Celebrate!
Special Issue:
Heroes for Life Campaign
IN THIS ISSUE
The impact of the successful Heroes for Life campaign can be seen in every room and every patient encounter throughout Lurie Children’s. This issue of Heroes touches on some of the ways patient care has been transformed by the move to Lurie Children’s.

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Philanthropic support from generous individuals like you is crucial to Lurie Children’s capacity to care for children and families. To find out how you can help, please go to luriechildrens.org/givenow or call 312-227-7500.
Hospital play areas staffed by Family Services specialists and volunteers make a big difference to patient families and siblings like five-year-old A’Niyah Branch.

“Through the support of the Heroes for Life campaign, Lurie Children’s is now positioned to lead the world in pediatric medicine in the 21st century.”

—J. Christopher Reyes
Strong medicine: Caring for the most critically ill children

Chicago’s most critically ill children are cared for in one of three Intensive Care Units at Ann & Robert H. Lurie Children’s Hospital of Chicago: the Neonatal Intensive Care Unit (NICU), the Lefkofsky Family Pediatric Intensive Care Unit (PICU) and the Regenstein Cardiac Care Unit (CCU). Collectively, these units care for more than 2,600 patients each year. Meet the Moravecs, a Chicago family whose premature twins were treated in two of these three units.

Twins in jeopardy

“Ellenore and Charlotte shared the same placenta, which is common with identicals,” Amy Moravec explains, “but they also shared the same amniotic sac, which is very rare—they were skin to skin inside the sac. I delivered early because their cords were tangled. We had quite a wild little ride.”

Amy and her husband Chris learned of a possible problem with Ellenore’s heart from an ultrasound when Amy was 21 weeks pregnant. Referred to Lurie Children’s, they consulted with Heart Center cardiologist Nina Gotteiner, MD, who supervised an echocardiogram for both girls. Dr. Gotteiner diagnosed Ellenore with transposition of the great arteries, a cardiac birth defect.

Amy and Chris consulted with the cardiologists and surgeons who would treat Ellenore, and learned that Ellenore would require a special procedure within hours of her birth, followed by open-heart surgery weeks or months later. Amy and Chris went home to await the babies’ arrival, with a plan for a caesarian section at 34 weeks, but plans changed at the 30-week point when one of the twins showed signs of stress in utero. On January 2, 2013, the delivery room of Prentice Women’s Hospital, located adjacent to Lurie Children’s, was full of waiting staff, with two neonatologists standing by for the babies.

Bridge to lifesaving care

Charlotte was born first, with Ellenore following, each girl weighing less than 1,250 grams, about 2 pounds, 8 ounces. Within the hour, Ellenore was transferred across a bridge from Prentice to Lurie Children’s, where she would undergo a balloon atrial septostomy. This procedure allows oxygen-rich blood from the left atrium to mix with the oxygen-poor blood in the right atrium.

“Without question, Ellenore was the smallest baby I’d ever performed the procedure on,” says David Wax, MD, interventional cardiologist. “But her
“Intensive care is where we can help those who hurt the most, and where not providing excellent care could have the most serious repercussions.”

— Leah Harris, MD, Head of the Division of Critical Care Medicine

procedure went very smoothly. In cases like this, our new location adjoining Prentice is a particular benefit. Not only is it much easier to consult with our Prentice colleagues, but we were able to start an IV in the Prentice delivery room and then take her over the bridge directly to the cath lab at Lurie Children’s, where the whole team was waiting on standby.”

Once stabilized, Ellenore settled into the NICU for six weeks, to give her time to strengthen and grow before her open-heart surgery.

Back together

Back at Prentice, Charlotte was having problems feeding, and soon joined her sister in the Lurie Children’s NICU. Tests pointed to an obstruction at the end of her small bowel, and at four weeks of age Charlotte underwent surgery to remove a section of her small bowel.

The surgery revealed the presence of necrotizing enterocolitis, a serious intestinal illness that occurs in about 10 percent of babies weighing less than 1,500 grams. Charlotte came through the surgery with flying colors and is gradually acclimating to oral feeding.

A future without limitations

Ellenore’s time in the NICU passed quickly, and her open-heart surgery was scheduled when she was almost six weeks old. “We did quite a bit of research on Ellenore’s condition and on the best hospitals for the surgery,” says Amy. “We felt lucky to have Lurie Children’s right here.”

