A World of Good
THE CENTER FOR GLOBAL HEALTH REACHES OUT TO TREAT A YOUNG QATARI GIRL

Hollywood Cares for Kids
THE SPORTS, MUSIC AND ENTERTAINMENT INDUSTRIES SHOW THEIR SUPPORT

A Sound Solution
A TRAILBLAZING PROCEDURE AIMS TO GIVE A DEAF BOY THE GIFT OF HEARING

Keep Calm and Carry On
THE EMERGENCY TRANSPORT PROGRAM PROVIDES THE FASTEST WAY TO THE BEST CARE
Our Mission
We create hope and build healthier futures.

Our History
Founded in 1901, Children’s Hospital Los Angeles is one of the nation’s leading children’s hospitals and is acknowledged worldwide for its leadership in pediatric and adolescent health. CHLA is one of only 10 children’s hospitals in the nation—and the only one on the West Coast—to be named to the prestigious U.S. News & World Report Honor Roll for 2014-15.

The Saban Research Institute of Children’s Hospital Los Angeles is one of the few freestanding research centers in the U.S. where scientific inquiry is combined with clinical care and is devoted exclusively to children. The Institute’s investigators hold faculty appointments at the Keck School of Medicine of the University of Southern California (USC), and the center is an academic member of the Southern California Clinical and Translational Science Institute, an academic-clinical-community consortium.

Children’s Hospital Los Angeles is a premier teaching hospital and has been affiliated with the Keck School of Medicine of USC since 1932.
Live L.A. Give L.A.

In the last issue of Imagine, I shared with you how we are extending our care across Los Angeles County. We’re doing more than ever to ensure that children from Arcadia to Valencia, and from the South Bay to Santa Monica, have access to world-class medical treatment right in their own backyard.

It’s our commitment to those very kids—the ones in our community—that comes to mind during this holiday season. It’s a time for all of us to reflect on and reaffirm where our attention is needed most: right here at home.

Our devotion to our presence along Sunset Boulevard has built a program that can rival any in the country. One glimpse of the latest U.S. News & World Report Honor Roll will confirm that: We’re the No. 1-ranked pediatric hospital in California—as well as in the entire western United States—and fifth in the nation overall. Our own fabled city is home to 98 percent of the 104,000 patients we treat each year, and it’s where we have the power to do the most good.

As you reflect on your charitable giving this season, my hope is that Children’s Hospital Los Angeles is right at the top of your list. What mission could be more important to the hearts of those who live in and around Los Angeles than to give sick children hope and healthier futures?

Though you’ll read about our expanding efforts to help children in far-flung locales in Asia and the Middle East, we are always aware that our efforts here at home will touch the lives of those closest to us in extraordinary ways. The holidays are an opportune time to remind ourselves of what—and who—should always come first.

Sincerely,

Richard D. Cordova, FACHE
President and Chief Executive Officer
Children’s Hospital Los Angeles
# Table of Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year in Review</td>
<td>4</td>
</tr>
<tr>
<td>Financial Summary</td>
<td>5</td>
</tr>
<tr>
<td>Statistical Report</td>
<td>7</td>
</tr>
<tr>
<td>The Children’s Hospital Los Angeles Gala: Noche de Niños</td>
<td>8</td>
</tr>
<tr>
<td>The Margie and Robert E. Petersen Foundation</td>
<td>10</td>
</tr>
<tr>
<td>Names New Rehabilitation Center</td>
<td>12</td>
</tr>
<tr>
<td>A Sound Solution</td>
<td>18</td>
</tr>
<tr>
<td>A World of Good</td>
<td>22</td>
</tr>
<tr>
<td>The Center for Global Health takes an ambitious approach to treating sick kids worldwide.</td>
<td>26</td>
</tr>
<tr>
<td>Brain Trust</td>
<td>30</td>
</tr>
<tr>
<td>What impact can early detection have on neurodevelopmental disorders? Researchers at the Institute for the Developing Mind are closing in on an answer.</td>
<td>34</td>
</tr>
<tr>
<td>Keep Calm and Carry On</td>
<td>36</td>
</tr>
<tr>
<td>In the most urgent of cases, the Emergency Transport team provides critical care by air or land.</td>
<td>41</td>
</tr>
<tr>
<td>Short Gut, Big Heart</td>
<td>38</td>
</tr>
<tr>
<td>Five-year-old Jonathan Bautista has both. Fortunately, he also has the Intestinal Rehabilitation team on his side.</td>
<td>42</td>
</tr>
<tr>
<td>In Their Own Words</td>
<td>82</td>
</tr>
<tr>
<td>A hospital nurse describes a transformative experience with a memorable patient.</td>
<td>5</td>
</tr>
<tr>
<td>Financial Summary</td>
<td>5</td>
</tr>
<tr>
<td>Statistical Report</td>
<td>7</td>
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For the fourth time in eight years, Richard D. Cordova, FACHE, president and CEO of CHLA, has been recognized in Modern Healthcare’s “Top 25 Minority Executives in Healthcare.” The list honors executives for their contributions to the industry and for serving as role models to aspiring minority leaders.

Frank F. Ing, MD, FAAP, FACC, FSCAI, director of the Cardiac Catheterization Laboratory at CHLA, was named chief of the Division of Cardiology and co-director of the hospital’s Heart Institute. Ing assumed his new responsibilities July 1.

The Simms/Mann Family Foundation made a $3 million gift to Children’s Hospital Los Angeles to fund an endowed chair for the director of the Developmental Neurogenetics Program within CHLA’s Institute for the Developing Mind. The inaugural holder of the Simms/Mann Chair in Developmental Neurogenetics is Pat Levitt, PhD.

Walgreens, the country’s largest drugstore chain, made a $1.5 million gift to support clinical care and research programs at CHLA. In honor of the company’s generous commitment, a commemoration ceremony recognized Walgreens with special signage in the hospital’s Family Pantry, located in the Marion and John E. Anderson Pavilion.

The EMPOWER (Energy Management for Personalized Weight Reduction) Weight Management Clinic at CHLA received $1.5 million from the UniHealth Foundation. The grant will fund a comprehensive, multidisciplinary clinic for patients and families struggling with significant weight issues and will support community outreach activities.

The Extracorporeal Membrane Oxygenation (ECMO) Program at CHLA was again recognized with the Excellence in Life Support Award by the Extracorporeal Life Support Organization (ELSO). The award represents an assurance of high-quality standards, specialized equipment and supplies, defined patient protocols and advanced education of all staff members.

Costco Wholesale Corp. made a $10 million philanthropic commitment to support CHLA’s mission of delivering the very best patient care to children in Southern California. In honor of the gift, the second floor of the Marion and John E. Anderson Pavilion will be named the Costco Wholesale Floor.

Black Eyed Peas star Apl.de.ap announced that his charity, Apl.de.ap Foundation International, will partner with distinguished pediatric eye surgeon Thomas Lee, MD, and his team of experts in The Vision Center at Children’s Hospital in support of the “Campaign for Filipino Children.”

The 28th Annual Nautica Malibu Triathlon presented by Equinox featured over 5,000 participants who swam, biked and ran along the white sand and glistening shores of Malibu—raising more than $1.35 million for CHLA’s Pediatric Cancer Research Program.

For the third straight year, Children’s Hospital Los Angeles was ranked among the top five children’s hospitals in the country and named to the elite Honor Roll of the nation’s “best” children’s hospitals by U.S. News & World Report. It is one of only 10 children’s hospitals in the country and the only one on the West Coast to make the list for 2014-15.

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## Financial Summary

### Balance Sheet

**As of June 30, 2014 and 2013**

(in thousands)

<table>
<thead>
<tr>
<th>ASSETS</th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>$4,988</td>
<td>$26,676</td>
</tr>
<tr>
<td>Accounts receivable, net</td>
<td>112,166</td>
<td>98,828</td>
</tr>
<tr>
<td>Other current assets</td>
<td>50,900</td>
<td>126,920</td>
</tr>
<tr>
<td><strong>Total Current Assets</strong></td>
<td>$168,054</td>
<td>$252,424</td>
</tr>
<tr>
<td>Assets limited as to use, net of current portion</td>
<td>540,029</td>
<td>509,171</td>
</tr>
<tr>
<td>Pledges receivable, net of current portion</td>
<td>64,269</td>
<td>48,565</td>
</tr>
<tr>
<td>Other assets</td>
<td>25,224</td>
<td>23,868</td>
</tr>
<tr>
<td>Property, plant and equipment, net</td>
<td>916,773</td>
<td>911,088</td>
</tr>
<tr>
<td><strong>Total Assets</strong></td>
<td>$1,714,349</td>
<td>$1,745,116</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LIABILITIES AND NET ASSETS</th>
<th>Current Liabilities</th>
<th>Current Liabilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accounts payable and accrued expenses</td>
<td>$39,804</td>
<td>$42,460</td>
</tr>
<tr>
<td>Other current liabilities</td>
<td>49,122</td>
<td>52,632</td>
</tr>
<tr>
<td><strong>Total Current Liabilities</strong></td>
<td>88,926</td>
<td>95,092</td>
</tr>
<tr>
<td>Long-term debt, net of current portion</td>
<td>479,709</td>
<td>487,314</td>
</tr>
<tr>
<td>Other noncurrent liabilities</td>
<td>38,102</td>
<td>39,073</td>
</tr>
<tr>
<td><strong>Total Liabilities</strong></td>
<td>606,831</td>
<td>626,387</td>
</tr>
</tbody>
</table>

