



P R O M I S E

The Campaign for  
Texas Children's Hospital

# IMPACT REPORT

Promises made. Promises kept.





## our promise

Texas Children's Hospital was founded on a commitment—a promise—to meet the medical needs of children in our community.

***Promise:*** *The Campaign for Texas Children's Hospital* was a \$475 million fundraising effort, and it was launched to help ensure that we can continue fulfilling that commitment and keeping that promise as our community grows and changes and as our patients' needs evolve over time.

Miracles happen every day at Texas Children's Hospital, and they happen because of the dedication of so many people who care about the patients and families we serve. We were confident that we could meet our fundraising goal, and we planned to end the ***Promise Campaign*** in 2020. What we didn't know is that thanks to the extraordinary generosity of Texas Children's friends and supporters like you, we would exceed our goal in November 2018, raising \$578.4 million and finishing two years early.

Thank you for helping us provide the very best care in state-of-the-art facilities, expand and enhance our programs, recruit the best and brightest talent, and provide assistance to those patients and families who need it most. Thank you for partnering with all of us at Texas Children's to offer hope and healing—and for making an impact that will be felt today and for years to come.

**Mark A. Wallace**  
President and CEO  
Texas Children's Hospital

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Facts and Figures

\$578.4 million

801,223

number of gifts

183,562

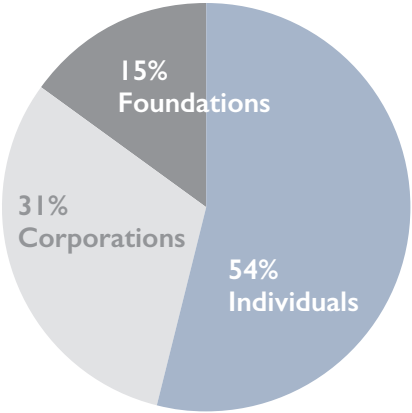
number of donors

\$698

average gift amount

98

number of **Promise** Campaign volunteers



Sources of Funding

Individuals	\$312,352,613
Corporations	\$179,313,537
Foundations	\$86,764,614





## Texas Children's Hospital The Woodlands



### our promise

To bring a dedicated pediatric hospital  
to a growing community

When Texas Children's opened its doors in 1954, it was in the heart of what would become the Texas Medical Center—which no one could have envisioned would become the **world's largest medical complex.**

Houston grew and changed quickly over the years, and so did the communities around it. More and more, families wanted the best comprehensive care for their children close to where they lived.

Texas Children's had already answered this need to serve communities west of Houston, and then it was time to focus on areas north of the city—another place experiencing rapid growth.

So many families were traveling 40 miles or more to Texas Children’s Main Campus on a regular basis with children who had chronic conditions and required ongoing treatment and management. It was too far—these families wanted and deserved the very best care close to home.

Faithful friends of Texas Children’s and donors to the *Promise Campaign* helped us build Texas Children’s Hospital The Woodlands, which opened in May 2017.

The response from the community was more profound than we anticipated. The hospital’s first-year numbers speak for themselves: **they were double what our best estimates projected**, confirming that extending our reach once again was the right thing to do for our patients and families.

Now people living in communities north of Houston have a **dedicated pediatric emergency center, state-of-the-art operating rooms, and critical care services and more** right in their own backyard. The impact is even broader, however, because this expanded access also frees up these services at the Main Campus for children with even more complex conditions.

Texas Children’s Hospital The Woodlands

	Year 1: Projected	Year 1: Actual
Admissions	1,555	2,441
Outpatient visits	37,586	77,279
Surgeries and special procedures	1,259	6,222
Emergency Center visits	15,969	31,852



Kristina thinks back to a day in 2011 when her son, Keller, woke her in the early hours of the morning. He just could not stop crying, and she knew something was wrong.

She lived in The Woodlands and rushed her baby, then seven months old, to a nearby emergency room, where she promptly learned that he was critically ill and needed immediate transport to Texas Children’s Hospital’s emergency center in the Texas Medical Center. Our Kangaroo Crew was there to make that happen. Kristina rode with him, and it was the longest and scariest 40-mile trip she had ever taken.

With no previous health issues, Keller was diagnosed with asthma, a collapsed lung and double pneumonia. Doctors told Kristina that he was the sickest child in the pediatric intensive care unit and that he might not make it.

The next few days were touch and go, but Keller was a fighter, and he defeated all the odds against him. Today, he is on a daily

regimen to manage his asthma and has never needed critical care again—but that hasn’t changed his mom’s commitment to Texas Children’s.