Carl Backer, MD, Head of the Division of Cardiovascular-Thoracic Surgery, performed Ellenore’s successful surgery. Ellenore recovered in the Regenstein CCU for almost two weeks. “The nurses were just fantastic and worked with us in advance to explain everything in detail so we wouldn’t be freaked out by all the tubes and machinery,” says Amy. “It was just as they said—every day another machine or tube disappeared, and we could see the improvement in Ellenore daily. She was a little champ.

“Having them both here in the NICU in adjoining rooms has made a real difference,” confides Amy, who spends much of her day, while on maternity leave from her job, cradling her babies together in a spacious rocking chair. Charlotte will require a second surgery within her first six months, but apart from that, Amy and Chris can look forward to a healthy future, without limitations, for both their girls.

Unique model enhances patient care

John Costello, MD, MPH, Medical Director of the Regenstein CCU and Director of Inpatient Cardiology, isn’t surprised that the Moravec’s experience was so positive. Patient family satisfaction has been high since the move to a new model for cardiac critical care at Lurie Children’s. “The best children’s hospitals nationally now have dedicated cardiac critical care units,” he explains. “What’s unique about our model is the acuity-adaptable beds and admission-to-discharge plan. In almost every other hospital’s CCU, patients are moved from one unit to another as their conditions change. In our unit, we typically keep patients in the same bed throughout their stay, bringing the expertise and technology to the children’s bedsides.”

Other pediatric CCUs are taking note. “There’s a lot of interest in our model,” Dr. Costello adds. “There are fewer hand-offs, so families like it since they don’t have to get to know a whole new team in the latter stages of their hospitalization. This unit is quieter than the old unit since patients aren’t being transferred or moved around for different procedures. And of course, there are improved amenities for families, with more nurturing and healing environments.”

A specialized staff for healing tiny hearts

The Regenstein CCU has a large dedicated team, with more than 70 formally trained and experienced cardiac intensive care nurses and six attending cardiac intensivist physicians who take turns sleeping in the unit to provide coverage 24 hours a day, seven days a week. The Regenstein CCU is among very few hospitals with three triple-boarded physicians (certified in pediatrics, pediatric cardiology and pediatric critical care) with a fourth joining the team this summer. In addition, the unit
has its own nutritionist and pharmacist, who join the cardiologists for morning rounds each day.

The new facility has impacted cardiac care in other ways as well. “Recruiting is now the easiest part of my job,” Dr. Costello claims. “Now when we post an opening for cardiac intensivists, we get a lot of interest from those in the most prominent programs in the United States.”

The Regenstein Cardiac Care Unit can promise to keep those new recruits busy: in the last few years the hospital’s pediatric cardiac transplant program has become the second busiest in the United States, with 19 successful transplants last year.

**Technically demanding and fast-paced**

The passion of Leah Harris, MD, for critical care medicine is immediately evident.

“My role is to work with my team to protect those who can’t protect themselves,” she says. “I think that’s a common interest for those who go into pediatrics; it’s one that resonated for me in training. Critical care is where we can help those who hurt the most, and where not providing excellent care could have the most serious repercussions.”

The Lefkofsky Pediatric Intensive Care Unit (PICU) at Lurie Children’s has had significantly higher patient volumes since the hospital opened. With a patient population that ranges from babies to young adults, the Lefkofsky PICU treats any patient requiring the attention of a team trained in pediatric critical care medicine. Dr. Harris believes those who work in intensive care have a natural affinity for the work, choosing it because it’s technically demanding and fast-paced. She points to critical care nurses, who she says play a crucial role in care.

“It’s the pediatric intensive care nurse who spends 12 hours at a bedside and knows when to call and how to intervene—that’s what makes the biggest difference,” she says. “You come to a children’s hospital for specialized care, and that care doesn’t stop with the physician intensivists. It’s the pediatric critical care nurses, the critical care respiratory therapists, the critical care pharmacists and nutritionists—all trained to deal with very sick children and families in crisis.

“Ultimately what determines our success is establishing the innovative protocols that the rest of the country will follow,” Dr. Harris adds. “It’s about being cutting edge not only for clinical excellence, but for developing the research infrastructure to support clinical practice.”

