<td>Non Stimulus</td>
<td>468</td>
</tr>
<tr>
<td>Stimulus</td>
<td>4</td>
</tr>
<tr>
<td>TOTAL</td>
<td>472</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>RESEARCH LOCATIONS AND SPACE</th>
<th>For the Fiscal Year Ended June 30</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Square Footage</td>
</tr>
<tr>
<td>Leonard and Madlyn Abramson Pediatric Research Center</td>
<td>359,222</td>
</tr>
<tr>
<td>Ruth and Tristram Colket, Jr. Translational Research Building</td>
<td>289,325</td>
</tr>
<tr>
<td>3535 Market Street</td>
<td>143,584</td>
</tr>
<tr>
<td>CHOP Main Campus</td>
<td>3,408</td>
</tr>
<tr>
<td>3550 Market Street</td>
<td>2,408</td>
</tr>
<tr>
<td>TOTAL</td>
<td>797,947</td>
</tr>
</tbody>
</table>
### Charitable Giving*

<table>
<thead>
<tr>
<th>GIFTS BY DESIGNATION</th>
<th>For the Fiscal Year Ended June 30</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Dollar Amount</td>
</tr>
<tr>
<td>Capital</td>
<td>$55,900,000</td>
</tr>
<tr>
<td>Research</td>
<td>31,000,000</td>
</tr>
<tr>
<td>Endowment</td>
<td>25,600,000</td>
</tr>
<tr>
<td>Unrestricted</td>
<td>13,000,000</td>
</tr>
<tr>
<td>Education and Community Benefit and Care</td>
<td>5,300,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$130,800,000</strong></td>
</tr>
</tbody>
</table>

### DONORS AND DOLLARS

<table>
<thead>
<tr>
<th></th>
<th>For the Fiscal Years Ended June 30</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>FY 2013</td>
</tr>
<tr>
<td>Dollars Raised</td>
<td>$130,816,161</td>
</tr>
<tr>
<td>Number of Donors</td>
<td>66,500</td>
</tr>
</tbody>
</table>

*Amounts include total cash and pledges received.

### ENDOWED CHAIRS

<table>
<thead>
<tr>
<th></th>
<th>For the Fiscal Year Ended June 30</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number of Chairs</td>
</tr>
<tr>
<td>Fully Funded Chairs</td>
<td>97</td>
</tr>
<tr>
<td>Pledged Chairs</td>
<td>14</td>
</tr>
<tr>
<td>President's Scholar Chairs</td>
<td>5</td>
</tr>
</tbody>
</table>
See how Carly, 18, right, has changed. View the video introduction to the online *Annual Report*, at chop.edu/ar.
The 2013 Annual Report of
The Children’s Hospital of Philadelphia
Produced by the Marketing, Web
and Public Relations Department.

Cover: Sisters Kiwi, 6, and Strawberry, 11
Page 2: Cousins Alexander and Ginna, both 4
Page 29: Tamyka holds her daughter, Laiyah, 1
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.

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