Dear Friend of St. Louis Children’s Hospital,

Caring for children is a responsibility we take very seriously at St. Louis Children’s Hospital. The commitment to kids that exists across our hospital, and the impact it has on families, is truly inspiring. This commitment takes time, talents and resources— from our staff, Washington University physicians, volunteers and community supporters like you. Your generosity is a critical component to helping us deliver compassionate care, leading-edge treatment and healing to children inside the hospital and outside our walls through a variety of community outreach programs.

This “A to Z” report is a comprehensive review of the past year, and a showcase of the direct impact your generosity has had on our patients, our families and our community. Inside these pages you will find inspiring stories that are just a small sampling of the milestones and miracles that occur every day at St. Louis Children’s Hospital.

The relationships and bonds we share with children and families during their time with us here are truly remarkable. Thanks to your support and financial contributions, we can continue to give kids and their families the priceless gift of healthier futures.

Sincere thanks,

Lee Fetter  
President

Keith Harbison  
2008 Foundation Board Chairman

Charles Mueller  
2008 Hospital Board Chairman
Advocacy
AND COMMUNITY OUTREACH

The St. Louis Children’s Hospital advocacy program strives to translate the hospital’s mission into actionable plans for our community with initiatives involving many constituents—patients, employees, medical staff, donors and families in the region.

St. Louis Children’s Hospital has developed a number of education and outreach initiatives in order to improve the health and wellness of the children it serves, and has made a commitment to ongoing advocacy beyond the hospital setting. Children’s health needs reach far beyond the hospital walls.

One of these initiatives is the Healthy Kids Express mobile van program, designed to bring health care to children in St. Louis, its surrounding counties and the Metro East. This program offers a range of screenings, including hearing and vision, anemia, lead, dental and asthma; physical exams, scoliosis checks, and immunizations. Children from 1 to 18 years of age are eligible for care through this program. Healthy Kids Express provides services to 13,000 children per year and is made possible through the generosity of donors to the St. Louis Children’s Hospital Foundation.

“Asthma is a tremendous problem for children, especially in urban St. Louis. As many as 20% of the children in some schools are afflicted with the disease, and while there is no cure, asthma can be successfully managed. We can impact school attendance and greatly improve the quality of life for those children and their families,” says Lisa Meadows, manager of the HKE asthma management program. Healthy Kids Express services are free for children. The program costs $1.2 million each year to operate and is completely funded through donor support.

The Healthy Kids Express staff performed more than 64,500 health screenings in 2008.

HEALTHY KIDS EXPRESS PROGRAM EXPANDS

In 2008, The Missouri Foundation for Health (MFH) awarded $750,000 to St. Louis Children’s Hospital to expand the Healthy Kids Express (HKE) asthma program. MFH, the largest nongovernmental funder of community health activities in Missouri, is partnering with St. Louis Children’s Hospital to focus on helping youngsters and their parents deal more effectively with childhood asthma, especially those children living in medically underserved areas of St. Louis.
Asthma is the #1 reason children visit the emergency room and the #1 reason children miss school. Our mission directs us to try to do something to combat these factors.
More than 3,500 free bike helmets were distributed to children in the St. Louis metro area in 2008.

Chris’ Story

Christopher was born with a dysplastic type of neurofibromatosis that typically causes severe scoliosis or spinal curvature. His condition was pinching his spinal cord and pushing his chin down to his chest. At age 14, Christopher walked unsteadily and could not run. He had already endured eight spinal surgeries, and his condition was deteriorating. His doctors near his home in Arkansas considered another surgery but knew it would be risky.

“Two weeks before the scheduled surgery the doctors called it off and said it was too risky and that Christopher had between two weeks and two months to live,” recalls Christopher’s mother, Gail. “They told us there was only one person in the United States who could save him, and that was Dr. Lenke.”

Dr. Lawrence Lenke, an orthopedic surgeon at St. Louis Children’s Hospital, is known internationally for his expertise in spinal surgery. Dr. Lenke uses a posterior, or rear, approach to access the spine. During the procedure he resects vertebrae out of the spinal column to release the spine and then inserts rods and pedicle screws to support the patient’s spine. While more aggressive and risky, this innovative technique has shown fewer complications and better correction for patients like Christopher.

Right away Christopher and his family headed to St. Louis Children’s Hospital to prepare for surgery. Christopher was placed in halo traction for a few weeks to gradually reposition his head and neck away from his chest to allow for appropriate intubation and access to his neck if needed.

During Christopher’s surgery, Dr. Lenke and his team took two vertebrae out of his spine and replaced them with bone-forming material, and inserted a long rod from his skull all the way down his back to stabilize the entire spine. After a 13-hour surgery, Christopher’s spinal correction was a success.

Christopher still returns to Children’s Hospital for follow-up visits, but he is now able to drive, work and maintain a normal life. He is currently in college studying to be a chef.

“It feels a lot different. My head is up straight, not all bowed down,” Christopher remarks. “I feel like a new person. It feels wonderful and now I have my whole life ahead of me.”
“It feels a lot different. My head is up straight, not all bowed down,” Christopher remarks. “I feel like a new person. It feels wonderful and now I have my whole life ahead of me.”