“**In almost every other hospital’s CCU, patients are moved from one unit to another as their conditions change. In our unit, we typically keep patients in the same bed throughout their stay, bringing the expertise and technology to the children’s bedsides.**”

— John Costello, MD, MPH, Medical Director of the Regenstein CCU

Trained pediatric intensive care nurses like Peter Sesi play a crucial role in caring for patients like Isobel.
Recruiting the best for Chicago’s children

The foundation of a hospital is not concrete and steel, but the skilled staff that creates innovative programs and advance leading-edge research.

That’s why two major components of Heroes for Life: Campaign for Ann & Robert H. Lurie Children’s Hospital of Chicago were philanthropic support for the recruitment of nationally recognized leaders in pediatric medicine and the funding of new programs.

Among several nationally recognized leaders who have joined the ranks of Lurie Children’s staff of talented physician-scientists are Arun Gosain, MD, Head of the Division of Plastic & Reconstructive Surgery; Leah Harris, MD, Head of the Division of Critical Care Medicine (see story on page 2); Nancy Kuntz, MD, Medical Director of the Mazza Foundation Neuromuscular Program; and Dana M. Thompson, MD, Head of the Division of Otolaryngology. What unites them is their commitment to transforming the field of pediatric medicine and improving the health of future generations.

Caring for children with neuromuscular disorders

Every three months, Ella Casten comes from Chicago’s western suburbs to Lurie Children’s to see some of her friends. Those friends are members of a multidisciplinary team of specialists who coordinate her care for Spinal Muscular Atrophy (SMA), a progressive, degenerative disease without a cure. SMA occurs in nearly one out of every 6,000 births, and is responsible for more deaths in children under the age of 2 than any other genetic disease.

With her perpetual smile and inquisitive nature, Ella, who turns 3 in June, lights up the room. Diagnosed at 14 months of age with the disease, Ella is unable to walk, and “tools around” in a 300-pound motorized wheelchair. She receives a special diet through a feeding tube, and relies on a variety of assistive devices at home to keep her lungs clear.

It takes a team

Her team of specialists is led by Dr. Nancy Kuntz and also includes physical, occupational and speech therapists; nutritionists; pulmonologists and bone health specialists.

Before the recruitment of Dr. Kuntz in 2009 from the Mayo Clinic, children in the Chicago area with the most challenging forms of neuromuscular disorders had to travel outside Illinois for specialized care.

“The neuromuscular program at Lurie Children’s has changed Ella’s life,” says her mom, Lindsay. “Before we brought her to Dr. Kuntz, she was losing the ability to lift her arms above her head, and watching her decline was heartbreaking. Now she’s doing better, which has given us hope that Ella might have a much better life than we originally expected.”

A rare breed

As a pediatric neurologist who specializes in neuromuscular disorders, Dr. Kuntz is a rare breed, a practitioner in what she refers to as “a specialty within a specialty within a specialty.” She says the training of future neuromuscular experts is essential. “I have medical students, pediatric residents and neurology fellows in both pediatric and adult medicine all coming to my clinics,” says Dr. Kuntz. “We’re educating a generation of people in neuromuscular disorders, which will make a real difference in children being properly diagnosed.”

Strengthening the program

Dr. Kuntz says support from the Mazza Foundation has strengthened the neuromuscular program. It has provided specialized diagnostic equipment, funded...
Impact on my decision to come to Chicago, it was based more on what the investment in the new hospital symbolized,” says Dr. Gosain. “It told me that this is an institution committed to growing its pediatric programs and investing in the resources and personnel necessary to develop them.”

**New horizons in plastic surgery**

For Arun Gosain, MD, Head of the Division of Plastic & Reconstructive Surgery, the opportunity to work in a brand new facility was secondary in his decision to come to Lurie Children’s from Rainbow Babies and Children’s Hospital in Cleveland. “While the investment in the new facility certainly made an impact on my decision to come to Chicago, it was based more on what the investment in the new hospital symbolized,” says Dr. Gosain. “It told me that this is an institution committed to growing its pediatric programs and investing in the resources and personnel necessary to develop them.”

