

Children's Hospital

& Research Center Oakland

2011 Annual Report







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We are Children's Oakland and we are 100% committed to making 100% of kids 100% healthy.

Letter from the President

At the heart of every physician, nurse, and staff member at Children's Hospital & Research Center Oakland (Children's Oakland) is a deep commitment to the health and wellbeing of children. As we round the corner to our 100th year of existence, this passion is stronger than ever.

We continue our journey in turbulent waters—a challenging economy, healthcare reform, and continued funding shortfalls for our most vulnerable patients. Indeed, healthcare is under increasing pressure to transform itself. The public as well as government payers and insurers are demanding of healthcare provider organizations greater transparency, higher quality, greater efficiency and lower costs. Health care reform is around the corner, and unless we prepare for it, we will not survive. let alone thrive. The time is right to think differently.

In 2011 we launched a management approach called Quality Built-In that is transforming how we deliver care. This methodology, also known as "lean." has proven successful in the manufacturing industry for decades, and has been adopted in healthcare settings across the nation with outstanding results. The goal of Quality Built-In is to create a culture where everyone can deliver great care with optimized, effective, consistently used processes upon which we can continually improve.



Our beneficent community of donors continued their unwavering support. To help families dealing with major illness, visionary donors helped launch our unique palliative care program. We spent a glamorous evening and received a generous gift from the world premiere of "Moneyball" starring Brad Pitt. Time and time again, we were amazed and gratified by estate gifts by longtime community residents.

Our 2011 Annual Report features inspiring stories that underscore our commitment to making 100% of kids 100% healthy. It is a promise that runs deep and that drives us to excel with each and every patient and family we are privileged to serve.

Thank you for your unwavering support,

Bertram Lubin, MD

President and Chief Executive Officer Children's Hospital & Research Center Oakland



Children's The events, advances, and people that were part of our story for 2011.

A New Key to Battling Meningitis

A study by CHORI and University of Massachusetts Medical Center identified a new mutant vaccine antigen for Neisseria meningitidis (also called meningococcus) that has the potential to improve vaccine development against dangerous bacterial infections, including meningitis.

The study, authored by CHORI scientists Dan Granoff, MD, and Peter Beernink, PhD, was published in February 2011 in the Journal of Immunology. "It's really gratifying to have a study like this that has direct translation into making better vaccines against infections, especially meningococcal disease. This deadly disease affects hundreds of thousands of children throughout the world," said Dr. Granoff, Director of CHORI's Center for Immunobiology and Vaccine Development.

The study provides a solid foundation for the development of second generation meningococcal vaccines while also providing an approach for creating highly effective vaccines against other infectious diseases.

Building Quality into Every Facet of Care

Quality Built-In (QBI) is the new management system that transformed the delivery of care throughout Children's Oakland in 2011 with its focus on the patient experience, department accountability, continuous improvement and waste elimination. By working smarter, not harder, and using principles of "lean" management pioneered at Toyota and adopted in major adult and children's hospitals across the country, our management and front line staff collaborated side-by-side to find new ways of doing things better.

QBI was rolled out at Children's Oakland in July 2011 with a series of workshops, and the results have been impressive, including a reduction of defective (incomplete) bills, paired-down appointment-scheduling times in specific departments, streamlined patient flow, more efficient team rounding to permit earlier discharges, and other impacts that have benefitted patients and staff alike.

Revolutionizing Heart Disease Risk Assessment

CHORI scientist Michael Oda, PhD, revolutionized heart disease risk assessment with a groundbreaking new diagnostic tool. Previous research has focused on boosting a person's high density lipoprotein (HDL) levels, but recent studies suggest that increased HDL alone isn't sufficient to reduce heart disease risk: the quality of the HDL is key.

"Traditional cholesterol levels measurements only tell us how much cholesterol is associated with HDL," explained Dr. Oda. "Our investigation measures the ability of a person's HDL to effectively withdraw cholesterol from the cell. This tells us how well a person's HDL is actually functioning."

Dr. Oda's research has the potential to provide a tool that accurately identifies people at risk for heart disease—particularly in children who can take precautions early in life—and assess how well a treatment is working and evaluate the impact of lifestyle changes like diet and

exercise on an individual basis.

Fostering Student Interest in Science

2011 was the thirtieth anniversary of the CHORI Summer Student Research Program, with forty undergraduate students and ten high school students immersing themselves in the world of basic and clinical research for three months.

"It's a wonderful program that provides an exceptional research opportunity for many students who would otherwise not have it," said Blia Yang, a junior at UC Berkeley who has participated for two consecutive years.

The program pairs students with one or two CHORI principal investigators or hospital doctors who serve as enthusiastic mentors. guiding the students through the design and testing of their own hypotheses and methodology development, and finally presenting their research for peer evaluation at a symposium just as professional researchers do.



2011 Summer Student Research Program Participants with CHORI Executive Director, Alexander H. Lucas, PhD, (far left), and Children's Oakland President and CEO, Bertram H. Lubin, MD (far right).



New Palliative Care Program Aids Children and Families

A new Pediatric Palliative Care program for children with life-limiting illness, launched in November 2011. The program provides medical care focused on relieving a seriously sick child's pain and suffering, enhancing their quality of life, and helping their families navigate complex healthcare diagnoses and decisions, and, when needed, support for families of children at the end of life.