Right: X-rays of Chris’ spine before and after receiving surgery performed by Dr. Lawrence Lenke (pictured below with Chris).
Demetrius’ Story

Demetrius had always been prone to common childhood illnesses, such as ear infections and sore throat. The winter months were especially tough and sometimes resulted in a hospital stay. It wasn’t until the third grade when the Healthy Kids Express Asthma Van came to his school that he was diagnosed with acute asthma.

The Asthma team gave Demetrius and his family the knowledge, medication and equipment he needs to manage his asthma and prevent attacks. Demetrius’ mom, Angela, and 8-year-old brother, Morsie, also now know the signs of an attack and how to help Demetrius correctly use a nebulizer and peak flow meter.

Demetrius doesn’t let asthma stop him from staying active. He loves dancing, tumbling, gymnastics and karate. He also loves mysteries and hopes to become a forensic scientist when he grows up.

Demetrius is just one of nine million children who suffer from asthma in the United States. The St. Louis Children’s Hospital Healthy Kids Express Asthma Program works with local schools to provide free asthma management care, which decreases illness and school absences for kids like Demetrius.
For more than a century, the partnership between St. Louis Children’s Hospital and Washington University School of Medicine has consistently produced remarkable advances in pediatric medicine. Developing protocols for the treatment of childhood diabetes, unraveling the genetic causes of congenital heart disease and nutritional disorders, and establishing a premier pediatric lung transplant center are some of the results of this partnership.

The Children’s Discovery Institute was launched in February 2006 with a shared vision to change the way pediatric research is conducted and an intense commitment to bring about dramatic results in pediatric care.

A gift for pediatric brain cancer research given by the McDonnell family in 2005 established the first of the Institute’s four Centers of research. The Center approach is intended to focus thinking and innovation through open participation and the exchange of ideas.

The Children’s Discovery Institute makes pediatric research grants within four Centers:

1. Congenital Heart Disease Center
2. McDonnell Pediatric Cancer Center
3. Center for Pediatric Pulmonary Disease
4. Center for Musculoskeletal and Metabolic Diseases

Today, more than 30 investigators working within these research Centers across 14 departments at Washington University are aimed at discovering the genetic roots of some of the most devastating children’s health problems. These grants have brought about new collaborations between clinicians and basic researchers that will speed the translation of their discoveries from the bench to the bedside.

The first annual investors meeting was held in October 2008, and allowed donors the opportunity to meet the researchers and hear about the breakthroughs they are making in the labs.

Investigators Kelle Moley, MD (left) and Jean Schaffer, MD, were recipients of a Children’s Discovery Institute grant to study a link between obesity in expectant mothers and the likelihood their children will develop ongoing health problems.

In 2008 the Children’s Discovery Institute granted 16 awards for a total of $3.12 million.
Endowed Chairs

FUNDED THROUGH ST. LOUIS CHILDREN’S HOSPITAL FOUNDATION

Established at St. Louis Children’s Hospital with gifts of $1.5 million or more

Dana Brown
Chair in Emergency Medicine
Dr. David Jaffe

Louis Larrick Ward
Chair in Pediatric Cardiology
Dr. George Van Hare

Appoline Blair St. Louis Children’s Hospital
Professor of Surgery Chair
Dr. Brad Warner

William McKim Marriott
SLCH Professor of Pediatrics Chair
Dr. Jim Keating

Ruth L. Siteman Chair in Pediatrics, supporting efforts in Childhood Infectious Disease
Dr. Greg Storch

Ferring Family Chair in Pediatric Cancer and Related Disorders
Dr. Michael DeBaun

Other endowed chairs represented by physicians of St. Louis Children’s Hospital

Harriett Spoehrer Chair
Dr. Alan Schwartz
Helene B. Roberson
Professor of Pediatrics
Dr. Mark Manary
Park J. White Professor of Pediatrics
Dr. F. Sessions Cole
Shi Hui Huang
Professor of Neurological Surgery
Dr. T. S. Park
Melvin E. Carnahan
Professor of Pediatrics
Dr. Phil Tarr
James P. Keating, MD, Professor of Pediatrics
Dr. Aaron Hamvas
Donald Strominger
Professor of Pediatrics
Dr. Robert Strunk
Carol B. and Jerome T. Loeb
Professor of Anesthesiology
Dr. David Murray
Allen P. and Josephine B. Green
Professor of Neurology
Dr. Jeff Neil
(Department of Neurology)
A. Ernest and Jane G. Stein
Associate Professor of Neurology
Dr. Brad Schlaggar
(Department of Neurology)
Blanch F. Ittleson Professor of Psychiatry
Dr. John Constantino
(Department of Psychiatry)
Michael DeBaun, MD, MPH, a pediatric hematologist/oncologist at St. Louis Children’s Hospital, received the Ferring Family Chair in Pediatric Cancer and Related Disorders, a newly endowed chair position established by John and Alison Ferring.

John Ferring, president and CEO of Plaze Inc., says they established the endowed chair as a way to contribute in a meaningful way to the Children’s Discovery Institute at St. Louis Children’s Hospital and because of his experience working with DeBaun.

“DeBaun has established a nationally renowned program for treatment, education and research into sickle cell disease,” DeBaun says. “As we learned more about what he was doing, we saw he was making a worldwide impact.