### NET ASSETS

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unrestricted</td>
<td>808,225</td>
<td>834,044</td>
</tr>
<tr>
<td>Restricted</td>
<td>299,387</td>
<td>289,593</td>
</tr>
<tr>
<td><strong>Total Net Assets</strong></td>
<td>$1,107,612</td>
<td>$1,123,637</td>
</tr>
</tbody>
</table>

### Total Liabilities and Net Assets

<table>
<thead>
<tr>
<th></th>
<th>$1,714,349</th>
<th>$1,745,116</th>
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</thead>
</table>
### Financial Summary

**Statements of Activities**

For the years ended June 30, 2014 and 2013

(in thousands)

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>REVENUES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net patient service revenue</td>
<td>$577,720</td>
<td>$645,231</td>
</tr>
<tr>
<td>Other revenue</td>
<td>$225,595</td>
<td>$220,890</td>
</tr>
<tr>
<td><strong>Total Revenues</strong></td>
<td>$803,315</td>
<td>$866,121</td>
</tr>
<tr>
<td><strong>EXPENSES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salaries, wages and employee benefits</td>
<td>$434,647</td>
<td>$412,620</td>
</tr>
<tr>
<td>Professional fees and purchased services</td>
<td>$161,169</td>
<td>$145,586</td>
</tr>
<tr>
<td>Supplies</td>
<td>$114,302</td>
<td>$113,099</td>
</tr>
<tr>
<td>Utilities</td>
<td>$13,845</td>
<td>$13,044</td>
</tr>
<tr>
<td>Other expenses</td>
<td>$60,001</td>
<td>$70,718</td>
</tr>
<tr>
<td><strong>Total Operating Expenses</strong></td>
<td>$783,964</td>
<td>$755,067</td>
</tr>
<tr>
<td>Earnings before interest, depreciation and amortization</td>
<td>$19,351</td>
<td>$111,054</td>
</tr>
<tr>
<td><strong>DEPRECIATION, AMORTIZATION AND INTEREST</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depreciation and amortization</td>
<td>$53,044</td>
<td>$48,070</td>
</tr>
<tr>
<td>Interest</td>
<td>$22,767</td>
<td>$24,117</td>
</tr>
<tr>
<td><strong>Total Depreciation, Amortization and Interest</strong></td>
<td>$75,812</td>
<td>$72,187</td>
</tr>
<tr>
<td><strong>EXCESS (DEFICIENCY) OF REVENUES OVER EXPENSES</strong></td>
<td>($56,461)</td>
<td>$38,867</td>
</tr>
<tr>
<td><strong>OTHER (LOSSES) GAINS</strong></td>
<td>$26,269</td>
<td>$22,237</td>
</tr>
<tr>
<td><strong>EXCESS OF REVENUES OVER EXPENSES AND OTHER (LOSSES) GAINS</strong></td>
<td>($30,192)</td>
<td>$61,104</td>
</tr>
</tbody>
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For the fiscal year ended June 30, 2014

**KEY STATISTICS**

- Number of licensed beds: 568
- Discharges: 14,601
- Patient days: 100,954
- Average length of stay (days): 6.9
- Outpatient visits: 343,753
- Emergency Department visits: 71,727
- Traumas treated: 576
- Medical transports: 2,267
- Surgeries: 15,973
- Active medical staff: 649
- Employees: 5,276
- Total National Institutes of Health funding: $26.5 million
- Total research funding: $77.4 million
- Total number of active patents: 202

**CHARITY CARE AND OTHER COMMUNITY BENEFITS**

- Charity care: $3.2 million
- Unreimbursed costs of medical services for government-sponsored programs: $158.7 million
- Research activities: $33.2 million
- Health professions education: $20.0 million
- Subsidized health services: $4.0 million
- Community health improvement services and other community benefits: $3.5 million

**TOTAL COMMUNITY BENEFIT**

$222.6 million

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1 Includes outpatient and lab visits.
2 Includes cost of care provided to uninsured and/or underinsured patients.
3 The Medi-Cal program partially offsets these losses through the Disproportionate Share Hospital Program, designed to support “safety net” hospitals, such as Children’s Hospital Los Angeles. The Hospital received $49.3 million in Disproportionate Share Hospital Funding in FY 2014.
4 In January 2010, the State of California enacted legislation that provides for supplemental payments to certain hospitals funded by a quality assurance fee paid by participating hospitals as well as matching federal funds (the “Hospital Fee Program”). Supplemental payments and fees related to the Hospital Fee Program produced a net benefit of $29.0 million to Children’s Hospital Los Angeles in the fiscal year ended June 30, 2014.
More than 1,200 prominent philanthropists, dignitaries and hospital supporters joined together at the Event Deck at L.A. LIVE in downtown Los Angeles to honor Academy Award-winning actress Natalie Portman, prominent philanthropists Sally and Bill Hurt, and global retailer Costco Wholesale at the Children’s Hospital Los Angeles Gala: Noche de Niños. The hospital’s signature biennial event, presented by Delta, was held Oct. 11, 2014, and raised more than $3.1 million for Children’s Hospital Los Angeles.

“There’s no better investment than human capital,” said Bill Hurt, accepting the award on his and his wife Sally’s behalf. “The people who should be honored tonight are not people like us, but the 600 doctors, the 1,300 nurses and the 400 researchers at Children’s Hospital Los Angeles who have devoted their lives and spend seven days a week, 365 days a year, to care for and bring comfort to kids.”

“What I quickly learned about the hospital was that it’s the kind of place that’s easy to support, because they make it all about the kids,” said Portman, steadfast supporter and hospital volunteer. “I feel incredibly lucky to have been able to spend time with so many amazing kids over the years, and have been touched by their spirit and strength.”

Presenting Sponsors
Costco Wholesale
Delta Air Lines

Premier Sponsors
Lisa and Adam Stoll & Carol and David Bienstock
Erling West, Jr. Trust
Kristin and Jeffrey Worthe

Patron Sponsors
ACG Los Angeles
Bank of America
Kate Capshaw and Steven Spielberg
GUESS Foundation
Steven and Alexandra Cohen Foundation
Hasbro Studios
Maggie and Tom Simms
Sodexo
The Walt Disney Company

Friend Sponsors
Sushma and Ashwin Adarkar
Avery and Andy Barth
Beecher Carlson & Brown and Brown
Alan Berra
Capital Group Companies
Ina Coleman and Alan Wilson
Duncan Taylor Scotch Whisky
Lynda Boone Fetter and Blaine Fetter
Marianna and David Fisher
John W. Carson Foundation
Goldhirsh-Yellin Foundation
Huron Healthcare
Margaret and Michael Kerr
Beth and Bob Lowe – Rob, Suzanne, Mike and Christy
n:philanthropy
Charmean and Robert Neithart
Beth Price
PricewaterhouseCoopers, LLC
Ted and Lori Samuels
Cathy Siegel Weiss and Ken Weiss
T2 Technology Group Consultants
Thalé Blanc
ZGF Architects

Cocktail Reception Sponsor
AEG

After-Party Sponsor
Wells Fargo

Red Carpet Sponsor
John C. Herklotz
1) Natalie Portman walking the red carpet.

2) Children’s Hospital Los Angeles Board of Trustees Co-chairs Cathy Siegel Weiss and Ted Samuels.

3) Grammy Award-winning musician Sergio Mendes and Brasil 2014 kicked off the evening’s festivities.

4) Costco Wholesale Senior Vice President Bruce Greenwood (left); CHLA Board of Trustees Co-chair Cathy Siegel Weiss; Costco Regional Marketing Manager, L.A. Region Helen Yñiguez; actress and CHLA Trustee Jamie Lee Curtis; Courage to Care honoree Natalie Portman; TV personality and the evening’s host Mario Mencontor; CHLA President and CEO Richard D. Cordova, TACHE; and CHLA Board of Trustees Co-chair Ted Samuels.

5) Rich Cordova (left), Board of Trustees Chair Emerita Marion Anderson, Denny Sanford and Elizabeth Dewberry.

6) Kristin Worthe (left) and Children’s Hospital Trustee Jeff Worthe, with Mary Dee Hacker, MBA, RN, NEABC, FAAN, vice president of Patient Care Services and Chief Nursing Officer at CHLA.