The program kicked off with the ribboncutting of a new "Reflection Room" for end-of-life and bereavement care, an event attended by Children's Oakland staff and executives, donors, and patient families who have benefitted from the program.

The Palliative Care team includes an experience palliative care nurse and educator, a pediatrician, and nurse practitioner who work with physicians and other healthcare staff to provide care for children with life-limiting conditions.

A heartfelt "thank you" to Children's Palliative Care Donors:

The Ackerman Family

Lorraine Gotelli

The Joseph & Vera Long Foundation

Thomas J. Long Foundation

Mr. and Mrs. Richard Migliore

The MOCA Foundation

The Twanda Foundation

Wells Fargo Foundation

*the above list represents donors that gave above \$5,000 to the program in 2011.

Moneyball Premiere Benefitted Children's

In September 2011, Hollywood royalty as well as Bay Area luminaries came out for the World Premiere of Moneyball, starring Brad Pitt, Jonah Hill and Philip Seymour Hoffman, at a benefit for Children's Oakland and Stand Up to Cancer, through the Oakland A's Community Foundation. The event raised \$374,000 for the two charities.

Held at Oakland's historic Paramount Theatre and followed by a VIP reception at the Fox Theatre, the evening included a pre-premiere meetand-greet with star

Brad Pitt for Children's patients and their families.







Children's cancer patients baby Dawson, Ricky, Kayla and Amariyana backstage with Brad Pitt; Philip Seymour Hoffman takes a quick snapshot of the crowd; Jonah Hill greets fans outside Oakland's Paramount Theatre. All photos © 2011 Columbia TriStar Marketing Group, Inc, All Rights Reserved. SPE Inc./Eric Charbonneau, unless noted.

A Teaching Tradition, Continued

In 2011, Children's Oakland proudly graduated its 84th class of pediatric residents. Several of the 28 graduates will continue to practice in the Bay Area and many were accepted into excellent fellowship programs.

As a premier teaching hospital and research institute, we've been honored to have trained over 1,000 pediatricians through the years, who've gone on to become leaders in many fields and effective advocates for children in our communities. That commitment to teach physicians, staff, residents and administrators alike is why Children's Oakland is recognized as one of the leading pediatric training programs in the nation.

We Are Children's Oakland

Our patient families and staff share their amazing stories. We hope they demonstrate why Children's is the best choice for your child's healthcare.













It Takes a How one patient has committed himself to helping Children's and the people around him.

August 27, 2008, was the day an eighteenyear-old high school graduate learned he had Ewing's sarcoma. Instead of scaring him, the information merely stoked his passion and compassion and launched him into action. Felix Vargas, now 22, has since raised over \$25,000 for Children's Oakland, and is still riding that fundraising wave.

"This commitment runs in my family," Felix says. His father came to the United States from Guadalajara in 1989. "He came over first then went back for my mother and my older sister and brothers." Felix was born in 1990-"the first American citizen in my family," he says proudly—followed by another brother.

While his wife managed home and children, Mr. Vargas ran a landscaping business. "Back in Mexico, my father used to do simple fundraising-type events," adds his son. Felix got active in school and at church, and various groups soon recognized a born leader and networker. One club elected him president when he was just a sophomore.

Since his diagnosis, Felix and his network have accomplished a series of solid fundraising triumphs. His family organized several toy drives in conjunction with Christmas week

posadas (caroling)—where people go from house to house, singing, eating, and spreading good cheer.

The Vargas family turned this around, collecting presents to distribute to kids at Children's Oakland. "Last time we got nine big bags full," Felix says. "I wanted to distribute them myself, but they have to be sterilized for the patients' protection."

In 2009, Felix helped with the inaugural Radiotón Para Nuestros Niños/Radiothon for Our Kids, KRZZ 93.3's live 3-day broadcast from the Children's Oakland. "I got my Azteca dance crew from Berkeley High to come," he says. "The dancers performed while the DJs and guests talked." Through their movements, the dancers channeled positive energy to the patients. Adds Felix, "They've sent a lot of blessings for my treatments and care."

Last fall at his local church, Felix's team hosted a food sale. "I was everywhere," he says. "Up front, in the kitchen, inside, outside. We started after the morning Masses and thought we'd last all day, but we sold out." He and his pals have distributed donation boxes to local businesses and sold shirts imprinted with the Children's Oakland logo, a yellow

ribbon, and Felix's own statement: "Cancer does not define who I am, but knowing that I am capable of overcoming it does define me."

Children's Oakland's patients, parents, and professionals are in awe of this remarkable young man and his willingness to go above and beyond. This includes oncology medical assistant Cindy Forni, "She's always there with her bright smile," he says. "She calls me names, 'mi vida, mi cielo.'" He gets emotional talking about it, as he does about the under-8 soccer team he coached in Richmond. "Those kids changed in a season," he says, eyes welling with pride.

The affection is mutual and deep, and that's why Felix is so committed. "Every day I'm there for treatments, they're respectful, like another family. I wouldn't change it, having gotten all that love. That's what makes me give back."