There are only two or three of his kind in the world, and we definitely want to keep him as part of the hospital. He’s a remarkable person and a real asset to the community and to St. Louis Children’s Hospital.”

The most important thing I want to accomplish through this chair is the pursuit of new knowledge that improves the lives of children with sickle cell disease,” DeBaun says. DeBaun has established a nationally renowned program for treatment, education and research into sickle cell disease.
The 2008 Heart of Gold Recipient is The Saigh Foundation. Fred Saigh wanted his legacy of giving to benefit children in St. Louis. During the last five years of his life, he and JoAnn Hejna, now executive director and trustee, developed the mission, board of trustees, and structure for what would become The Saigh Foundation after his death.

The Saigh Foundation continues the work begun by Fred Saigh by enhancing the quality of life in the St. Louis metropolitan region through support for charitable projects and initiatives, which primarily benefit children and youth through education and health care.

Over the past eight years, The Saigh Foundation has been an outstanding partner in the efforts of St. Louis Children’s Hospital to provide leading edge medical research, medical training and community outreach, with gifts totaling near $3 million dollars. The Saigh Foundation exemplifies Mr. Saigh’s visionary nature and stimulates the development of new ventures and innovative programs. The Saigh Foundation was an early supporter of Healthy Kids Express, Children’s Discovery Institute, and most recently the Pediatric Simulation Center.

Saigh Foundation Heart of Gold Recipients (from left): Mike Hejna, Heidi Veron, JoAnn Hejna, Katherine Abate, Frank Wallis, Barbara Veron, and Mary Kemp.

St. Louis Children’s Hospital will soon put into operation a “practice makes perfect” model thanks to a generous $1 million gift from The Saigh Foundation. The money will be used to create the Saigh Pediatric Simulation Center within Children’s Hospital. This new learning facility will allow medical students, nurses, residents and other health care professionals at the hospital to rehearse and practice skills in a supportive environment away from the patient’s bedside.

Features of the simulation center will include a fully equipped OR, a patient room and a debriefing room.

Three high-tech mannequins (a baby, a 6-month-old and an 8- to 10-year-old child) operated through a state-of-the-art control room will be used to create real life experiences for those using the facilities. Video capability will allow the health care professionals to study and develop medical techniques to improve their skills in managing pediatric patients.

The Pediatric Simulation Center will be one of just a few in the United States and is unique in that its design, size, structure and vision are set specifically to educate all hospital health care workers. The new center is just one more way Children’s Hospital strives to offer the most advanced pediatric care available.
Generous supporters Kerry and William Holekamp pledged $30 million to continue the work of the Children’s Discovery Institute. The pledge proposes to accelerate the work of the St. Louis Children’s Discovery Institute by creating a global collaborative focused on curing childhood disease.

“Children’s Hospital has long been one of St. Louis’ great assets, and their contributions to the community and to the health of our children continue to grow,” says William Holekamp.

“Our family is pleased to offer support in expanding the very creative initiatives of the Children’s Discovery Institute. Success could improve the basic approach to medical research as well as positively impact specific children’s diseases.”

By networking the best pediatric investigators across the world’s top children’s hospitals and medical schools and forming partnerships that have a common goal — curing a specific childhood disease — the Holekamps hope to leverage a team research approach that has already demonstrated early success at the Children’s Discovery Institute. The goal is that the global teams collectively will produce better results than isolated teams or individual investigators.

“This pledge represents a significant commitment to the future of pediatric medicine,” said Lee Fetter, St. Louis Children’s Hospital President. “The Holekamps are a very well-known and respected family in St. Louis. Not only am I grateful for their support of our mission, but for the message their contribution sends to the community about the importance of pediatric research.”
454-TEEN: A Helpline FOR PARENTS OF TEENS

Generous funding through the Parriott Family’s Project Safety Net enabled the hospital to launch 454.TEEN, a parent helpline providing accurate and just-in-time information concerning adolescent development and behavior. The center’s staff—master’s-level professionals in behavioral health—are equipped to answer a wide range of questions on topics such as moodiness, alcohol or drug usage, peer pressure and school performance. In addition, trained facilitators help connect parents with useful resources and referrals.

“It’s a call-in center where parents can ask any questions they like about their teen and be provided with accurate and timely information that reflects whether their teen’s behavior is typical or atypical,” says Russell Hoffmann, PhD, director of the Department of Psychology at Children’s Hospital.

Lisa Imbs, Brooks Parriott and Clark Parriott, along with their mother, Sally Parriott Hailand, started Project Safety Net in honor of their father. “There is nothing else like it,” Lisa says. “All other programs in St. Louis focus on crisis situations. This is preventative and informative.”

In 2008 the helpline served nearly 300 families.

Inder Receives Award FROM THE DORIS DUKE FOUNDATION

Terrie E. Inder, MD, PhD, received a 2008 Distinguished Clinical Scientist Award from the Doris Duke Charitable Foundation. Dr. Inder is a pediatric neonatologist at St. Louis Children’s Hospital and associate professor at Washington University School of Medicine.

The $1.5 million award recognizes outstanding leadership in clinical research and allows leading physician-scientists to meld biomedical research and clinical applications that improve human health. Dr. Inder was one of six award recipients.