7) Alan Wayne, MD, head of the Children’s Center for Cancer and Blood Diseases at CHLA, helps Children’s Hospital patient Hazel Hammersley and her mom, Lauren, order pizza for guests.

8) MaryLou Boone (left); Selina Peterson; Bradley Peterson, MD, head of CHLA’s Institute for the Developing Mind; CHLA Trustee Lynda Boone Fetter; and Blaine Fetter.

9) Brazilian samba dancers wowed the crowd during the evening’s program.

10) Costco Wholesale Senior Vice President Bruce Greenwood accepted the Courage to Care Award on behalf of his company.

11) Wells Fargo table (the company sponsored the evening’s after-party).

12) Grammy Award-winning recording artist Seal delighted the audience with his performance, and closed by serenading Children’s Hospital patient Hazel Hammersley.

13) Actress, screenwriter and producer Rashida Jones presented the Courage to Care Award to her friend Natalie Portman.

14) Courage to Care honorees Sally and Bill Hurt.

15) Guests at the Delta Air Lines table. Back row: Michael Verrecchia (left); CHLA Vice President of Corporate Sponsorships Dawn Wilcox; Lilia Mic-Herta; and Sue and John Conlon. Front row: Amanda Sattler (left), Tricia Rumola, manager, Community Affairs for Delta; Esther Nelson; Marisa Materna; Delta Staff Vice President, West Region Sales Ranjan Goswami; and Kara and Jim Rich.

16) Stuart E. Siegel, MD (left), head of the Center for Global Health at CHLA; Vic and Loretta Kaufman; Paula Rudnick; CHLA Trustees Allan M. Rudnick and Joyce Bogart Trabulus; Josh Trabulus; and Pamela and Robert Hollander.

17) CHLA Trustee Ashvin Adarkar and his wife, Sushma.

18) Children’s Hospital Los Angeles nurses.

19) Standing: “Weird Al” Yankovic (left); Trisha Cardoso, executive vice president, Corporate Communications for Showtime Networks Inc.; actor-director Christopher Guest; Jim M. Rishwain Jr.; Ryan Gallagher, co-chair of the CHLA Heart Ambassadors; CHLA Physician in Chief and Director of The Saban Research Institute Brent Polk, MD, AGAF; Michelle Marciniak, MPH, director of Major and Planned Gifts at CHLA. Seated: Suzanne Krajewski Yankovic (left); Virginia Gallagher, co-chair of the CHLA Heart Ambassadors; Children’s Hospital Trustee and past Courage to Care honoree Jamie Lee Curtis; and Melanie Griffith.

20) The grand tent at Noche de Niños.


22) Representatives from Courage to Care honoree Costco Wholesale: Jason (left) and Katrina Wyhowanec; Humberto and Helen Yñiguez; Bruce and Nora Greenwood; Tyson Gomez; and Tina Boyle.
The Margie and Robert E. Petersen Foundation Names New Rehabilitation Center

The Margie and Robert E. Petersen Foundation made a transformative gift of $5 million to support Children’s Hospital Los Angeles and its mission of creating hope and building healthier futures. In honor of this generous support, the hospital named its new state-of-the-art facility for inpatient rehabilitation the Margie and Robert E. Petersen Foundation Rehabilitation Center, honoring Bobby and Richie Petersen. Margie and Robert Petersen’s two sons, Bobby and Richie, were killed in a plane crash in 1975.

To advance the hospital’s efforts to secure community funding of this new rehabilitation facility, the Foundation also pledged a dollar-for-dollar match—up to $3.5 million—on all donations made through Dec. 31, 2016, to support the Center’s completion.

“The Petersen Foundation’s gift is in furtherance of Mr. and Mrs. Petersen’s belief that children are our future and that each child deserves the opportunity and support to achieve his or her best,” says GiGi Carleton, president of the Margie and Robert E. Petersen Foundation.

CHLA’s Division of Pediatric Rehabilitation Medicine is a major referral center for challenging cases that cannot be treated at other local hospitals, and it needed a facility to match the high level of care it provides. The new Margie and Robert E. Petersen Foundation Rehabilitation Center will offer unrivaled patient care in a new space that integrates families into a child’s recovery from traumatic injury or life-threatening illness.

The Division provides coordinated care—through nursing, physical and occupational therapy, hearing and speech therapy, social work and Child Life—for children with some of the most complex and diverse diagnoses, including stroke, brain and spinal cord injuries, brain tumors, bone tumors, seizures, spinal disorders and rheumatologic disorders.
“The CHLA rehabilitation unit is a very special place where many of the young patients in our care have suffered a devastating illness or injury and are relearning basic functions like sitting up, holding a fork and talking,” says Richard D. Cordova, FACHE, president and CEO of Children’s Hospital Los Angeles. “This tremendous gift will give them the healing environment they deserve and our staff the facilities to match the level of the care they provide. We are so honored and humbled by the generosity of the Margie and Robert E. Petersen Foundation. Its legacy of compassion will be mirrored in the strength of the children we serve for generations to come.”

The new 22,000-square-foot, safari-themed Petersen Rehabilitation Center will house 22 patient beds and feature two isolation rooms, three semiprivate rooms and 16 private rooms. Private rooms are especially important for children and adolescents who have suffered head traumas and require privacy and quiet spaces to heal.

The Center will also provide a greater range of amenities and innovative technologies. The space features 1,750 square feet of physical and occupational therapy space in the Fundación Teletón USA Rehabilitation Gym, as well as an occupational therapy craft room, a speech therapy room, a recreation therapy room, a private treatment room, a Child Life playroom funded by The Walt Disney Company and access to the hospital’s existing hydrotherapy room. The Associates Caregiver Wing will include offices and space for support staff. Every patient room will have family sleep areas, a bathroom and shower, free wireless Internet and the GetWellNetwork®. Some rooms and the gym will include innovative ceiling-mounted transportation systems to help safely move patients. The Center will feature a kitchen equipped for patient therapy activities and a large common area that encourages communal dining.

“Rehabilitative medicine is essential to the healing process,” says Kevan Craig, DO, chief of the Division of Pediatric Rehabilitation Medicine. “The sooner a child begins the kind of coordinated, specialized care offered at Children’s Hospital Los Angeles, the better his or her chances are of recovery and returning to a happy and healthy life. The Margie and Robert E. Petersen Foundation Rehabilitation Center will give patients access to the latest in rehabilitative equipment and care, as well as a family-friendly space that allows their mind and soul to thrive.”

The late Margie Petersen, a former CHLA regent and member of the Board of Trustees, and her late husband, Robert, founder and chairman of Petersen Publishing Co., maintained a longstanding relationship with the hospital. Their foundation has also benefited other community institutions, including the Petersen Automotive Museum, which was co-founded by the couple, the Music Center, Saint John’s Health Center and the John Wayne Cancer Institute.
A Sound Solution

The first federally funded clinical study on auditory brain stem implants offers Auguste Majkowski, deaf since birth, a chance to hear.

Auguste Majkowski had had quite enough. He shook off the speech processor that was curled over his right ear, and in its path came the built-in microphone and the transmitter attached to it. The entire apparatus that would allow him to hear for the very first time—he tossed it to the ground and tried to give it a good stomp. Thankfully, he missed.

It was a tantrum suitable for a 3-year-old, which is what he was.
All the adults who were there to see it, including a surgeon, three audiologists, and his mother and father, were delighted. This wasn’t a straight-to-YouTube, “Eureka! He hears!” moment, but it was evidence he experienced something, even if it was a sensation—sound—that his brain didn’t recognize and wasn’t ready to accept.

“It’s hard to know whether for him that could qualify as hearing at this point,” says audiologist Margaret Winter of the Keck School of Medicine of the University of Southern California (USC), where Auguste’s new hearing device was activated, “but we know he got stimulation that penetrated his world.”

Five weeks earlier, in a six-hour operation at Children’s Hospital Los Angeles, Auguste, deaf since birth, received his auditory brain stem implant, or ABI, the initial case in a clinical trial launched at USC to assess the safety of the device in young children. It’s the first ABI study to have the backing of both the U.S. Food and Drug Administration and the National Institutes of Health. The ABI offers an option to patients whose cochlear nerve, which ushers sound from the inner ear to the brain, is either damaged or, like Auguste’s, absent. The ABI sidesteps the ear altogether, converting sound waves to electrical signals and transmitting them to electrodes implanted right at the brain stem.

“You’re not actually putting a sound into the brain,” explains Mark Krieger, MD, head of Neurosurgery at CHLA, who alongside neurosurgeon Marc Schwartz, MD, and neurotologist Eric Wilkinson, MD, of the House Clinic in Los Angeles, operated on Auguste. “You’re coming up with an electrical stimulation pattern that the brain can perceive as hearing.”

Auguste had already received cochlear implants, one in each ear, which stimulate the hearing nerve. They hadn’t worked, it was discovered afterward, because he did not have a hearing nerve.