Felix always wanted to organize a large community dance, and one Sunday this past spring he fulfilled that dream with El Baile Para Una Vida (The Dance for Life). "My friends" and my main goal was fundraising with live bands, food, and dancing. We formed groups and sub-committees, found a location, booked the bands, and sold 350 tickets." The event included speakers from the Children's Oakland Foundation. "The music started at 5 with the first band, followed by a cabredita dance crew. then another band that played the rest of the night. Everyone donated time and talent, and we all had so much fun."

At present, Felix is again occupied with care and treatment. "There's still more events and pitches that I want to do, like a wristband. Sooner or later. I'll be back." He'll be the one helping out as needed, anywhere and everywhere he can.







Top to Bottom:

Felix walks with the crowd at the 2011 Richmond Sol Soccer League community fundraiser for Children's.

Felix paused for a moment to take a picture with his family at his successful event, El Baile Para Una Vida (Dance for Life). Left to right: Carlos Guerrero, brother-in-law: Alma Vargas Guerrero, sister: Andrea Guerrero, niece; José Manuel Vargas, father; Maria de Jesus Vargas mother; Felix Vargas.

Felix with Richmond Sol Soccer League participants



When he's not fundraising for Children's, Felix volunteers at other events that benefit Children's Oakland. Here he's pictured with fellow volunteers and friends: (I to r) Maggie Alonz, Karen Viveros, Felix Vargas, and Scarlett Garcia.

"Cancer does not define who I am, but knowing that I am capable of overcoming it does define me." – Felix Vargas



oen Putting kids first is Dr. Howard Rosenfeld's guiding commitment.

On a recent Saturday, San Francisco Bay was about sixty degrees Fahrenheit. Even with a wetsuit, swimming in water that cold gets your heart going, and that's how Howard Rosenfeld, MD, a pediatric cardiologist with Children's Oakland likes it. "It's my exercise and my passion," he says. It fits this experienced and highly-regarded cardiologist for kids. After all, metaphorically speaking at least, like care and compassion, passion comes from the heart.

Dr. Rosenfeld is the son of a still-practicing Philadelphia physician, and his father's work made him want to be a doctor. "I was very proud of everything my dad did," he says. The younger Dr. Rosenfeld went to Harvard for college and medical school, and soon developed an interest in the human heart. "The heart is an amazing organ. I was immediately interested in cardiology as a fourth year medical student in Boston.

He was drawn to pediatric cardiology because of the complexity of the heart, but it was the special patient population, kids and their families, that particularly interested him. Dr. Rosenfeld did his pediatric residency and fellowship at Harvard's primary teaching hospital, The Boston Children's Hospital. During his last year there, he concentrated on fetal and pediatric echocardiography, the primary tool used to diagnose and monitor cardiac health.

"The general path at Children's Hospital Boston was an academic, university-based research career, but I was more interested in bedside direct patient care." He went looking for a strong clinical pediatric cardiology program and came to the Bay Area and Children's Oakland. "The program here was strong and compelling," he says, so he and his family relocated to the West Coast, with its mild weather and cold Bay waters.

"Even in tough times, we've been able to attract and support the work of an incredible team, and that's why I'm here."

-Howard Rosenfeld, MD





Top to Bottom:

Dr. Rosenfeld examines patient Izzy da Silva. Izzy was diagnosed in utero with a heart defect. Dr. Rosenfeld has been caring for her and her family since diagnosis and will follow her into adulthood.

Howard Rosenfeld with Kelli-Ann Nakayama on the beach at Crissy Field after coming out of the Bay at Swim Across America Bay Area, an open water swim to raise awareness and funds for cancer research.



Dr. Rosenfeld confers with Hitendra Patel, MD, Cardiology, (right) and Christopher Newton, MD, Trauma and Critical Care Surgery (left).

Just as Children's delivers extraordinary care to its patients, it delivers an extraordinary professional experience to Dr. Rosenfeld. "I've been here 19 years, and I care for extremely sick children. In some instances I've met them (in utero, as fetuses,) and cared for them from birth through early adulthood. I work closely with parents, and with their families. The emotional rewards of being a doctor are incredible. Medicine allows you to become part of those lives, those families, and that's a privilege."

Dr. Rosenfeld and his wife have a family themselves, raising two girls, now teenagers. "My oldest just headed off to her first year at Reed College in Portland, Oregon. My youngest is a sophomore at The Urban School in San Francisco," he says with a father's pride. He admits that having children made him a better doctor. "It definitely helped me

understand the parents of my patients and their complex feelings and emotions." An enduring curiosity and passion for the wellbeing of kids sustains him through challenging patient cases. Dr. Rosenfeld balances his personal life with a rapidly changing medical field, without sacrificing his commitment to cutting-edge care.

"It matters where and how you practice," he says. "At Children's Oakland we've been able to attract and support the work of an incredible team, and it's why I'm here. The doctors and nurses we have are an amazing group, a rare breed of 100% committed professionals and I'm really proud to be a part of this team."

And that's why you'll find him in those cold waters, swimming, maintaining his own heart health—the better to be able to help others'.





Four years from now, marathoners at the 2016 Rio Olympics will cross a finish line, and one determined, dedicated medical assistant from Children's Oakland wants to be there to compete.

Cindy Forni began running in 2009, the year she joined the Children's Oakland Hematology/Oncology team. "I actually started at Children's ten years ago," she says. "I was an EMT, and brought a patient into the ED. I noticed the quality of the staff, the facility, and the attention patients received, and investigated opportunities for working there. I was able to take and pass a test for inpatient care, and Children's hired me."