Using sophisticated analysis of MRI scans, Dr. Inder can determine abnormalities in the brains of preterm infants born at 30 weeks gestation or less and assist in guiding families as to the risk for future disability. The outcomes of the MRI scans can also inform the physicians about the impact of treatment in the Newborn Intensive Care Unit on brain development.

Dr. Inder also co-directs a large multidisciplinary team that provides clinical care, teaching and research to improve the outcomes for infants born at risk for disability. The team combines multidisciplinary research initiatives in pediatrics, neurology, radiology, obstetrics and psychology based on studies at the bedside of newborn infants in the Newborn and Pediatric Intensive Care units at St. Louis Children’s Hospital.
As the busiest area in the hospital, the Joe Buck Imaging Center at St. Louis Children’s Hospital provides a variety of imaging services, including CT scans, MRIs, fluoroscopy and ultrasounds, for nearly 100,000 patients each year. In 2008 the 15,000-square-foot unit was dedicated to Joe Buck in honor of his service to children and the community. Decorated in a colorful sports motif, the area includes an aquarium, Xbox games for waiting patients, and sports memorabilia autographed by Tom Brady, Albert Pujols, Tony Hawk, Gabrielle Reese and many other professional athletes.

Celebrating the opening of the Joe Buck Imaging Center are (Back row, from left): Carole Buck, Joe Buck, Ann Buck, Natalie Buck, Julie Buck Brooks, Jeff Brooks. Front row: Jack Brooks, Trudy Buck, Ben Brooks, Matt Brooks.
Ron’s Story

In September 2007, Ron was a high school junior and a starting offensive lineman on the varsity football team. When Friday night’s football game was rescheduled for Saturday morning due to heavy rain, Ron was looking forward to getting up early and having breakfast with his sister Chelsea before the game. After their breakfast and just minutes into their drive to the game, Ron’s truck hydroplaned and rolled several times. Chelsea’s injuries would require stitches, but Ron’s appeared to be more serious. He was transported to St. Louis Children’s Hospital, where X-rays and an MRI revealed that Ron had fractured his C2 vertebrae in his neck.

“A case worker was with us the moment we entered the ER,” Ron’s mother, Veronica, recalls. “She explained everything and was there with us through every step.”

Ron had survived the accident, but his future in football was less certain. Ron spent the next three months in a halo apparatus with weekly, then bimonthly, and then monthly follow-up appointments.

Each appointment began in the Joe Buck Imaging Center, where an updated picture of his neck and spine allowed doctors to monitor his progress.

Ron’s vertebrae healed perfectly. By June 2008, the 6'1", 280-pound lineman was back at football camp working hard to get back into the starting lineup for his senior year. Ron helped his team reach the playoffs and came in fourth in the state. Ron plans to attend college in the fall and is looking forward to playing more football.

“It was a really tough situation,” Veronica remembers. “But everyone at Children’s Hospital helped us get through.”
School-based seatbelt safety program targets minority teens

St. Louis Children’s Hospital and the Kappa Alpha Psi Fraternity, Inc. St. Louis Alumni Chapter partnered to bring seatbelt safety messages to more than 2,000 students at 10 area schools in 2008 through the “Click It Crew” program. Using a highly interactive approach, Click It Crew connects with students, particularly minority teens, using a 3-D movie, rap songs and video testimonials from friends and family of teens killed in accidents in which seatbelts were not used.

National statistics show minorities wear seatbelts less often and suffer serious injury at higher rates. African American and Hispanic male teenagers are nearly twice as likely to die in a motor vehicle crash as other male teens. According to the American Academy of Pediatrics (AAP), less than one-fourth of high school students say they always wear their seatbelts when someone else is driving.

According to the National Highway Traffic Safety Administration (NHTSA), motor vehicle accidents are the leading cause of death for teenagers in America. While inexperience, overconfidence or distractions while driving are often major risk factors, more than two-thirds of teens die in car accidents because they were not wearing seat belts.

“By using video and music, Click It Crew brings the message to teens in a way that really connects with them,” says Michelle Mitchell, program supervisor for Child Health Advocacy and Outreach at St. Louis Children’s Hospital. “Our community partner, Kappa Alpha Psi Fraternity, provides such great support to make sure these safety messages speak to the most at-risk teens.”

The seat belt program has been a vital part of Kappa Alpha Psi’s national health and wellness initiative geared toward saving lives through preventive measures in both health and safety.
Cochlear implants are electronic replacements for damaged cells in the inner ear. Unlike hearing aids, which amplify sounds to enable a person to hear, cochlear implants use a microphone and mini-computer to help convert everyday sounds into coded electrical pulses. These pulses stimulate the auditory nerve and the brain interprets the pulses as sound. The brain receives sound information so quickly that sounds are heard as soon as they occur. An otolaryngologist, or ear, nose and throat specialist, implants the cochlear device in a surgical procedure.

Dr. Timothy Hullar performed Luke’s surgery, implanting a cochlear device in his right ear. Luke continues to use his hearing aid in his left ear. During Luke’s surgery, his audiologist was present in the operating room with a laptop and special software to perform diagnostics and stimulate his ear. The team’s experience and the latest technology ensured that everything worked correctly right away.

“After Luke’s implant, I distinctly remember seeing him in front of the TV watching one of his favorite shows,” Amy recalls. “He just stood there and stared in awe. I guess he finally realized the show had sound.”