For his mother, Sophie Gareau, that episode had settled things. Residents of Montreal, she and her husband, Christophe Majkowski, accepted Auguste’s deafness and were establishing a life that accounted for it. The whole family was taking sign language classes, in-laws included. “We had 12 people in our basement learning sign language,” Sophie says. “Life went on.”

But not without some loss, Christophe admits. “When I get my kids from school,” he says, “I can ask my daughter, ‘How was your day?’ But with Auguste, how do you do that? In sign language, the feelings …” His voice falls off. “It’s hard.”

Auguste’s audiologist, however, approached Sophie after the cochlear implants failed. “She told me, ‘You know, there’s something else that could be possible. It’s called an ABI.’ That’s all she said.”

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It’s a technology that in the U.S. has been used almost entirely on adult patients with neurofibromatosis 2, or NF2, a tumor that can grow on the auditory nerve. To remove the tumor, the nerve has to be sacrificed, costing patients their hearing.

Outside of a few clinical studies, the ABI has not been approved in the U.S. for use on anyone under age 12, though among the congenitally deaf only the very young can benefit from it. Past age 5 or 6, if the brain’s native language mechanisms have not been stimulated, they atrophy and can’t be restored. But in Europe—specifically, Italy—ABIs have been implanted in kids for years.

Sophie queried the doctor who performed Auguste’s cochlear implant surgery. “He said, ‘Yes, I know about the ABI. It’s done in Italy, but those guys are cowboys.’”

“I said, ‘Oh, well, forget about it.’ I erased it from my mind.”

But soon after, she read of the FDA’s approval of the clinical trial in Los Angeles. “I thought, ‘If the Americans are doing it, it must not be that bad. Maybe those Italian guys aren’t such cowboys after all.’”

**Verified in Verona**

It wasn’t really “those guys,” but that guy. Being called a cowboy is gracious compared with other charges the colleagues of Vittorio Colletti, MD, launched at him after he began doing ABI procedures on children in the late 1990s at the University of Verona, where Colletti is chairman of the Otolaryngology Department.

“They said I was doing something that had no possibility of development and was very risky,” he says. “But I am a tough Italian, and if I’m convinced of something, if I have the rationality to do it, I pursue it.”

The rationality amassed in his favor, as non-NF2 ABI patients—including children—excelled, showing greater success developing speech and hearing than NF2 patients.

Colletti’s greatest advocate has been Robert Shannon, PhD, of the Keck School of Medicine of USC. An eminent auditory scientist who participated in the ABI’s original development, Shannon met Colletti at a conference in 2004, and Colletti urged him to come to Verona to verify his work for all the doubters.

“He said, ‘I have these brain stem implant patients—adults—who are talking on the telephone, and nobody believes me,’” Shannon recalls. “I said, ‘Yeah, I don’t believe you either.’

“I was skeptical,” he says, turning to his old friend. “I’m always skeptical. I’m a scientist.” Colletti shoots back, “I’m a surgeon. I’m a believer!”

Shannon visited Italy and confirmed the data. “He had more than one good patient, he had many good patients, and they were talking on the phone without any difficulty. Then he said, ‘Oh, I have some children, too.’ Then I saw Andrea.”

An ABI recipient at 2½, Andrea was 7 in the video Shannon saw of him conversing boisterously with his audiologist. That was also about the same age the boy was when he came home from school with a note admonishing him for talking too much.

“He was getting success we had never seen,” Shannon says of Colletti. “He was changing the face of treatment for children.”
Things that go boom
Colletti is now nearing 100 young ABI patients. His next one was nearly Auguste Majkowski.

After learning of the clinical study at USC, Sophie submitted her son’s application. But as a fallback, she was corresponding with Colletti’s group in Verona and had sent Auguste’s medical file to Italy.

Sophie applied for the L.A. study in November, and spring was nearing without an answer. Auguste was turning 3, which in ABI years translates to middle age. “This was prime time,” she says. “We were getting antsy. We were heading to Italy if they said no.” In March, she received an email from USC. Auguste was in.

Still, he would have the benefit of Colletti’s presence. Schwartz, Wilkinson and Krieger together had been to Verona to watch Colletti operate on children without hearing nerves. Now Colletti would be at CHLA to attend Auguste’s surgery.

In addition to observing Colletti, the three surgeons collaborated on four ABI surgeries on teenagers with NF2 in advance of the clinical trial. That only added to the extensive experience Schwartz and Wilkinson had accumulated at the House Clinic, a center for ear disorders where more than 300 ABI procedures have been done.

Wilkinson says he does cochlear implant procedures on children routinely, and the only difference is the placement of the electrodes.

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Sophie checks on Auguste after his surgery.
Of course, he adds, that’s a powerful difference. “If you make a mistake, the consequences are much more severe when you’re working on the brain stem than in the cochlea. We’re going to an area in a child that no one goes to.”

That risk kept Auguste’s Canadian doctors from recommending the surgery, thinking it was unnecessary to do on a healthy child. But a two-day visit to L.A. to consult with the entire team buoyed Sophie and Christophe—particularly Shannon’s assurances that Auguste would hear. At the very least, he was confident Auguste would recognize reference sounds—car horns, sirens, things that go boom.

That was enough for Sophie. “If your kid is running in the street and there’s a truck coming, you want him to hear that truck,” she says. “For me, that’s it. Anything beyond that is a bonus.”

Interestingly, not so for Schwartz, who wants to see some amount of language acquisition before he’ll call the case a success. “I’ll be extremely happy helping this kid be more connected to the world,” he says, “but I’m hoping for more than that. I’ll only be satisfied if he develops some speech perception.”

Auguste’s brain has work to do before that happens, as it learns to decipher the electrical codes it receives through the implant.

“If he learns to distinguish language and speech, and even speak himself, only the future will tell,” Sophie says. Her initial despair over learning Auguste was deaf has been replaced by a kind of tenacious objectivity.

“You do think, oh my God, he’ll never hear the ocean. You grieve, but then you get over it. It’s not like he’s lost something. He’s never heard it, you know? He just knows how beautiful it is. He can feel the breeze around it, he can look at it. He can feel it in different ways. We’ll do everything possible to train Auguste to distinguish these sounds. I’m not saying he’ll never hear the ocean, but if he doesn’t, it’s fine. He’ll appreciate life in a very beautiful way, no matter what.”

See video of Auguste in action at CHLA.org/ABI.

Next for Auguste is years of therapy to train his brain to understand different sounds.
SOPHIE GAREAU ASKED VISITORS TO HER FACEBOOK PAGE TO NAME ONE SONG TO ADD TO A PLAYLIST SHE WAS COMPILING FOR HER SON, AUGUSTE, TO SERVE AS THE FIRST MUSIC HE WOULD EVER HEAR.

1. "(SITTIN' ON) THE DOCK OF THE BAY"
2. "ODE TO JOY"
3. "WHAT A WONDERFUL WORLD"

REPEAT NOMINEES INCLUDED OTIS REDDING’S "(SITTIN' ON) THE DOCK OF THE BAY," BEETHOVEN’S "ODE TO JOY" AND LOUIS ARMSTRONG’S "WHAT A WONDERFUL WORLD."
The Center for Global Health is extending CHLA’s expertise—and impact on patients and families—across the globe.

A World of Good

From the moment his daughter Ghalya was born, Hamad AlHawal vowed to find help for her—somehow, some way. So just five days after her birth, he boarded a medical transport flight with her to London—leaving his wife and four other children at home in Qatar.

But after nearly two years in London, the future looked bleak.

Ghalya had been born with a large mass in her neck and face area—a cervicofacial lymphatic malformation. While lymphatic malformations are not exceedingly rare, Ghalya’s case was extreme. She needed a special tube, a tracheostomy, to breathe and a feeding tube to eat. At almost 2 years old, she had never left the hospital.

“She was in bed, she was on oxygen, she couldn’t even sit up by herself,” her father recalls, speaking through an interpreter. “It was like she had two heads. I didn’t know what to do. I almost lost hope.”

Then he heard about Children’s Hospital Los Angeles and its Vascular Anomalies Center, which specializes in tough-to-treat
cases like Ghalya’s. Hamad didn’t speak English, and he had no friends or relatives in the United States. But coordinators at CHLA’s Center for Global Health helped him through the process, and the government of Qatar agreed to pay for his daughter’s care. On Dec. 12, 2012, he and Ghalya arrived in Los Angeles.

“Children’s Hospital,” says Hamad, “was our last hope.”

A global commitment

CHLA’s Center for Global Health was created two years ago to expand the hospital’s international efforts and bring them under a common umbrella.

“As one of the world’s leading pediatric hospitals, we have a responsibility to share our expertise to help children across the globe,” says Stuart E. Siegel, MD, who serves as director of the Center for Global Health and began forging international collaborations at CHLA in the 1980s. “Certainly, we can’t bring every patient to Children’s Hospital. But there are many ways we can make a difference.”