Cindy, who was born in Massachusetts and raised in Union City, enjoys working with children. "I've always had jobs as a camp counselor or other types of work that involved kids," she says. She studied Communications

and Photojournalism at California State College at Hayward, now called California State University, East Bay. With work being hard to find in those fields, she became an emergency medical technician and eventually that brought her to Children's Oakland.

In the Hematology/Oncology department, Forni now uses her ample skills and compassionate care with chronically ill children. "I register patients, make appointments, and provide Spanish language interpreting. Really, there isn't anything I don't do," she adds with a laugh. In addition, Cindy is a constant source of laughter, songs, and love.

"When I see someone in the clinic." she explains, "I don't see them as a patient. I see them as a person. I always ask what's new and exciting in their lives." Cindy insists that it's vital to remind patients, particularly



Cindy Forni greets Chidren's patient Brianna at a Team in Training event.

children, that they are defined less by their illness than their other experiences, "No matter how they're doing physically, I always want to make sure that human connection is emphasized," she adds. "The paperwork can wait. The patients can't."

Connecting with patients has challenges, but Forni is as persistent as a marathoner has to be. "If you take the time, even resistant kids think, 'Hmm, okay, she really wants to know about me.' You can break through."

Patients and families, she says, get sick and tired of being sick and tired, so Forni urges them to look at the big picture. "We can and should remind them that the reason they're at Children's is a little piece of their life compared to the whole. There is still so much for them beyond our doors. There's so many more chapters to their life."

Forni, who's single, is deferring parenthood and other plans because of another source of dedication. "I have to go to the Olympics first," she says with a confident smile. She got into the sport when one of her patients said he liked running. She vowed that she would run for him, and what started as exercise soon became a way to fundraise for cancer research, a genuine athletic passion, and finally, a special goal: "I told that boy that I would run until there was a cure."

At the moment, Forni's marathon record is iust under five hours. She ran in Rome this past March carrying inspiration from her patients in Oakland. "Before I left," she says, "One kid made me a little video that totally inspired me, and this other little boy made me a bracelet. In return, I give them the medals I get for finishing."

Forni participates in other running events, but she's hoping to qualify for next year's Boston Marathon. She's got a lot of training miles and meters to run between now and 2016, but with every step, a special posse of heroes urges her forward. "When I walk into that hospital, I see so much strength and courage. These kids are heroes, and they're my heroes. One of my patients said, 'Cindy, they keep telling me I'm gonna die, but I'm not. I'm living.' And that's why I keep running."





Left: Cindy with patient Anali.

Right: Cindy with patient Joseph.

"When I walk into that hospital, I see so much strength and courage. These kids are heroes, and they're my heroes."—Cindy Forni



If you're defining 'commitment,' the Greelys go above and beyond.

Mothers and fathers who bring kids to Children's Oakland often have to confront new, and often daunting challenges as parents. They find themselves making incredible sacrifices of time and energy to help their kids heal. Like the hospital's staff, they also find deeper levels of commitment to their families, and in particular, to their child and his or her care. Just ask the Greelyswhen their daughter Dejua was admitted to Children's Oakland, Will and Michelle Greely found ever stronger capabilities as parents and as people.

"We had other plans for that Thanksgiving." Michelle says. "But I don't remember what they were." Dejua, who was five in November 2009, had a high fever and a rash for over a week. Routine medical tests came back inconclusive, so while most families sat down to turkey dinner, the Greely's daughter was being admitted to Children's Oakland. The medical team soon diagnosed Dejua's

condition as a blood immunodeficiency called hemophagocytic lymphohistiocytosis (HLH). The rare and often life-threatening disorder causes the immune system to turn against the patient's own vital organs. Because of certain similarities to cancer, treatment may involve chemotherapy and steroids, as Dejua's did. Hard as that was for her and her parents, however, it was just the beginning.

When Dejua's system didn't respond in full to standard treatment, they had to consider other options. Fortunately, Children's Oakland has a Blood and Marrow Transplantation (BMT) program that has cured children with cancer and blood disorders. The program is led by Mark Walters, MD, a pioneer in the field.

Will and Michelle had another challengegetting their daughter ready for a bone marrow transplant. Both parents were willing to step up as their daughter's donor, as were Dejua's sisters, Makalya and Chloe.



"Fortunately, Chloe was a match," says Michelle "And my daughter really needed the transplant right away." Under Dr. Walters' supervision, the procedure went forward.

"Having two of my girls in the hospital at the same time was overwhelming," Will recalls. But like their daughter's medical team, the Greelys kept rising to the complications of Dejua's and their entire family's situation. While Michelle looked after the other girls back home, Will had his employer's support; they granted him three months leave from his construction work to be near Dejua. He stayed at Family House, the 16-bedroom facility across the street from Children's, and while there was informed that Deiua's transplant required a highly-specialized follow-up procedure.

Children's Oakland is one of the few hospitals that offers photophoresis, a procedure that draws a person's blood, runs it through a machine that "cleans" it with ultraviolet light, then puts it back. Because Children's Oakland has leading-edge technologies like photophoresis, Chloe's gift to Dejua had a fighting chance of aiding her recovery.

"The photophoresis treatment worked," says Will. Whether Dejua experienced a minor setback, or was on her way to recovery, the team here at Children's continues to care for her. Her HLH has now been in remission for two years.