When asked about her future hopes for Luke, Amy quickly offers, “I want him to show others and be able to say, ‘I was born deaf and I can lead whatever life I want without my hearing loss dictating what I can or cannot do.’”

Luke’s Story

Children’s Hospital celebrated its 500th pediatric cochlear implant, making the hospital’s Pediatric Cochlear Implant Program the second-largest in the nation. The program is especially meaningful to kids like Luke.

Luke is just like any 18-month-old boy. He loves dancing to music. He enjoys swimming and running through the sprinkler outside with his brothers. He’s constantly learning and points at things he finds interesting. He responds when his parents call his name. The only difference is that Luke was born deaf.

After Luke failed his newborn screening in the hospital, his parents, Dan and Amy, took him to see specialists at St. Louis Children’s Hospital, where evaluations revealed that Luke was born with severe hearing loss in his right ear. The hearing in his left ear was even worse. His parents were devastated.

“There was an electronic device in my head that I didn’t know was there, so I didn’t know what was going on,” Luke said.

“Immediately, one of the audiologists met with us and said, ‘I know this is a terrible day, but you’ll be okay.’ That made all the difference.”

Further testing and treatment over the next few months showed Luke was a candidate for a cochlear implant, an electronic prosthetic replacement for damaged hair cells in the inner ear.

Cochlear implants are electronic replacements for damaged cells in the inner ear. Unlike hearing aids, which amplify sounds to enable a person to hear, cochlear implants use a microphone and mini-computer to help convert everyday sounds into coded electrical pulses. These pulses stimulate the auditory nerve and the brain interprets the pulses as sound. The brain receives sound information so quickly that sounds are heard as soon as they occur. An otolaryngologist, or ear, nose and throat specialist, implants the cochlear device in a surgical procedure.

What Are Cochlear Implants?
**Malawi**

**MANARY ADDRESSES MALNUTRITION IN AFRICA**

As a pediatric physician, Dr. Mark Manary is trained to save young lives. But it’s his innovative use of peanut butter that is saving the lives of tens of thousands of children in Malawi.

Manary, an emergency medicine physician at St. Louis Children’s Hospital and the Helene B. Roberson Professor of Pediatrics at Washington University School of Medicine, founded Project Peanut Butter in 2001. The program manufactures and distributes a peanut-based therapeutic food to rescue severely malnourished children in Malawi and other parts of Africa.

Project Peanut Butter is the result of Manary’s experience fighting starvation in developing countries for more than two decades. “Originally, we were facing dismal recovery rates of 25 to 40 percent for children we were serving in Malawi,” said Manary. Children were previously given a milk-based, low-energy food in a traditionally overcrowded hospital setting that subjected them to further risk of infection, and that required a family member to remain with them for the duration of their stay. Dr. Manary conceived and implemented a new approach: feed the children a mixture of peanut butter, milk powder, vitamins and minerals, cooking oil and sugar, which could be produced locally, eaten without preparation, and stored for months, unrefrigerated, without spoiling.

He provided families a six-week supply of this ready-to-use therapeutic food (RUTF) to be administered up to seven times per day, and sent the children back to their villages to recover at home. Treatment success rates jumped to 90 percent. Malawi, where 10 million of the country’s 11 million inhabitants are village-dwelling subsistence farmers, suffers from a lack of local infrastructure. There are few roads, poor irrigation and very little reliable electricity. Dr. Manary wanted to build an infrastructure of care that local residents could sustain. “We rely on local health workers to deliver treatment, many of whom have not fully completed secondary school,” said Manary.

Today, Project Peanut Butter continues to grow, and the factory produces enough food to feed two-thirds of severely malnourished toddlers in Malawi, where, until recently, 23 percent of children died before their fifth birthday. They are also starting RUTF production in Sierra Leone, the country with the world’s highest child mortality rate.

In 2007, UNICEF, the United Nations Systems Standing Committee on Nutrition and the World Health Organization issued a joint statement endorsing RUTF as the standard of treatment for severely malnourished children worldwide. In addition to the children helped in Malawi and Sierra Leone, Project Peanut Butter also makes RUTF available for purchase at cost by relief agencies such as UNICEF and Doctors Without Borders, who transport it to other sub-Saharan African countries. It is estimated that nearly 200,000 children were treated with RUTF in 2008.
Dr. Mark Manary has changed the fate of thousands of the world’s severely malnourished children by field testing and improving a therapeutic feeding formula that has revolutionized the science of pediatric nutrition.
St. Louis Children’s Hospital offers a Level III Newborn Intensive Care Unit (NICU), the highest classification of specialty treatment for infants.
After a risky and complicated pregnancy, Lisa’s babies, Sidney and Shelby, were born at just 28 weeks and weighed just over two pounds each. The girls spent the first three months of their lives in the Newborn Intensive Care Unit (NICU) at St. Louis Children’s Hospital overcoming infections, a collapsed lung, as well as underdeveloped eyes and lungs.

“The compassion and care shown by the entire staff really was invaluable,” Lisa recalls. “The support was phenomenal, from decorating the crib area, celebrating milestones, occupational and physical therapists explaining how to massage, hold and stretch our little ones to soothe and calm them—every interaction armed us with much needed information to aid in our children’s development.”