The Center is taking an ambitious and multipronged approach to improving children’s health worldwide. In addition to helping coordinate care for overseas patients like Ghalya, the hospital has built partnerships to advance international telemedicine, education and research.

“We are working to expand CHLA’s outreach globally to meet the increasing demand for our pediatric expertise, and to enhance and develop pediatric programs in other countries,” says Administrative Director Mae-Fay Koenig, MPH, who co-leads the Center for Global Health with Siegel.

Technology is playing a key role, especially in telemedicine. The Center has implemented telemedicine initiatives throughout the world, developing a physician training program in Armenia to help prevent blindness in premature babies, led by Thomas Lee, MD, director of The Vision Center at CHLA, and working with hospitals in New Zealand, Brazil and London as well.

In addition, the hospital partnered with the Lopez Family Foundation in 2010, launching the Lopez Family Foundation International Telemedicine Program to address the health care needs of children globally, especially in Latin America, through telemedicine.

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Coming alive
On Dec. 31, 2012, surgeons removed the majority of the mass in Ghalya’s mouth—a mass as big as a medium-sized watermelon, weighing nearly 3 pounds.

“She had one of the worst lymphatic malformations our team had ever seen,” says Dean Anselmo, MD, co-director of the Vascular Anomalies Center at Children’s Hospital.

Lymphatic malformations are not tumors. The Vascular Anomalies Center treats children who have all types of abnormally developed blood vessels and lymphatic channels.

These anomalies can be hard to diagnose and treat, which is what led to the creation of the Center in 2007. Now world-renowned, the Center provides complex, multidisciplinary care for more than 400 patients annually.

Ghalya underwent four surgeries in 2013. With most of the mass gone, she spent nine months in CHLA’s Acute Rehabilitation Unit. Led by Kevan Craig, DO, head of the hospital’s Division of Pediatric Rehabilitation Medicine, the unit’s team of nurses and therapists began teaching her everything from walking to sign language to combing her hair.

She learned at lightning speed.

Literally, a huge weight had been lifted from the little girl’s shoulders, and a happy and playful personality emerged. Handed an iPad for the first time, she eagerly scrolled through it. When she saw her doctor, she’d grab his hands and clap them together. More than anything, she loved to do one thing: dance.

“It was like she was reborn,” her father says. “She had come alive.”

Connecting with China
Although roughly half of CHLA’s international patients are from Middle Eastern countries, patients have come from every continent except Antarctica. Increasingly, they are coming from Asia—and especially China.

A key area of global collaboration is physician and nursing education. In the past two years alone, 27 physicians and three nurses from China, representing multiple specialties and nearly a dozen hospitals, have come to CHLA for training. In May, 10 Chinese hematologist-oncologists spent a week taking classes and attending patient rounds with CHLA physicians. And several CHLA physicians regularly travel to China to give talks, attend international conferences and even perform surgery.

Playing a major role in building these new partnerships is Larry Wang, MD, PhD, director of Surgical Pathology at CHLA and associate director for the Center for Global Health. Wang is originally from China.

“China is looking to establish greater expertise and facilities for pediatric medical care,” he explains. “Children’s Hospital is part of the Pacific Rim; it only makes sense for us to work together. It benefits both sides.”

‘A dream come true’
At the end of 2013, Ghalya left Children’s Hospital and went home to her father’s Los Angeles apartment for the first time.

“I cannot describe the feeling I had,” Hamad says. “I was the happiest person in the world. It was a dream come true.”

Since then, Ghalya has continued outpatient rehabilitation at Children’s Hospital, including physical therapy,
occupational therapy and speech therapy. Earlier this year, she had to have a fifth surgery to help shrink remaining portions of the mass so her tracheostomy can be removed soon. Lymphatic malformations cannot be completely “cured,” and she will need multiple corrective surgeries as she grows—but her prognosis is good.

“We have strived to give her a full and healthy life,” says Chadi Zeinati, MD, co-director of the Vascular Anomalies Center. “It’s been incredibly rewarding for our entire group at the Vascular Anomalies Center to care for her. It’s a complete team effort across multiple disciplines.”

Hamad and his daughter plan to return to Qatar when her treatment needs lessen. Meanwhile, Ghalya communicates with her mother and siblings daily via Skype, and her father takes her to the beach and park. Of course, there’s always lots of music—and dancing.

Hamad is deeply grateful to CHLA and the Center for Global Health. Center staff not only helped bring Ghalya here, but they have continually assisted with language services, transportation and housing arrangements and more.

“The people here are like family now,” he says. “Nothing I could ever do would be enough to thank them.”
When Margarita Gevondyan learned that her 16-month-old son, Alex Guyujyan, had autism, she cried for hours every day. But after she got over the initial shock, she had just one goal: to help him any way she could.

“I spent every free moment searching for ways to help Alex,” she says. “I was trying to pull him into our world. I was obsessed—a woman with a mission.”

The Institute for the Developing Mind is bringing multiple specialties together in its quest to find better ways to diagnose and treat—or better yet, prevent—neurodevelopmental disorders in children.

Fortunately, Alex had been diagnosed early at the Boone Fetter Clinic at Children’s Hospital Los Angeles; in fact, he was the youngest patient at the clinic to be diagnosed with autism spectrum disorder. Immediately, Alex began early-intervention behavioral therapies recommended by the clinic for 15 hours a week.

Slowly, he began to communicate and engage more with his parents and older brother, Greg. Just one year later, his improvement was so significant that he no longer met the criteria for a diagnosis of autism.

“Alex’s journey has been a roller coaster for our family,” his mother says. “But his progress has been a prayer answered.”

Alex is a perfect example of the outcomes that are possible when neurodevelopmental disorders are diagnosed—and treated—early in a child’s development. But what if those disorders could be uncovered even earlier—even at birth? Could neurodevelopmental conditions be prevented altogether?

These are the kinds of questions being asked by the physicians and scientists at the Institute for the Developing Mind (IDM) at Children’s Hospital Los Angeles. And thanks to advances in research, science and technology, the answers may finally be within reach.
“I think we’re closer than a lot of people realize,” says Bradley Peterson, MD, who left Columbia University in July to become the inaugural director of the Institute for the Developing Mind. “Our goal is not only to advance new discoveries related to how a child’s brain develops, but to then translate those findings into new therapies that will make a difference in the lives of children and families. That’s what the IDM is all about.”

Harnessing team science
It’s an ambitious goal—and there’s no time to waste. Neurodevelopmental disorders are a growing crisis worldwide, both in adults and children. In the U.S. alone, 1 in 6 children has a developmental disability; a staggering 1 in 5 has a neurodevelopmental disorder.

While some of those disorders are relatively mild, 50 million children and adults nationwide are affected by severe neurological or neurodevelopmental conditions, including autism, schizophrenia, bipolar disorder and others. These disorders wreak havoc on families, create immense economic burdens on society and often affect children throughout their lifetimes.

To make a major impact on this crisis, the IDM has been structured in a uniquely collaborative and interdisciplinary way, establishing world-class expertise in three areas of developmental neuroscience—genetics, behavior and imaging—in a close partnership between clinicians at Children’s Hospital and basic science researchers at both The Saban Research Institute of Children’s Hospital Los Angeles and the neuroscience programs at the University of Southern California (USC).

“The IDM is a big tent; it’s all of developmental neuroscience applied to pediatric medicine,” says Richard Simerly, PhD, who directs the Developmental Neuroscience basic research program and is deputy director of The Saban Research Institute. “We have a tremendous opportunity here to impact both the understanding and treatment of neurodevelopmental disorders.”

Identifying risk factors
Researchers also want to know when to intervene—and how to do so earlier and earlier in a child’s development. Ideally, those interventions would begin before symptoms even surface.

That means finding ways to identify children who are at high risk for a particular

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disorder, whether it’s autism or bipolar disorder or adolescent-onset depression.

Pat Levitt, PhD, draws a comparison to heart disease. Specific risk factors—such as high blood pressure and cholesterol levels—are now routinely evaluated in adults and modified with lifestyle or medicines, ideally before they cause damage.

“That’s what we want to do for neurodevelopmental disorders,” says Levitt, who directs the IDM’s Developmental Neurogenetics Program and holds the Simms/Mann Chair in Developmental Neurogenetics. “We want to identify those signature patterns of brain activity, genes or environmental factors that put a child at higher risk. It’s a big puzzle, but it’s critically important.”

While Levitt and his team are focused on combined genetic and environmental risk factors, the IDM’s Developmental Neuroimaging Program, led by Elizabeth Sowell, PhD, is using the latest imaging techniques to view patterns of brain activity.

Himself an expert in applying neuroimaging to the study of developmental disorders, Peterson worked with his team at Columbia to identify specific markers in the brain that put both children and adults at higher risk for major depression.

“There are people who get depression who don’t have those markers,” he says. “But the depression they get seems to be milder and not as recurrent as the depression that occurs with those markers, which tends to be much more serious and chronic, and more difficult to treat. These are the kinds of markers we’re looking for in other conditions.”