*“I am so thankful for Texas Children’s. Knowing that the same level of pediatric care that we received at the hospital’s Main Campus is now available to us much closer to home at Texas Children’s Hospital The Woodlands gives me such peace of mind. My experience with Keller being struck down with a sudden and life-threatening illness strengthened not only my faith, but also my devotion to Texas Children’s. I now serve as an Ambassador to tell others about this wonderful place where miracles happen. Thank you, Texas Children’s, for saving my son’s life!”*

— Kristina Keller



## our promise

To ensure that children who require  
complex care always have a place to go  
for treatment

## Lester and Sue Smith Legacy Tower

**At the same time they were working on Texas Children's Hospital The Woodlands, Texas Children's leadership were also grappling with a huge challenge at the Main Campus in the Texas Medical Center.**

President and CEO Mark A. Wallace remembers what it was like: **"It was a bad flu season, for one thing, and our hospital was full,"** he recalls. **"It was absolutely full."** Day after day, we were on drive-by status. Other hospitals called us, wanting to transport critically ill patients for whom they could do nothing more. And we had to say no. We kept having to say no."

Texas Children's Board of Trustees member Michael Linn remembers his reaction when he learned how dramatic the situation was. **"Saying 'no' is not what Texas Children's does, it's not what we're about."**

The Board swiftly approved building a new facility that would enable us to care for more children with complex conditions requiring truly specialized care.

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*"Giving to others is our guiding philosophy. We've been richly blessed in our lives, and it's wonderful to have the opportunity to serve others—especially children and families. There is nothing more precious than a child, and we hope our gift will support the incomparable patient care for which Texas Children's is known."*

— Lester and Sue Smith





On September 29, Phase II of the move to the new building was complete. One family shared with us some very special memories of that day.

*“When I was pregnant, we learned that our baby had a heart condition that would be fatal without intervention. We did our research and learned that Texas Children’s was ranked No. 1 in the country for cardiology and heart surgery by U.S. News & World Report. We relocated to Houston because we knew that it would be the best place to give our baby a chance at life.*

*Oliver was born at the Pavilion for Women and had his first surgery when he was only seven days old. His case has been complicated, and he has remained in the cardiovascular intensive care unit (CVICU). Texas Children’s is the only home he has ever known.*

*The move to the new Lester and Sue Smith Legacy Tower is a highlight in our journey.*

*On move day, Oliver was the very last one to leave West Tower’s cardiac unit, and he was treated like a celebrity. There was a lot of fanfare as we made a final lap around the old unit, wheeling past countless people who have invested a piece of themselves in our baby.*

*We love being in the new building—it’s a beautiful space and everything is so well thought out. Being able to room in with Oliver while we wait for his second open heart surgery makes this difficult time in our lives a little easier. No matter what the future holds, making the choice to come to Texas Children’s Hospital is one we will never regret.”*

—The Blankenship Family

On Tuesday, May 22, beginning at 7:00 a.m., Phase I of the move to the Lester and Sue Smith Legacy Tower began, with seven clinical teams safely transporting 45 critically-ill patients to their new, spacious, state-of-the-art critical care rooms. More than 150 Texas Children’s staff members were involved in the move, and the careful transfer of the patients took seven hours.

The next day, Surgeon-in-Chief Dr. Larry Hollier—along with a team of surgeons, anesthesiologists, nurses, physician assistants and operating room staff—performed the first surgery in the new tower, a successful craniofacial procedure on a nine-month-old boy. Afterwards, he was taken to our new neurological ICU, a first-of-its-kind unit dedicated to pediatric patients who require specialized neurological care.

Before Lester and Sue Smith Legacy Tower opened, our ICU was almost always at or over 100% capacity. Now, the average capacity is in the low 90% levels.

This is where it should be so we have room to accept transfers of critically ill patients from other hospitals and to move our own patients into critical care if they need it.

On November 7, the final piece was in place when we celebrated the opening of the helistop on the roof of the Lester and Sue Smith Legacy Tower, enabling the transport of the most critically ill patients to Texas Children’s Hospital.

The additional space provided by the Lester and Sue Smith Legacy Tower has kept our physicians and surgeons very busy.

Procedures and Cases as of January 15, 2019	
1,258	Operating room cases since Phase I opening
120	Cardiovascular operating room cases since Phase II opening
148	Cardiac catheterization procedures since Phase II opening
Average 30-Day Occupancy	
75.4%	Pediatric intensive care unit
91.2%	Cardiovascular intensive care unit
92.4%	Transitional intensive care unit



## our promise

To advance the practice and science of  
pediatric medicine

## Divisions and Centers of Excellence

**The Jan and Dan Duncan  
Neurological Research Institute  
(NRI) at Texas Children's Hospital**  
was created to advance and  
accelerate our understanding of  
pediatric neurological disorders  
and to translate the scientific  
discoveries into better and more  
effective therapies.