Now, nearly six years later, the struggles Sidney and Shelby went through as babies are far behind them, but Lisa says she will always be thankful for Children’s Hospital. “We often look at baby pictures from the NICU and with the doctors in follow-up care and talk about the experience. The girls are as familiar as we are about their delivery and what a miracle they are.”
Opportunities for Supporting St. Louis
Charity Care Sibling Playroom
Olson Family Garden
Project Safety Net / 454-TEEN Line
Safety Stop Camp Hope
Parent Consultant Program
Dining On-Call Support
Cerebral Palsy Sports & Rehab Program
Transport Team Equipment
Art & Music Therapy Clown Docs
Pediatric Obesity Program
Healthy Kids Express
SPOT Youth Center Camp Crescent
NICU Family Support Program
Joint Adventures Camp
Pediatric NeuroCritical Care Program
Children’s Discovery Institute
NICU Safe Sleep Program
Patient Care Research Enhancement Grants
This list provides examples of programs that are funded—either entirely, or partially—by the many donors who give so generously to the St. Louis Children’s Hospital Foundation.

Children’s Hospital

Child Health Advocacy & Outreach
Ferring Scholars Program
Family Care Fund
Healthy Kids Express Asthma Program
New Nurse Mentoring Program
Mobile Intensive Care Units
Saigh Pediatric Simulation Center
Bereavement Program
Children’s Surgical Sciences Institute
Family Resource Center
Endowed Chairs Medical Mission Trips
The Wish List Program
Employee Sabbaticals Camp Rhythm
Resident Training Opportunities
School Teachers for Patients
Hematology/Oncology School Liaison
Camp Independence
Global Harvest Alliance And Many More...
In spring 2008, Peggy Gordin, MS, RNC, NEA-BC, FAAN, was named Vice President of Patient Care Services for St. Louis Children’s Hospital. Peggy previously served as interim senior vice president and chief nursing officer at Children’s Hospital of Philadelphia. Prior to that, she was director of neonatal nursing for 14 years and assumed responsibility for the Emergency Department and critical care nursing at various points in her career there. A strong advocate of family-centered care, evidence-based practice and nursing research, Gordin was the 2007–2008 president of the National Association of Neonatal Nurses.

She is also a fellow in the American Academy of Nursing and serves on the editorial review boards of three national nursing publications.

A priority for Gordin and the Patient Care Services division in 2008 and 2009 is proving the hospital worthy for Magnet redesignation. Magnet is the nation’s top honor for hospital nursing departments—just over four percent of hospitals nationwide have earned the distinction—and SLCH first earned the four-year designation in 2005.
The redesignation application will show Patient Care Services is building on past successes rather than simply maintaining the status quo.

Nursing and Patient Care Services have been working on strategic plans for their research program and an organizational structure called “shared leadership” that will support the hospital’s vision of providing a superior patient experience.

In addition, Gordin has been working closely with Chief Medical Officer F. Sessions Cole, MD, to advance the Unit-Based Partnership Model. This partnership between the hospital and Washington University School of Medicine (WUSM) is critical to ensuring Children’s Hospital provides the highest-quality patient care and leverages state-of-the-art medical technology and research-based innovation. A final major area of focus for the Patient Care Services division is improving the care provided to children and adolescents with behavioral health issues admitted to Children’s Hospital or presenting in the Emergency Unit. This effort is evolving to include a strong partnership with the division of child and adolescent psychiatry at WUSM, and includes nurses, psychologists, social workers, and adolescent medicine and child psychiatry specialists. The team is working to establish systems of care to support inpatients with behavioral challenges, crisis management and improved general adolescent care.

For the sixth straight year, St. Louis Children’s Hospital has received Professional Research Consultants’ (PRC) 5-Star Award. This designation is given annually to each health care facility that scores excellent in the 90th percentile or above for the “Overall Quality of Care” in PRC’s national client database for the prior calendar year.

Peggy Gordin, MS, RNC, NEA-BC, FAAN, Vice President of Patient Care Services for St. Louis Children’s Hospital.
Dr. Brad W. Warner—surgeon-in-chief at St. Louis Children’s Hospital, Appoline Blair St. Louis Children’s Hospital professor, and division director of pediatric surgery at Washington University School of Medicine—is one of America’s top pediatric surgeons and a widely published researcher. In 2007, St. Louis Children’s Hospital recruited Dr. Warner from Cincinnati Children’s Hospital Medical Center with the specific goal of elevating St. Louis Children’s Hospital surgical program to elite status in the nation through both his clinical expertise and his dedication to improving outcomes through clinical research.

Warner’s recent research has focused on short-bowel syndrome. Although some children are born with shortened intestines, the condition is more commonly caused by necrotizing enterocolitis, a gastrointestinal illness that primarily affects premature infants. The infection and inflammation that are hallmarks of the condition spread quickly, destroying part or all of the intestines.

Most of the time, however, surgeons can remove the diseased bowel and sew the healthy parts back together. Interestingly, when a portion of the intestine is surgically removed, the intestine that remains senses this loss and tries to compensate by growing back, a process called adaptation. Warner is investigating this phenomenon in his laboratory.

“If we can understand the adaptation response better, eventually we may be able to give patients growth factors or other agents to encourage their bowel to grow back after surgery,” he says.