"It's comforting, knowing that Children'swhich is practically right here in our backyard—is equipped to treat her for the long run," says Michelle. Adds Will, "And to care for our other kids, if that is ever

necessary. Children's is like our second family. They are awesome."

And like the Greelys 100% commitment to Dejua, Children's Oakland is 100% committed to all children.

Oakland Raiders Senior Offensive Assistant Coach Al Saunder visits with Dejua at her bedside during a Raiders visit to the Children's Oakland.



"It's comforting, knowing that Children's—which is practically right here in our backyard—was equipped to treat her for the long run."

-Michelle Greely



Dejua and her father snuggle for a photo in her hospital room during a treatment stay.



Dr. Bill Jenkins embodied commitment and advocacy, and has passed those on to generations of Children's pediatricians.

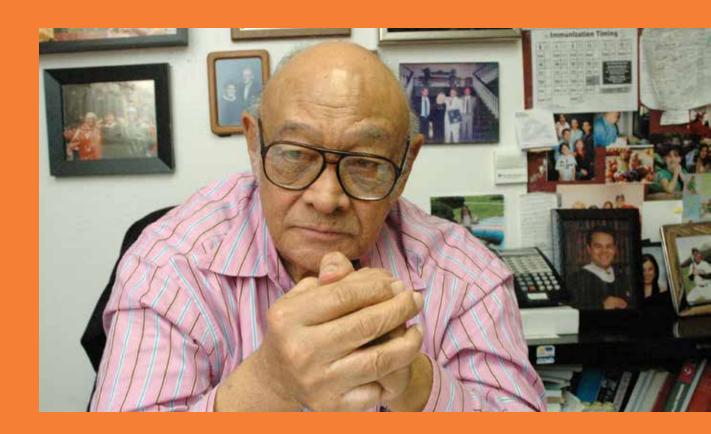
"He taught me that you have to leave a legacy behind," says Barbara Staggers, MD. The Children's Oakland Division Chief of Adolescent Medicine and Director of External Affairs and Community Relations, is talking about pediatrician William "Bill" Jenkins, MD, who was a mentor to Children's Oakland medical students and peers for close to fifty vears.

As a mentor, Dr. Jenkins instilled the goals of pediatric medical excellence and passionate advocacy for children and their families young doctors including Dr. Staggers. As a doctor, Dr. Jenkins influenced the course of Children's Oakland and it's mission. Children's Oakland continues to be an innovator in pediatric medicine-promoting the wellbeing of children across the diverse Bay Area community.

Dr. Jenkins was a medical student in the segregated South in a time before the Civil Rights Act. Because medical education programs weren't always equal, he chose

Children's Oakland because of its reputation for equality in training, and became the first African-American resident to graduate from the program. The Pediatric Medical Residency Program, now in its ninth decade, has developed into one of the most competitive programs of its kind in the U.S., one where hundreds of top-tier students have come to learn pediatric medicine and care. And Dr. Jenkins himself developed into one of its most sought after mentors. "I came forty years ago," says Children's Oakland President and CEO Bert Lubin, MD, "And Bill was already here."

"He's the best combination of Mr. Spock and Dr. Spock I know," says Mary Rutherford, MD, Pediatrician and Children's Oakland Director of Medical Quality and Safety. In other words, like the Star Trek character because of his intelligence and logic, and like the famous pediatrician and author because Jenkins worked so passionately to understand children and their needs within the family and the community.



"He taught me that you have to leave a legacy behind."

—Barbara Staggers, MD





Top to Bottom:

Pamela Simms Mackey, MD, with Bill Jenkins, MD, at his retirement party.

Barbara Staggers, MD speaks to a crowd about her pediatrician, mentor, and friend Dr. Bill Jenkins.

Dr. Jenkins continued practicing medicine until 2012. At his retirement, his family, friends, colleagues, and former students reflected on his extraordinary sense of personal and professional mission to improve the lives of children and their families. His former medical students and his patients, including many who later learned from him as residents at Children's Oakland—were directly and deeply impacted by how he practiced medicine and pediatric care in particular. Many remarked on how personalized his care was, long before the trend entered the mainstream. Others remembered how Dr. Jenkins could be counted on to stay on top of current developments in medical research and practice. His students were always

impressed by his life-long ability to stay so well-informed.

Others, including his colleagues, especially admired how long and wide Dr. Jenkins' sense of vision and action was. "He knew that medicine isn't just about giving someone some amoxicillin for their ear," said another doctor, also Jenkins' former student, "It's asking, do they have a refrigerator to put it in? Can they get back to see their doctor if they need to? It's the whole picture." In his personal life, Dr. Jenkins still managed to make time for hobbies like tennis and the study of history. Above all, he made time for his family, who often endured his absence on behalf of his sense of obligation to patients. students, and Children's Oakland.

That 100% commitment to pediatric care is what inspired Children's Oakland founders Bertha Wright and Mabel Weed to establish the original Baby Hospital in 1912, and it lives on through the thousands of people—patients, students, and colleagues—Dr. Jenkins impacted over the course of his career.

Dr. Jenkins had profound impact on Children's Oakland—shaping and guiding its quest for excellence in pediatric medicine, access to care for all, and equality in medical care and education for decades.