*The work accomplished to date is groundbreaking.*  
Studies in pediatric neurological diseases such as autism,  
Batten disease, and Rett syndrome have elucidated the  
mechanisms of adult disorders such as bipolar, Alzheimer's  
and Parkinson's disease. Insights into the rarest of  
disorders have enhanced our understanding of more  
common ones. Psychiatric disorders, including addiction  
and eating disorders, are also being addressed in depth.



Following are just a few examples of the exciting advances made possible through your generous support of the NRI during the *Promise Campaign*.

**Solving Neurological Mysteries**

*Imagine the devastation parents must feel when their child, who had been blossoming beautifully and hitting all of the developmental milestones, not only stops progressing, but starts slipping backwards. NRI researchers have identified the cause of many of these devastating disorders, but there are still countless mysteries to be solved.*

As part of the national Undiagnosed Diseases Network, NRI faculty have identified a number of new genes causing previously undiagnosed, or inaccurately diagnosed, disorders. Over 132 patients have been diagnosed and 31 new syndromes identified, enabling physicians to recommend alternative therapies and/or genetic counseling.

In one example, the NRI team identified the cause of mild-to-severe loss of motor and language skills in seven patients with undiagnosed neurological conditions. Mutations in one particular gene were discovered in all seven patients. This new knowledge now serves as a solid foundation for further research into the normal function of this gene and offers the possibility of developing new, life-changing therapies.

**Insight into Parkinson’s—from the Rare to the Common**

*When the NRI opened in 2010, the goal was to study a small number of devastating pediatric neurological disorders, but it quickly became apparent that discoveries in the pediatric arena had important implications for adult disorders.*

For example, an NRI team found that a group of genes involved in childhood neurodegenerative disorders also impacts patients with Parkinson’s disease. These genes are critical for the function of the lysosome, a part of the cell responsible for clearing cellular waste. When the waste material is not cleared, life-threatening disorders and degeneration can result. Although more research remains to be done, these data suggest that boosting the function of the lysosome could be a key to treating Parkinson’s disease.

**Brain Circuits and Appetite**

*No matter how healthy their diets, or how many hours of exercise they log each week, some people simply cannot lose excess weight that may be threatening their health. For these individuals, the culprit is a chemical change in a specific neural circuit in the brain.*

NRI researchers have identified a neural circuit that is critical for feeding and is also activated by nicotine, charting a path forward for understanding and treating both eating disorders and addiction.

**Activating Brain Networks to Improve Cognition**

*Infants with Rett syndrome seem healthy during their first six months or so, but over time, they begin to rapidly lose coordination, speech, and motor skills. Boys with Rett syndrome typically live only a short time; in girls, it is a leading cause of intellectual disability, and they face a lifetime of challenges.*

A team of NRI researchers has demonstrated that deep brain stimulation (DBS) of a specific area of the brain can restore learning and memory deficits in a mouse model of Rett syndrome. While DBS has shown promise in movement disorders and some neuropsychiatric disorders, this is the first demonstration of its effectiveness in treating a childhood cognitive disorder. The NRI’s preclinical study lays the groundwork for future clinical trials in Rett syndrome and other disorders.



Aiden Maxwell's mother, Lisa, credits the NRI with "bringing her son back" after tuberous sclerosis complex, a genetic condition resulting in benign brain tumors and severe seizures, reversed his development at the age of two.

In 2013, Aiden participated in a clinical trial at Texas Children's that grew out of the basic research in the Cain Laboratories at the NRI. NRI researchers discovered that rapamycin, an approved cancer drug, and its analog, everolimus, proved highly effective against his severe epileptic seizures.

"It was devastating, because at 23 months he was speaking simple sentences, and he was able to do really complex things," she said. "The second those tumors calcified, it was like I had a newborn again. After two years of reading with him and responding with him, it was like we didn't have a child anymore."

"He went back to no speech, and he was destructive. He would just tear stuff down."

*And there was no, 'Mama, I love you,' anymore. That was gone because of one mutated gene."*

*In 2013, Aiden participated in a clinical trial through the NRI. It tested everolimus, a cancer drug, which proved to be highly effective against his severe epilepsy. "Within 6 months of being on the trial, his speech was clearer. He can read, he can do math. I really believe that this drug helped create new neural connections around his tumors. He actually went seizure-free for a good two years. It was miraculous."*

*The best part of all? "I got to hear my son say, 'I love you' again."*

— Lisa Maxwell

## Trauma and Grief Center

### Devastating storms and their aftermath. School shootings. Suicide. Abuse.

Heart-wrenching and complicated issues, all of them. For adults, they are—at best—difficult to process and come to terms with. But for a child ... ? Where do they even begin?

Research indicates that untreated trauma and bereavement in children are associated with problematic long-term outcomes, including depression, anxiety, substance abuse, post-traumatic stress syndrome, suicide risk, school drop-out and violent behavior.