Dr. Warner also specializes in the care of babies born with congenital diaphragmatic hernia, which affects one in every 2,000 U.S.-born babies. The condition occurs when the diaphragm does not fully develop, allowing abdominal organs to grow into the chest cavity. This crowds out the developing lungs and prevents them from growing normally. Most babies born with the condition must be placed on a heart-lung bypass machine because their weakened lungs can’t provide enough oxygen to the body. Nearly half of these babies die before they reach their first birthday.

Two families whose babies recently died of the condition at St. Louis Children’s Hospital have joined together to raise funds that support research into new treatments by Warner and others in the division of pediatric surgery.

“Caring for these two babies was a very memorable experience for me because I feel we offered everything possible for them, and it just didn’t work,” he says. “With the support from these two families and others who step forward we can continue to look for life-saving solutions for children afflicted by this disease.”
St. Louis Children’s Hospital was one of six U.S. hospitals selected to receive a special grant from the National Association of Children’s Hospitals and Related Institutions (NACHRI) to build a dedicated space for the Safety Stop Program, which was expanded to include a Safe Escape Program. In addition to car seat safety, bike helmet safety and home safety products and information, Safety Stop at Children’s Hospital now offers families of children with disabilities and special health care needs the education, information and equipment to prepare for safe escape during emergencies.

“We are thrilled to have received such a generous grant that will allow us to provide safety tools and resources focused on emergencies and evacuation to families who are often overwhelmed by their children’s daily needs,” said Greta Todd, Director for Child Health Advocacy and Outreach at St. Louis Children’s Hospital. “These families often have not had the time or resources to plan for emergencies or natural disasters.”

Through the Safe Escape Program, families meet with a trained hospital staff member to assess their home life, their emergency evacuation concerns and their children’s health condition. The hospital staff member helps the families select products that would address their concerns and teach them how to use equipment effectively to maintain their family’s safety.
St. Louis Children’s Hospital physicians performed 84 transplants in 2008, which included: 17 kidney, 27 heart, 10 liver, 11 lung and 19 bone marrow transplants.
Elizabeth’s Story

When Vickie went for a routine ultrasound during the 20th week of her pregnancy, she expected to see 10 fingers and 10 toes and hear a strong, solid heartbeat. She was not prepared for the news that her unborn daughter had a severe heart defect known as hypoplastic right heart syndrome, which refers to underdevelopment of the right-sided structures of the heart.

“I was in shock,” Vickie recalls. “I was nervous and scared, but the doctors took action and created a plan to care for her before she was even born. They insisted I deliver at Barnes-Jewish so she could be taken immediately to Children’s.”

Baby Elizabeth was born on May 27, 2005, and rushed to the Newborn Intensive Care Unit at St. Louis Children’s Hospital.

She underwent a cardiac catheterization—a diagnostic procedure in which a small, thin tube is guided through a vein or artery into the heart in order to view the heart and blood vessels—it was determined that Elizabeth needed a new heart, and at just five days old, she was placed on the transplant list. After two and a half weeks in the Pediatric Intensive Care Unit, Elizabeth was stable enough to go home and wait for her new heart.

“The phone call we were waiting for came on the day she turned two months old,” Vickie remembers. “And the next day, Elizabeth received her new heart.”

But Elizabeth’s transplant was anything but typical. Hers was an ABO-incompatible heart transplant, or a transplant where the donor’s blood does not match the recipient’s.

Hearts from ABO-incompatible donors can be more safely transplanted into infants than to adults because they have not yet developed the natural antibodies that trigger rejection when blood types do not match. Just eight days after the transplant, Elizabeth was home with her family.

Today Elizabeth is a happy, healthy little girl who loves to read, play with her dollhouse and spend time on the computer.

“The team that cared for Elizabeth was amazing,” Vickie says. “We are so fortunate to have St. Louis Children’s Hospital in our community.”
St. Louis Children’s Hospital was recognized as one of the nation’s top children’s hospitals in all of the seven specialties rated by U.S. News & World Report in the 2008 edition of “America’s Best Children’s Hospitals.”

St. Louis Children’s Hospital was one of only 17 hospitals in America to achieve a Top 20 ranking in all seven measured specialties. This was the sixth consecutive year Children’s Hospital has been honored by U.S. News.

“I talk to many parents at our hospital, many of whom have traveled great distances (including every state in the United States and 60 countries around the world) to receive the best medical care possible,” says hospital president Lee Fetter. “It should be comforting to parents in the metro St. Louis area to know they have nationally recognized care at St. Louis Children’s Hospital and Washington University School of Medicine in their own backyard.”
Van Hare APPOINTED DIRECTOR AND CHAIR IN PEDIATRIC CARDIOLOGY

George Van Hare, MD, was appointed director of the Division of Pediatric Cardiology at Washington University School of Medicine in St. Louis and the Louis Larrick Ward Chair in Pediatric Cardiology at St. Louis Children’s Hospital.

Van Hare came to St. Louis from San Francisco, where he was a professor of pediatrics and medical director of the Pediatric Arrhythmia Center at Stanford University School of Medicine and the University of California, San Francisco (UCSF). Previously, he was director of the pediatric arrhythmia service at Rainbow Babies and Children’s Hospital in Cleveland and an associate professor of pediatrics and of medicine at Case Western Reserve University.