Children and families of the East Bay were also profoundly impacted by the gift of Dr. Jenkins time, knowledge, and love.

It's because of innovators like Dr. Jenkins that Children's Oakland became an essential and innovative place for pediatric medicine over the last century one that will endure and prosper well into the next.

How the constant commitment of Dr. Julie Saba and other Children's researchers like her has driven innovation, discovery-and treatment.

"I couldn't look another parent in the eye and tell them that their child's cancer was incurable," says Julie Saba, MD, PhD, Senior Scientist in the Center for Cancer Research, one of eight such centers at CHORI. She's talking about why she moved 15 years ago from the clinic to the lab where she and her team work at the leading-edge of translational research. "It's a wonderful place to do this sort of work," she says. "My fellow researchers and I are closely connected to the Hospital, and are constantly working as part of the larger Children's organization. It's symbiotic."

Her work primarily centers on organic compounds known as sphingolipids and their role in the communication between cells in the human body. "One sphingolipid in particular—S1P—promotes cell growth and is oncogenic, promoting cancer cell growth, allowing researchers to find ways to prevent and treat cancer." says Dr. Saba. Year-round. she and her team monitor them and their activity as a possible source for future cancer therapies. "These compounds may someday provide us with the opportunity to reverse drug resistance in cancer cells or protect

healthy cells from the side effects of current cancer treatments," says Dr. Saba.

Her team recently discovered how these molecules might be used in future treatments for certain kinds of muscular dystrophy. The primary symptom of Duchenne muscular dystrophy (DMD), for example, a dystrophy that largely affects boys under the age of five, is muscle degeneration, "Our research with mice has identified some of S1P's role in both stem cell growth and muscle repair after injury," Dr. Saba says. Though cures for DMD and similar diseases are some ways off, research like hers may lead to treatments that alleviate and even reverse such symptoms, in turn creating opportunities that may prove effective in treatment for other diseases.

As part of the annual CHORI Summer Research Program, Dr. Saba and a postdoctoral fellow in her lab, Ashok Kumar, PhD, mentored a young Nigerian-born student working towards a medical degree. The eight-week long program offered research experience to high school, undergraduate, and graduate students who are pursuing careers





"It's a wonderful place to do this sort of work."

Julie Saba, MD, PhD

Above: Dr. Saba working with staff research scientist Meng Zhang (left) and student Shanon Corcoran-Bradbury (right).



Right: The family of John and Edna Beck gathered at CHORI for the dedication of the John and Edna Beck Chair for Pediatric Research presented to Senior Scientist and Director of the Center for Cancer Research, Julie Saba, MD, PhD: (I-r) Sally Bauer Doerr, Bonnie Bauer, Dr. Julie Saba, Becky Bauer, Hope Bauer, Bruce Bauer, Nancy Bauer Gearhart.

in biomedical science and other health related fields. They came to CHORI from all over the country and even the world. "The student working with us participated in leading-edge research," says Dr. Saba. "It's great working with future doctors and researchers. It means our efforts will keep going."

Another way she keeps her work going is by securing financial support for her team. Dr. Saba was recently awarded a research grant of almost \$400,000 from the Muscular Dystrophy Association. Thanks to other awards from the National Institutes of Health and the National Cancer Institute. Dr. Saba is one of two CHORI researchers now affiliated with the Tumor Biology Training Program at the University of California, Berkeley, headed by Principal Investigator Gary Firestone. And among many other professional affiliations, she is a senior member of the American Society for Clinical Investigation.

Dr. Saba currently serves as CHORI's first John and Edna Beck Endowed Chair in Pediatric Cancer Research, a position established through a generous \$1.8 million gift from the Edna Beck Trust. The late Mrs. Beck's niece. Rebecca Bauer, was a patient at Children's Oakland. "It's an incredible honor," says Dr. Saba. "The trust's generosity will allow our team to further our research." And the further that research gets, the more Children's Oakland's patients, parents, researchers and doctors stand to benefit from the results she and her team find, one answer at a time.

Financial Summary

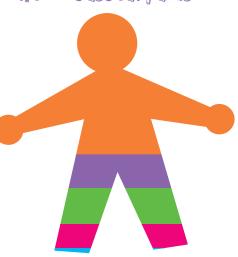
Statement of Operations-As of December 31, 2011 and 2010 (\$ in thousands)