Texas Children's is there to help children begin the process of recovering because our commitment to providing the very best medical care for the patients we serve includes addressing not only their physical needs, but also their emotional and mental health needs.

Texas Children's Trauma and Grief (TAG) Center is an integral part of that commitment, and the outpouring of support for this program has been phenomenal. The primary purpose of the TAG Center is to **raise the standard of care and increase access to best-practice care among traumatized and bereaved children, adolescents, and their families.**

*"In any emergency response, the challenge is to build back stronger. Children's Health Fund, with support from co-founder Paul Simon and Edie Brickel, is honored to partner with Texas Children's Hospital and support their team to continue the critical work that is being done with children impacted by Hurricane Harvey. We look forward to many more years of working together to meet the mental health needs of children in Houston."*

— Dennis Walto  
Chief Executive Officer  
Children's Health Fund

- Generous funding through the **Promise Campaign** has enabled the TAG Center to expand care beyond the clinic at Texas Children's Main Campus into the community to help children and families in schools, community clinics, mobile clinics and primary care pediatric offices.
- The TAG Center also partners with the Gulf Coast Center and others in the community to support the **Santa Fe Strong Resiliency Center**, which was created in the aftermath of the Santa Fe school shooting to provide mental health services to those impacted by this tragedy.
- In addition, the Center launched the **Harvey Resiliency and Recovery Program**, dedicated to serving the needs of the many children and families adversely affected by the storm and its aftermath.



## our promise

To recruit and retain world-class  
physicians and scientists

## Endowed Chairs

**Our patients and their families  
deserve nothing less than the most  
talented physicians and expert  
researchers in the world to care for  
them and to conduct the research  
that leads to even better therapies.  
Generous donors have helped us  
recruit the best and brightest talent  
from around the country.**

Endowed chairs are our most powerful tool in bringing the world's leading experts to Texas Children's Hospital and keeping them here—to provide the most specialized care, train the next generation of physicians and researchers, and conduct the groundbreaking research that will result in better treatments and even cures.

Once an endowed chair is in place, the chair holder has access to significant funds to provide support to launch or advance initiatives in all these areas.





Ann and Frank McGuyer were familiar with Texas Children's Hospital and its reputation in the community, but their personal interest increased when their daughter received outstanding care at Texas Children's Pavilion for Women.

They were particularly grateful to Obstetrician and Gynecologist-in-Chief, Dr. Michael Belfort, and wanted to find a way to support one of his areas of expertise—and his passion: development of devices designed and right-sized specifically for babies. They decided to fund an endowed chair for Dr. Belfort because they knew it would be a great tool for him to advance his groundbreaking research.

*"I am so honored to hold the F B McGuyer Family Endowed Chair in Fetal Surgery—especially because we believe that it is the very first chair in the country for the very specialized area of fetal surgery. People don't realize what a challenge it is to try to help babies with adult devices that have to be adapted. That is definitely not the way of the future, and I am so grateful to have support that will allow me to bring our research and device development to the next level."*

— Michael A. Belfort, MD, PhD  
Obstetrician and Gynecologist-in-Chief  
F B McGuyer Family Endowed Chair in Fetal Surgery



## our promise

To offer quality care to children in our  
community regardless of their families'  
ability to pay



When Texas Children’s Hospital opened in 1954, its founders made a promise that it would be a place where all children would receive the very best care, regardless of their families’ ability to pay.

With the help of generous friends and donors, we continue to keep that promise today. Over the years, Texas Children’s has served more and more children and families who have limited resources and little or no insurance coverage but who desperately need the specialized care we can provide. Fortunately, many generous individuals and organizations come forward each year to help families face these challenges.

During the *Promise Campaign*, Texas Children’s Hospital provided an average of \$13 million in charity care each year to families in our community who needed extra support to receive the best possible medical care.



This is the story of just one child whose life has been changed because of the generosity of donors to the *Promise Campaign*.

*Said, 5, went to Texas Children’s emergency center after experiencing a cough, congestion and diarrhea. After several tests, he was admitted as an inpatient and diagnosed with a potentially fatal congenital primary immunodeficiency disorder.*

*His family did not have the resources to obtain the care Said needed, and he had suffered permanent organ damage and serious impairment to bodily functions. His mother had applied for emergency Medicaid, but there was a substantial gap in coverage*

*while the application was being processed—and if he was deemed eligible, Medicaid would still not cover many of the services he would need on an ongoing basis.*

*Funds from our Charity Care program provided assistance for ongoing follow-up treatment at the outpatient clinic and expert medical care including orthopedic surgery, infectious diseases neurology, social services, Child Life services, occupational/physical therapy, and monthly intravenous injections.*

P R O M I S E

The Campaign for  
Texas Children's Hospital

THANK YOU

We couldn't have done it  
without you!





**Texas Children's  
Hospital®**