And while early intervention—and prevention—is the ultimate goal, the IDM is not just focused on young children. Its aim is to promote the best possible outcomes for a wide range of age groups, including adolescents and young adults.

Far-reaching impacts
One of the keys to the IDM’s work is that not all of it takes place in laboratories. The Institute is working closely with clinicians at CHLA and the hospital’s Boone Fetter Clinic, which provides comprehensive diagnostic and treatment services for children with autism and other developmental disorders.

“The Boone Fetter Clinic is a cornerstone of the IDM,” says Michele Kipke, PhD, vice chair of Research for the Department of Pediatrics at CHLA. “We see hundreds of children each year with neurodevelopmental concerns, almost all of whom need better and more individualized treatments. With our incredibly diverse patient population, we can help ensure that the research we are doing is relevant not just to our patients, but to patients around the country and the world.”

One thing’s for certain: The IDM’s impact won’t just be felt by kids.

“More than 50 percent of adult psychiatric illnesses begin in childhood,” Peterson notes. “And those earlier-onset illnesses are almost invariably more severe and difficult to treat. If we can pinpoint what goes wrong early in development, that will have enormous payoffs for adults as well as children.”

For Alex Guyujyan, the payoffs from his early intervention have been life-changing. Now at age 6, he is a typical kid attending a regular elementary school, with no diagnosis or services.

To find autism tips for parents from our experts, visit CHLA.org/AutismTips.
Bradley Peterson, MD, has long been fascinated with the inner workings of the mind—and not just from a scientific perspective.

“I was a philosophy major as an undergraduate, and I wanted to be a philosophy professor,” says Peterson, who joined Children’s Hospital Los Angeles in July as the inaugural director of the Institute for the Developing Mind (IDM). “But I’d always been interested in medicine, too, and at the last minute I decided to go to medical school instead.”

It proved to be just the beginning of his quest to understand the human brain and the “mind”—the part of a person that thinks, feels, reasons and remembers. A child psychiatrist, he made a decision early in his career to also become an expert in brain imaging, using the technology to study multiple neurodevelopmental disorders in children.

For the past decade, Peterson directed the Center for Developmental Neuropsychiatry at Columbia University in New York City. At Columbia’s Pediatric Brain Imaging Laboratory, his work aimed to identify the brain bases of childhood psychiatric disorders and to map the complex pathways between the genetic and environmental influences that can trigger the onset of cognitive disorders.

He calls leading the IDM his “ideal job description.”

“The integrated and comprehensive structure of the IDM, and the way that it focuses entirely on children, is remarkably unique,” he explains. “It’s exactly what we need to make a real impact in helping children with neurodevelopmental disorders, and I’m very grateful to be part of it.”
The Emergency Transport Program is the fastest way to get the sickest kids to the best children’s hospital on the West Coast.

Rotors chop the air, a shadow passes overhead, and everyone within earshot pauses for a moment.

Here they come.

Staff know that when a helicopter lands at Children’s Hospital Los Angeles, there’s a child inside who could only get to the hospital in time by a ride through the clouds with the Emergency Transport team.

Few of the hospital’s services announce their arrival quite like the Emergency Transport Program—with the rush of two turbine engines by air, or flashing lights and wailing sirens on land.

“We are a critical care unit on wings or wheels,” says Judy Sherif, RN, manager of the Emergency Transport Program. “We can take that level of care to other hospitals that don’t have these resources.”

The program, which launched at Children’s Hospital in the late 1980s, transports between 2,200 and 2,300 patients a year, from as far as Guam and as close as CHLA’s next-door neighbor hospitals. When a call comes in, the helicopter is on the hospital’s roof within 15 minutes to load up the Transport team, and then heads swiftly off to pick up its precious cargo.

Geri Gregorczyk, RN, often remembers details from specific flights—impressive, since she estimates she’s been on well over 700 in her 23 years as a nurse with the program. Her experience has given her a philosophy about what to expect in the field.

“Prepare for what you’ve been told, and prepare for what you haven’t been told,” says Gregorczyk. “We have learned to listen for certain phrases. … For example, a patient in respiratory distress is breathing very quickly—80, 90 breaths a minute. Then [the nurse at the other hospital] says, ‘I think the patient is doing better now because her breathing has slowed down.’ But what looks to him like the patient improving because her breathing is slowing down is a red flag to us. It could be true … or is she just tiring out?”

Though the caseload is a mix, about half of the transports the team makes are for neonatal cases. During the winter, the cases skew more toward respiratory illnesses; in the summer, injuries spike.

Close quarters
The Emergency Transport team is a tight-knit group. That’s not surprising, since team members often work together in a space about the size of a regulation pool table.

Geri Gregorczyk, RN (left), Omar Mather, MD, and Melody Ceo, RRT, move a patient from the helicopter to the helipad’s elevator.
In those conditions, staff have to be able to work well together—something this team prides itself on. Depending on the needs of the patient, a team may consist of a nurse, a respiratory therapist, an emergency medical technician (also the driver for ground transports) and a physician.

Their day starts at 7:30 a.m. with a three-way call between Emergency Transport, the pilot at Helinet Aviation and the hospital’s Access and Transfer Center, which initiates most requests for transport. Helinet reports on the weather, the current condition of the helicopters and which pilots will be on duty. The Transport team and the Access and Transfer Center share the list of staff on duty and any transports that may be pending.

The flight crew
Helinet Aviation provides the hospital’s helicopter services, including one Sikorsky S-76B, one Sikorsky S-76A and six experienced pilots (four full-time and two backups). Helinet’s owner and president, Alan Purwin, serves on the Children’s Hospital Los Angeles Board of Trustees and donates the helicopters, pilots and maintenance to the hospital, free of charge.

The pilots use a different vernacular—tossing out terms like “bag of fuel” (a tank) and “milk run” (one of their often-traveled routes)—but downplay their own importance on the team. “We’re just the guys up front,” says Brad Jensen, chief pilot at Helinet. He worked as a full-time pilot for the Emergency Transport team from 2004 to 2008 and still considers CHLA his “baby,” flying for the team seven or eight times a month.

The pilots are given as little information about the patient as possible—only name and weight, the basic facts needed to ensure a safe ride.

“If the crew is safe, the kid is safe,” says Jensen. He doesn’t want a pilot’s judgment about the safety of flight conditions clouded by an emotional response to a patient’s situation.

“Prepare for what you’ve been told, and prepare for what you haven’t been told.”

—Geri Gregorczyk, RN

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“It’s rewarding, but I’m just carrying the people who are doing all the work,” says Colin Chaney, one of the team’s full-time pilots.

Extreme weather conditions like wind and low visibility can keep the helicopter grounded, but extreme heat is also a problem. Since hot air is less dense than cold air, it is harder for the helicopter to lift off in warmer conditions. The pilots have to adjust for this by reducing the weight on board (which can even mean bringing less staff and equipment).

‘An out-of-body experience’
Elysia Weiner, RN, has experienced firsthand the importance of an emergency transport program. A nurse in the Cardiovascular Acute Care Unit at Children’s Hospital Los Angeles, she was working on CHLA’s 6 West unit in 2006 when her 4-month-old son, Ben Berger, was diagnosed with one of the very diseases cared for on her unit. “It was like an out-of-body experience,” she says.

It’s a relatively rare disease, and Ben’s pediatrician was never able to find anything wrong on the visits prompted by Weiner’s instincts as a mother and nurse. Finally, an echocardiogram confirmed her fears: severe pulmonary hypertension. Ben’s doctors called for a transport to Children’s Hospital Los Angeles immediately.

“When I saw Geri and the respiratory therapist walk into the hospital, it was a huge comfort,” says Weiner. Ben was transported and admitted to the Pediatric Intensive Care Unit at CHLA. The team does its best to bring a parent along for the ride, if there’s space. Though Weiner would usually say “no thanks” to a helicopter ride, she didn’t hesitate to jump in when Ben was being airlifted.

“Transporting the child of one of our own just adds a whole new dimension,” says Gregorczyk. “It’s an honor to have the ability to help in their time of extreme need.”

Extending our reach
Shorter distances are covered by ground in the team’s ambulances, which are also used when the helicopters are grounded because of weather conditions. For longer flights, the team charters a Learjet. The program often makes trips to Guam or Hawaii, and has even been as far as Finland.

“We’re extending the arms of Children’s Hospital out into the field,” says Calvin Lowe, MD, the program’s medical director since 1997. “We’re giving kids the best chance of survival, the best care.”

The team has its own unofficial motto: “So that children may live.” It’s yet another example of the pride they feel about the work that they do.

“I’m so privileged to be able to care for the children that we bring here,” says Gregorczyk, “and privileged to work side by side with the colleagues I have on this team.”