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Revenue	2011	2010
Net patient service	\$ 437,806	\$ 345,688
Fundraising, investments, and other	88,418	84,792
Total Revenue	\$ 526,224	\$ 430,480
Expenses	2011	2010
Salaries and benefits	\$ 243,248	\$ 236,504
Research and Specific Purpose	59,30 8	53,529
Professional fees	44,91 5	47,624
Supplies and services	60,632	57,113
Depreciation and interest	23, 564	21,751
Hospital Quality Assurance Fee	25,124	_
Other	25,711	30,256
		4 116777
Total Expenses	\$ 482,501	\$ 446,777
•	\$ 482,501 \$ 43,723	\$ (16,297)
Net Gain/(Loss) Balance Sheet-As of December 31, 2011 a	\$ 43,723 and 2010 (\$ in thousan	\$ (16,297) ds)
Net Gain/(Loss) Balance Sheet-As of December 31, 2011 of Assets	\$ 43,723 and 2010 (\$ in thousan 2011	\$ (16,297) ds) 2010
Net Gain/(Loss) Balance Sheet-As of December 31, 2011 a Assets Cash and cash equivalents	\$ 43,723 and 2010 (\$ in thousan 2011	\$ (16,297) ds) 2010
Net Gain/(Loss) Balance Sheet-As of December 31, 2011 a Assets Cash and cash equivalents Investments	\$ 43,723 and 2010 (\$ in thousan 2011 \$ 70,658	\$ (16,297) ds) 2010 \$ 50,461
Net Gain/(Loss) Balance Sheet-As of December 31, 2011 a Assets Cash and cash equivalents Investments Patient accounts receivable, net	\$ 43,723 and 2010 (\$ in thousan 2011 \$ 70,658 186,902	\$ (16,297) ds) 2010 \$ 50,461 163,343
Net Gain/(Loss) Balance Sheet-As of December 31, 2011 a Assets Cash and cash equivalents Investments Patient accounts receivable, net Property and equipment, net	\$ 43,723 and 2010 (\$ in thousan 2011 \$ 70,658 186,902 50,747	\$ (16,297) ds) 2010 \$ 50,461 163,343 54,256 190,234
Net Gain/(Loss) Balance Sheet-As of December 31, 2011 a Assets Cash and cash equivalents Investments Patient accounts receivable, net Property and equipment, net Other assets	\$ 43,723 and 2010 (\$ in thousan 2011 \$ 70,658 186,902 50,747 184,175	\$ (16,297) ds) 2010 \$ 50,461 163,343 54,256
Net Gain/(Loss) Balance Sheet-As of December 31, 2011 a Assets Cash and cash equivalents Investments Patient accounts receivable, net Property and equipment, net Other assets Total Assets	\$ 43,723 and 2010 (\$ in thousan 2011 \$ 70,658 186,902 50,747 184,175 69,002	\$ (16,297) ds) 2010 \$ 50,461 163,343 54,256 190,234 104,427
Net Gain/(Loss) Balance Sheet-As of December 31, 2011 a Assets Cash and cash equivalents Investments Patient accounts receivable, net Property and equipment, net Other assets Total Assets Liabilities and Net Assets	\$ 43,723 and 2010 (\$ in thousan	\$ (16,297) ds) 2010 \$ 50,461 163,343 54,256 190,234 104,427 \$ 562,721
Net Gain/(Loss) Balance Sheet-As of December 31, 2011 a Assets Cash and cash equivalents Investments Patient accounts receivable, net Property and equipment, net Other assets Total Assets Liabilities and Net Assets Current liabilities	\$ 43,723 and 2010 (\$ in thousan 2011 \$ 70,658 186,902 50,747 184,175 69,002 \$ 561,484 2011	\$ (16,297) ds) 2010 \$ 50,461 163,343 54,256 190,234 104,427 \$ 562,721
Net Gain/(Loss) Balance Sheet-As of December 31, 2011 a Assets Cash and cash equivalents Investments Patient accounts receivable, net Property and equipment, net Other assets Total Assets Liabilities and Net Assets Current liabilities Long-term liabilities	\$ 43,723 and 2010 (\$ in thousan 2011 \$ 70,658 186,902 50,747 184,175 69,002 \$ 561,484 2011 \$ 70,332	\$ (16,297) ds) 2010 \$ 50,461 163,343 54,256 190,234 104,427 \$ 562,721 2010 \$ 107,473
Net Gain/(Loss) Balance Sheet-As of December 31, 2011 a Assets Cash and cash equivalents Investments Patient accounts receivable, net Property and equipment, net Other assets Total Assets Liabilities and Net Assets Current liabilities Long-term liabilities Total Liabilities	\$ 43,723 and 2010 (\$ in thousan	\$ (16,297) ds) 2010 \$ 50,461 163,343 54,256 190,234 104,427 \$ 562,721 2010 \$ 107,473 155,791
Total Expenses Net Gain/(Loss) Balance Sheet-As of December 31, 2011 a Assets Cash and cash equivalents Investments Patient accounts receivable, net Property and equipment, net Other assets Total Assets Liabilities and Net Assets Current liabilities Long-term liabilities Net Assets Total Liabilities and Net Assets Total Liabilities and Net Assets	\$ 43,723 and 2010 (\$ in thousan 2011 \$ 70,658 186,902 50,747 184,175 69,002 \$ 561,484 2011 \$ 70,332 196,065 \$ 266,397	\$ (16,297) ds) 2010 \$ 50,461 163,343 54,256 190,234 104,427 \$ 562,721 2010 \$ 107,473 155,791 \$ 263,264

^{*}Includes consolidated financial information for Children's Hospital & Research Center Oakland, Children's Hospital Oakland Research Institute, and Children's Hospital & Research Center Foundation.