“George is the real triple threat—an outstanding clinician, indeed a pioneer in pediatric electrophysiology, an acclaimed teacher and mentor and a distinguished clinical investigator,” said Alan L. Schwartz, MD, PhD, the Harriet B. Spoehrer Professor and Chair of Pediatrics at the School of Medicine, and physician-in-chief at St. Louis Children’s Hospital. “We are truly delighted that he will be leading our Division of Pediatric Cardiology on to the next level.”

Van Hare earned a medical degree from the University of Connecticut. He completed his pediatric residency at Case Western Reserve University in Cleveland, where he served as chief resident in pediatrics.

He also completed fellowships at Cleveland Metropolitan General Hospital, UCSF and Baylor College of Medicine. Van Hare’s wife, Michele M. Estabrook, MD, also joined the Washington University School of Medicine and St. Louis Children’s Hospital as professor of pediatrics in the Division of Infectious Diseases.
Accessing the highest-rated pediatric care in the metro area is now more convenient thanks to St. Louis Children’s Hospital’s expanded pediatric services at Missouri Baptist Medical Center, Progress West HealthCare Center and Barnes-Jewish West County Hospital.

Children’s Hospital at Missouri Baptist Medical Center and Children’s Hospital at Progress West HealthCare Center both offer pediatric emergency services staffed by Washington University physicians, dedicated pediatric treatment rooms and inpatient beds that allow referring physicians to admit children overnight for observation or treatment. Developed by Children’s Hospital emergency medicine physicians, the “ouchless” emergency units employ a variety of techniques—including the use of nitrous oxide—to ensure kids experience as little discomfort as possible. Both hospitals’ nurseries are staffed by Washington University pediatric physicians.

Referring physicians and families also have access to additional Children’s Hospital services at Barnes-Jewish West County Hospital. More than 13 Washington University pediatric outpatient clinics are located in professional office buildings on the hospital campus, and same-day surgeries are performed at the hospital every Friday.
Collaboration between St. Louis Children’s Hospital’s Adolescent Center and Washington University’s Project ARK (AIDS/HIV Resources and Knowledge) has resulted in an innovative, one-stop, drop-in center that allows teenagers and young adults access to health, social support and prevention services free of charge.

“The SPOT” (supporting positive opportunities with teens) aims at providing a wide range of confidential services with as few administrative barriers as possible, among them:

- Case management, such as crisis intervention, linkage to other support programs, social security programs, education and employment.

- Mental health and other social and prevention services, such as drop-in counseling and appointments for a variety of concerns, including depression, anxiety, family relations and relationships.

- Medical and reproductive health care, including STD screening and treatment.

In addition, The SPOT gives youth a place to watch TV, use computers, grab a snack, shower, do laundry and get clothing. The SPOT is located at 4169 Laclede Avenue in the lower level of the building currently occupied by Project ARK.

“We wanted to create a safe place where teens and young adults can drop in and have access to supportive people who help them become a positive force in our community,” says Katie Plax, MD, director of the Adolescent Center. “We partner with a lot of community agencies serving high-risk youth—for instance, runaways or youth staying at friends’ houses because of family or life issues—and we wanted to support their efforts at getting these young people’s needs met.”
Visitors at the world-renowned Saint Louis Zoo will now receive medical support provided by nationally ranked St. Louis Children’s Hospital. About 20 hospital paramedics and emergency medical technicians (EMTs) will staff the Zoo’s first official First Aid Station to provide medical help for visitors, Zoo employees and volunteers needing treatment for minor injuries.

Located near the Conservation Carousel at the northeast corner of the Zoo grounds, the First Aid Station features curtained-off exam areas as well as cots for patients overcome by heat or needing rest. It will also serve as a lactation site for nursing mothers and as a place for lost children to reunite with their families. Nonmedical assistance will be provided by Zoo volunteers.

The First Aid Station staff is trained in lifesaving techniques, although most injuries at the Zoo include scraped knees, bumps and bruises, or insect bites. A red first aid vehicle equipped with first aid supplies and a stretcher will also reach people needing assistance at locations around the Zoo. For more serious injuries, the paramedics and EMTs from the First Aid Station can provide help until a St. Louis Fire Department ambulance transports the injured person to a nearby hospital for additional treatment.
“For many years, we have collaborated with the Zoo for community events, so this partnership is a natural extension of a great relationship,” said Lee Fetter, president of St. Louis Children’s Hospital. “We share a dedication to the health, education and well-being of children and families, whether they live in St. Louis or are just visiting.”
Number of Donors
8,177

Number of Gifts
17,784

Total Amount Invested by Donors in 2008
$18,487,976
Areas Your Gifts Supported

- Facilities & Equipment: 29.4%
- Pediatric Research: 29.1%
- Community Outreach: 17.1%
- Patient & Family Care: 16.5%
- Physician Partnerships & Staff Education: 7.9%

Fundraising costs were 17 cents to raise a dollar, which has been the average cost for the last 10 years.

Source of Gifts

- 50% from Foundations*
- 12% from Corporations
- 12% from Bequests & Trusts
- 8% from Organizations
- 18% from Individuals

* Foundations include gifts from individual and family foundations
To make a gift to St. Louis Children’s Hospital, please call, write or visit us at StLouisChildrens.org/giving

314.286.0988 tel  314.286.0975 fax