John Prompanya, EMT (left), Jill Parris-Gold, RRT, and Sarkis Payaslyan, EMT, move an ambulance transport patient from the elevators to the hospital’s Newborn and Infant Critical Care Unit.
ON WINGS OR WHEELS

TEAM CAN BE DISPATCHED WITHIN 15 MINUTES

BUSIEST TIME OF DAY: 3 P.M. TO MIDNIGHT

THE CHLA EMERGENCY TRANSPORT TEAM CONSISTS OF 6 MDS, 16 NURSES, 12 RESPIRATORY THERAPISTs, 8 EMTs, 4 FULL-TIME PILOTS, 2 ADMINISTRATIVE PILOTS, 2 DEDICATED HELICOPTERS

2,200-2,300 TRANSPORTS A YEAR

CHLA’S AIR CALL SIGN: LAKIDS
At birth, Jonathan Bautista’s intestinal tract was too short and too damaged to function. The Intestinal Rehabilitation team found a way to help him heal.

“Jonathan’s heroes are Hulk, Iron Man and Dr. Merritt,” says his dad, laughing. “Whether he has a little owie on his leg, or he’s really sick, he immediately says, ‘Call Dr. Merritt. Dr. Merritt can fix it!’”

“Dr. Merritt” is Russell Merritt, MD, PhD, medical director of the Intestinal Rehabilitation Program in the Division of Gastroenterology and Nutrition at Children’s Hospital Los Angeles. In 2008, Merritt led the creation of CHLA’s Intestinal Rehabilitation team—made up of physicians, nurses, occupational therapists, a dietitian and a social worker who provide highly specialized care for children with intestinal failure or related conditions. Tracy Grikscheit, MD, serves as the program’s surgical director.

Like “The Avengers” movie characters Jonathan loves, the team often faces difficult odds. And sometimes—as in Jonathan’s case—it’s a battle of life and death.

Like a lot of young boys, 5-year-old Jonathan Bautista is in awe of Iron Man’s powered suit of armor and Hulk’s superhuman strength. But in Jonathan’s eyes, his doctor possesses an even more impressive ability: the power to help his intestines.

Jonathan Bautista, 5 years old
Within a month, the jaundice disappeared; his whole condition improved,” Martin says. “It was our first victory.”

There were more to come. At 6 months, Jonathan finally went home. Meanwhile, another out-of-the-box treatment—a medication called budesonide typically used in respiratory conditions—significantly reduced the inflammation in his intestines. It was a slow process, but by age 4, Jonathan was off TPN completely.

“He started playing flag football, going swimming, all these things he could never do before,” Martin says. “He could finally be a regular kid.”

Innovative approaches
When most people think of rehabilitation, they think of regaining the use of a broken leg or arm, or learning to walk again. The Intestinal Rehabilitation team at Children’s Hospital is tasked with a different kind of therapy: helping the intestines learn to accept and absorb food. The goal is to ensure children with intestinal failure get the nutrition they need to grow and develop—and gradually move them from intravenous feeding to tube feeding, and then on to an oral diet.

“With most kids, if we manage them well over a few months to a few years, they’re no longer dependent on TPN,” says Merritt. “But it’s a lot of work for the parents. It can sometimes take years for these kids to learn how to eat more normally. It’s a huge stress on families.”

To meet the challenge, the team takes a comprehensive approach to treatment and emphasizes innovation and research. The group is currently involved in a clinical trial...
of another new medicine that may help improve intestinal absorption of nutrients and fluids. The team is also partnering with the Department of Pediatrics on a study to devise new ways of training parents to care for central lines and prevent infections.

Family-centered care takes center stage. “We have to come up with creative ways to help these kids, and the parents are an integral part of the team,” Merritt says. “I see myself as more of a collaborator with each family, not just a doctor.”

One highly successful initiative is a monthly outpatient group called “Lunch Bunch,” led by CHLA Occupational Therapist Judy Hopkins. The group brings kids with intestinal failure together for fun, friendship and eating lessons, while the team’s clinical social worker, Manisha Parikh, leads a parent support group in the next room.

With the help of the Bautistas and other parents, the team has also organized a family day at the Los Angeles Zoo, sponsored by the Office of the Mayor of Los Angeles, and its first Intestinal Rehabilitation Day, which was held in July and featured educational sessions, opportunities to connect with other families, and fun activities for kids, siblings and parents.

“Having a child with intestinal failure can be very isolating,” Parikh explains. “Parents have to manage feeding tubes and intravenous lines. And most social events revolve around food, but their child can’t eat. It helps so much if they can talk to other parents who are going through the same thing.”

‘They never gave up’

Today, Jonathan is a happy and energetic 5-year-old who loves going to the park, walking his dog, and playing hide-and-seek and tag with his 8-year-old brother, Kevin.

“Every morning he gives us hugs and tells us, ’I love you, Daddy! I love you, Mommy!’” Martin says.

Although Jonathan spent more than a year without TPN, he’s had some setbacks, too. In recent months, he had to undergo another surgery and resume a small percentage of TPN. He still has residual liver damage, and down the road he may need a liver and intestinal transplant.

His parents are grateful for the Intestinal Rehabilitation team’s continued support and care. In this journey with Jonathan, they are not alone.

“I get emotional talking about it,” Martin says. “They’ve been with us every step of the way. No matter how bad the news was at times, they never gave up on him. They aren’t just Jonathan’s heroes; they’re our heroes, too.”

Clinical Social Worker Manisha Parikh (left), Russell Merritt, MD, PhD, Jonathan, his dad, Martin, and mom, Lidia
SIZING UP THE GASTROINTESTINAL TRACT
DON’T LET THE NAME “SMALL INTESTINE” FOOL YOU.

TOTAL ABSORPTIVE SURFACE AREA OF SMALL INTESTINE:
2,700 SQUARE FEET
ABOUT THE SIZE OF A TENNIS COURT

AVERAGE LENGTH OF A NEWBORN BABY:
20 INCHES

LENGTH OF A NEWBORN’S SMALL INTESTINE:
10 FEET
What really caught my attention to work [at CHLA] is the realization that I can make a contribution in someone else’s life. Children’s Hospital nurses enjoy the reputation of being knowledgeable leaders. Moreover, it is the values of respect, excellence, service, knowledge and teamwork that became the infrastructure of our culture of caring and nurturing.

These ideals impressed me because they reminded me of a particular instance when I know I made a difference in someone’s life. [The] patient was a 17-year-old teen named Pete* who was involved in a motor vehicle accident. As a result of the accident Pete became quadriplegic, stuporous and necessitated a tracheostomy tube to help him breathe. Dad was with his boy and demanded everything be done right for his child. I introduced myself and laid out the plan of care for Pete. Teamwork from other disciplines—such as physical therapists, respiratory therapists, occupational therapists, Child Life and Spiritual Care Services—played an integral part of his voyage to recovery.

Pete’s dad was his sole source of family support. His dad would always advocate for other methods of treatment, including acupuncture, in the hopes that Pete might one day wake up from his stuporous state. I suggested to Pete’s dad to bring in his favorite things, pictures, and to play his favorite CDs. Each day I would play his favorite music, chat with him, and tell him exciting stories or read to him. The inevitable day had come, however, when our rehab doctor announced that Pete’s care would be transferred to a subacute facility near the patient’s place of residence. Pete’s father broke down in tears. He whispered to me, “I am not worried. Pete will bounce back. I know it!”

Five years passed, and I had transferred to the PACU team. One day, I was stunned to hear my name being called out loud at the 6 North dome area. I was stunned to see that Pete was walking and talking. Pete told me all about his stay at 6N when I was taking care of him. He said that he could hear everyone’s voices, including mine; we were unaware that Pete could hear our voices when we were near him. He was particularly thankful that I told him stories and played his favorite CDs. From that day on, I was deeply touched, honored and humbled by the fact that I truly made a difference in someone’s life.

*Name was changed to protect the patient’s privacy.
Children’s Hospital Los Angeles is a nonprofit hospital that depends on generous donations to help heal children in an environment that lets them thrive. Each year, more than 104,000 sick children come to the hospital for care. But we can’t take care of these children alone. Support from the community helps pay for the breakthrough therapies and treatments that save young lives every year.

How You Can Help

1. DONATE

Your gift is immediately put to work helping the children we serve. If your gift is in honor or memory of a loved one, you can request a special tribute card.

CHLA.org/DONATE

2. BECOME A MONTHLY MIRACLE MAKER

Starting at $15 per month (just 50 cents a day), your gift makes a difference in children’s lives every day of the year.

CHLA.org/MIRACLE

3. FUNDRAISE

It’s never been easier to show your support for CHLA. You can now create a personal fundraising page for any occasion or a tribute page in honor or memory of someone special. Start your own page today by visiting our online fundraising center!