Sources of Revenue

How we use our Funds



- Medi-Cal/California Children's Services/Medicare/ Supplemental funds (DSH, Hosp Quality Assurance fee, etc.)
- 32% Other Insurance Private Insurance (contract & commercial) & self pay
- 11% **Research Program Revenue**
- 3% **County Contracts**
- 2% **CHRCO Foundation**
- 1% Other

- 59% Patient care
- 14% Research & Education
- **General & Administrative**
- 10% Facility Expenses
- 2% Fundraising

Charity Care & Community Benefits

(net of government funding)



- 9,184 Charity care for patients with inadequate or no health insurance
- 107,616 Unfunded costs of government sponsored healthcare
- 20,874 Unfunded supportive services for patients and families
 - 903 **Unfunded support for programs** serving vulnerable populations

Patient Data in 2011

52,403 inpatient discharges

101,275 outpatient visits 47,611 ED visits, and 700 trauma transfers

361 Neonatal Intensive Care Unit (NICU) admissions

9 7 5 Pediatric Intensive Care Unit (PICU) admissions

100 newly diagnosed cancer patients a year



Children's Leadership

Children's Hospital & Research Center Oakland Senior Leadership

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Betsy Biern, MBA

Senior Vice President & Chief Development Officer

Kathleen Cain. MBA

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Vice President, Medical Affairs

Konard Jones

Vice President, Human Resources

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Vice President & Chief Information Officer

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Vice President, Patient Care Services & Chief Nursing Officer

Patricia (Patti) Taggart, MBA

Vice President, Ambulatory Services & Chief Administrative Officer, BayChildren's Physicians

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Hitendra Patel, MD

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James Feusner, MD

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Sharon Pilmer, MD

Immediate Past President

Kelley Meade, MD

Secretary-Treasurer

We believe in pediatric care without limits. That's why we attract the most dedicated doctors, nurses, and staff in the nation and why we built a renowned research facility whose impact is felt around the globe.



It is our mission to improve every aspect of children's health, and to make every child healthy.

Our 100% Promise

We pledge to be a hospital and research center that never stops moving the health of children forward towards a better future.

Founded in 1912 as "The Baby Hospital" by two women—a nurse and a social worker—Children's Hospital & Research Center Oakland has a 100-year-old mission of caring for all children, and is still the only hospital in the East Bay 100% devoted to pediatrics.

In our second century we pledge boldness. We will face down the odds for each child in our care. We will advance medical science and achieve more victories.

Your tax deductible gift can help provide:

The very best medical care for kids

Whether it be a complicated heart defect or a simple broken bone, kids get the most advanced and innovative care available.

Basic scientific research

Our research institute is widely recognized. both nationally and internationally. It's benchto-bedside findings and ability to swiftly bring lifesaving discoveries from the lab directly to the families who need them.

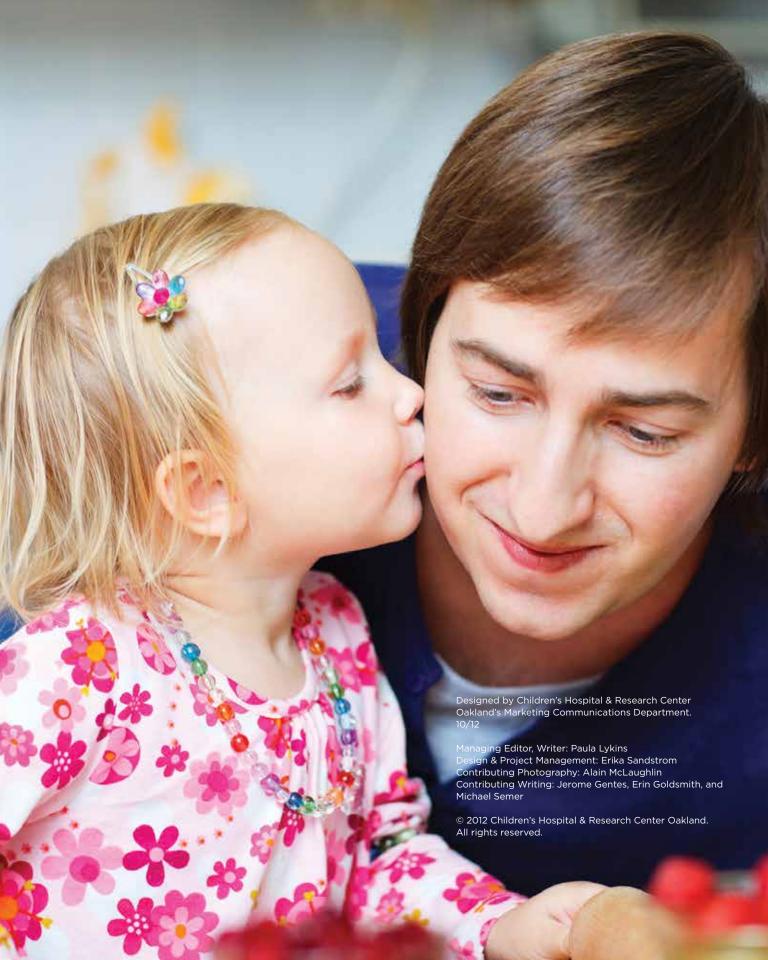
Training and education

Children's is home to one of the largest and most competitive pediatric residency programs in the western United States.

Assistance to our community's most vulnerable kids

While we are the hospital of choice for many, we are also the medical safety net for thousands of children in the region. Giving to Children's Oakland ensures the hospital's ability to continue to provide for our community's most vulnerable kids.

To learn more about how you can give, call us at 510-428-3814 to speak to one of our knowledgeable gift officers, or go to www.chofoundation.org.





747 52nd St., Oakland, CA 94609 510-428-3000 • www.childrenshospitaloakland.org

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