CHLA.org/FUNDRAISE

Junior Ambassadors Abbey Allen (left) and Kelly Phelan raise funds for the hospital throughout the year.
4. KIDS HELPING KIDS
The Junior Ambassadors Program offers kids the opportunity to work together and become hospital representatives and fundraisers. Kids and teens interested in supporting CHLA’s mission are encouraged to learn more!
CHLA.org/JrAmbassadors

5. LEND A HELPING HAND
By supporting the Helping Hands Fund, you are helping the hospital ensure that every child we treat receives the highest-quality care, regardless of insurance or ability to pay.
CHLA.org/HelpingHands

6. VOLUNTEER
Volunteers give generously of their time. Interested in joining their ranks?
• You can sign up right away as part of the special event volunteer force at CHLA.org/EventVolunteer.
• Learn more about volunteering regularly at the hospital at CHLA.org/VOLUNTEER.

7. JOIN THE AMBASSADORS
Become part of an inspired group supporting CHLA’s mission by giving or fundraising $1,000 or more annually. Ambassadors are invited to participate in special outreach and leadership opportunities, plus an annual conference, speaker series, hospital tours and other events throughout the year.
CHLA.org/AMBASSADORS

8. GIVE BLOOD
The support from our blood donors helps us meet 90 percent of our patients’ needs for blood transfusions each year. Learn more about our Blood Donor Center and how you can help.
CHLA.org/DonateBlood

9. BE A PART OF OUR FUTURE
Have you considered supporting CHLA as part of your financial and estate plans? You can make a gift today to witness the benefits of your generosity or arrange a gift for after your lifetime—both offer financial and tax benefits to you.
CHLA.org/PlannedGiving

10. OTHER WAYS TO HELP
There are many meaningful ways to get involved throughout the year.
CHLA.org/Getinvolved
Established in 1901 as Southern California’s first medical center dedicated to the care of children, Children’s Hospital Los Angeles has grown alongside the Hollywood community for more than a century. In fact, CHLA’s main campus moved to its current location at Sunset Boulevard and Vermont Avenue in 1913; that same year, just down the street, Cecil B. DeMille made “The Squaw Man,” the first feature-length movie ever filmed in Hollywood.

Today, Children’s Hospital Los Angeles enjoys partnerships with some of the most prestigious names in the sports, music and entertainment industries, including the Los Angeles Kings, the L.A. Galaxy, the Los Angeles Dodgers, The Walt Disney Company, HBO, Roc Nation, the Lopez Family Foundation, Apl.de.ap Foundation International, Billy Wilder Trust, AEG and many others.

In summer 2015, CHLA will formally launch Hollywood Cares for Kids™, a dedicated program for professionals and organizations in the sports, music, entertainment, fashion and arts communities that want to make a difference in the lives of the children we serve. CHLA has been building toward the program for more than two years, establishing the hospital’s first Sports and Entertainment Leadership Council in 2013. Entering its third annual term in summer 2015, the council comprises more than 35 leaders from top organizations spanning television, film, sports, music, fashion, artist representation, celebrity nonprofits, entertainment advocacy, wealth management and more. Their charge is to advise, aid and maximize industry engagement efforts in support of hospital priorities and critical needs.

“We provide the highest-quality medical care for more than 104,000 children every year, but we will always depend on the generosity of the very community we serve to sustain our mission,” says CHLA Senior Vice President, Chief Development and Marketing Officer DeAnn S. Marshall, MHA. “Children’s Hospital Los Angeles and the Hollywood community have a long-established history, synergy and proximity. As we look to our future, we are excited to continue to build a legacy of support and collaboration with our neighbors in Hollywood, who have deep roots in this community, and to leverage the unique power of these industries to make an impact for our families.”

Since its formation, the council has been instrumental in supporting key CHLA events, including the 2014 Noche de Niños Gala; introducing strategic opportunities for fundraising and cause marketing campaigns; welcoming many new and important partners to the hospital; and even helping the hospital strengthen its brand identity by leveraging relationships to animate the CHLA logo and set it to music.

“As a former patient, I will always be grateful to Children’s Hospital Los Angeles for the incredible care and compassion I experienced,” says council member Richard Glasser, executive in charge of music for film and television for The Weinstein Company. “As a member of the entertainment community—an industry
that has more than enough power to make a major impact now and for generations to come—I see the need for everyone to band together and support this important organization that’s right here in our own backyard, saving the lives of children in our own community. I’m honored to serve on the Sports and Entertainment Leadership Council and be part of such a vital effort.”

In addition, under the auspices of Hollywood Cares for Kids, the third Thursday of every month is designated as a day of service for entertainment industry professionals of all levels who want to support the families we serve. Known as “Third Thursdays,” the monthly program connects these individuals with patient families through service activities involving music, arts and crafts, reading and games, and by delivering coffee and snacks to hospitalized families. The program gives Hollywood professionals the opportunity to not only experience the hospital’s mission, but to also be a part of it.

To learn more, visit CHLA.org/HollywoodCares, or contact Lyndsay Hutchison, associate director of Entertainment Communications, at lhutchison@chla.usc.edu or 323-361-4121.

Adam Anders, Anders Media, Inc.
Rosanna Arquette, Actress, filmmaker and advocate
Kyle Benn, Lionsgate
Evan Bogart, The Boardwalk Entertainment Group
Jane Cha, Full Picture
Bryan Curran, Edelman, Los Angeles
Jamie Lee Curtis, Actress, author and Children’s Hospital Los Angeles Trustee
Paula Doherty, printing and packaging expert
Joe Edward, Dodgers Radio Network, iHeartMedia
Ken Fuchs, YAHOO!
Richard Glasser, The Weinstein Company
Melanie Griffith, Actress and advocate
Jessica Gronvold, Entrepreneur
David A. Helfant, Arpeggio Entertainment
Lynn Heymont, Participant Media
Chris Ivery, Music producer
Chuck James, ICM Partners
Joe Kaczorowski, Grosvenor Park Media
Chris Klein, L.A. Galaxy
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Bringing the Butterfly to Life
Sports and Entertainment Leadership Council member Max Sherman secured a designer from Dreamworks Animation to animate the hospital’s iconic butterfly logo, while council member Richard Glasser composed a score.

To check it out, visit CHLA.org/ANIMATED.
In 2014, our Children’s Miracle Network Hospitals (CMNH) Partners reached for the stars while raising funds for our patients. The employees and associates of our CMNH Partners found creative and inspiring ways to incorporate this theme into their yearly fundraising campaigns. Thanks to the dedication of the employees, customers and leadership at the companies listed below, our Children’s Miracle Network Hospitals Partners raised more than $6.8 million for Children’s Hospital Los Angeles. Costco Wholesale made an incredible $10 million pledge, and Walgreens contributed a $1.5 million pledge to name our Family Pantry. We deeply appreciate the dedication of both of these organizations, and those listed below, to ensuring that our patients continue to receive world-class care.

To find out more about Children’s Miracle Network Hospitals, please visit CHLA.org/CMNH.
For more than a century, Children’s Hospital Los Angeles has been creating hope and building healthier futures for children in our community and across the globe. From our humble beginnings in a two-bedroom clapboard house in 1901 to our latest expansion into the state-of-the-art Marion and John E. Anderson Pavilion, Children’s Hospital has been dedicated to providing the very best care to children and their families—a commitment shared by our philanthropic partners.

Generous individuals, organizations, corporations and foundations have played a pivotal role in our efforts to give children every opportunity to lead healthy and happy lives. Philanthropy has supported the important work performed by our physicians, nurses and caregivers each and every day; accelerated leading-edge research to unearth innovative new therapies; and educated and trained the next generation of pediatric experts.

Our extraordinary donors make all of this possible, and we are honored to recognize these supporters for their generosity during fiscal year 2014. This Honor Roll includes donors who contributed $1,000 or more in cash gifts, pledges or pledge payments. We are also proud to recognize those who have contributed gifts of $150 to $999 on the Red Wagon Society Honor Roll of Donors, viewable at CHLA.org/HonorRoll. Additionally, we extend our gratitude to donors who directed their generosity through one of our Associate and Affiliate or allied groups.

Support from philanthropists propels our life-changing mission and enables us to stand at the forefront of pediatric patient care. On behalf of all the children and families whose lives you have impacted, and everyone at Children’s Hospital Los Angeles, we offer our sincere thanks.

We strive to accurately recognize our donors. Please inform us of any errors or omissions by contacting Christian Nelson, director of Stewardship and Donor Relations, at cnelson@chla.usc.edu or 323-361-1779.
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The Red Wagon Society is named in honor of the little red wagons we use to transport young patients around the hospital. Members of this special society provide annual support that helps us find new ways to treat pediatric diseases, train the next generation of pediatricians and fund innovative research. Members are recognized for contributions of $150 to $999 in the Honor Roll of Donors included in the electronic edition of the Imagine annual report. Visit CHLA.org/HonorRoll to view the fiscal year 2014 Honor Roll of Donors.

For more information about the Red Wagon Society, please contact Hillary Freeman, director of Direct Response, at hfreeman@chla.usc.edu or 323-361-3853.
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