Dr. Gosain’s plan for strengthening and expanding the division’s services is ambitious. One priority is the restructuring of existing multidisciplinary programs for children with cleft craniofacial anomalies as well as those with vascular lesions. These programs involve hospital specialists in a broad range of other specialties, ranging from Otolaryngology to Genetics and Pediatric Surgery. He says the number of specialties represented on each of the teams has increased, as has the clinic’s efficiency.

The recruitment of additional faculty to expand the division’s services is also underway in the areas of microsurgical hand reconstruction and ear reconstruction.

“We want to make our microsurgery and hand reconstruction program more comprehensive,” says Dr. Gosain, “allowing our team to be more self-sufficient in caring fully for our patients.”

Dr. Gosain is a national leader in dynamic reanimation surgery for children with facial paralysis. By substituting muscles from other parts of the body for non-functioning or missing facial muscles, children can learn to smile again.

While this surgery can have dramatic results, Dr. Gosain says he derives equal satisfaction from all his patients. “It’s just as satisfying to remove a small lesion from a patient’s face as it is to help a child smile again, because in both cases you’re playing a part in helping a child feel more accepted by others,” he says.

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**New leadership for Otolaryngology**

One of Lurie Children’s newest leaders is Dana M. Thompson, MD, who came from the Mayo Clinic in January to head the hospital’s Division of Otolaryngology. The division includes services for children with head and neck masses and cysts; airway and breathing problems; nose, sinus and ear problems; and hearing loss. The program includes the hospital’s renowned cochlear implant program under the direction of Nancy M. Young, MD, who holds the Lillian S. Wells Chair in Pediatric Otolaryngology and has performed more than 1,000 implantations on hearing-impaired children since 1991.

One of Dr. Thompson’s goals is the creation of a multidisciplinary Aerodigestive Center integrated with the Divisions of Gastroenterology and Pulmonary Medicine to expand care in surgical airway management, swallowing and voice disorders, and to treat obstructive sleep apnea through surgical intervention.
“Emergency departments tend to be noisy places, which contribute to stress and anxiety,” says Steven Krug, MD, Head of Lurie Children’s Division of Emergency Medicine. “Here they feel a sense of calmness the minute they walk in.”

Blue tangs chase bright yellow butterfly fish in a large wall aquarium, while children climb on a colorful coral sculpture outside the Kenneth and Anne Griffin Emergency Care Center. Inside the spacious waiting area of the 60,000 square-foot facility, small children keep busy in a play area, while older kids quietly watch flat screen televisions and play video games.

These are hardly scenes you’d associate with a visit to the emergency department, but they are an important part of the patient experience at the surprisingly quiet Griffin Emergency Care Center at Ann & Robert H. Lurie Children’s Hospital of Chicago.

“We’ve used evidence-based design to create a family-centered environment that has a positive impact on children, families and staff,” says Dr. Krug. “This also helps us more accurately assess patients and treat them more effectively.”

Patient families respond

Patient families have noticed the improvements, which include reduced wait times. For the first eight months after Lurie Children’s opened in June 2012, patient family satisfaction surveys indicated a 25 percent rise in the number of families who said they would recommend the Griffin Emergency Care Center to others. A Level 1 trauma center with more than 4,300 monthly patient visits, the Center is named in recognition of a generous gift from the Kenneth and Anne Griffin Foundation and is the only such pediatric facility in the Chicago area with highly trained specialists available 24 hours a day.

Improved care for critically ill kids

Since opening, the Griffin Emergency Care Center staff has seen an increased number of seriously ill or “high acuity” patients than it did a year ago at its former facility, Children’s Memorial Hospital.

“For some of the medically complex patients we see who are critically ill, it’s essential to have a multidisciplinary team of specialists to assist in care,” says Dr. Krug. “Our exam and treatment rooms are large enough to accommodate all necessary staff needed at the patient’s bedside. Also, we can get the equipment we need in and out of the rooms easily, which allows us to bring specialized care and key diagnostic equipment to the patient’s bedside.”
A revitalized emergency team

Dr. Krug says the entire Griffin Emergency Care Center team has been revitalized by the state-of-the-art surroundings. “We’re focused on the delivery of the best possible care to kids, and that colors everything we do, including patient care, teaching and research,” says Dr. Krug. “The opportunities for further improving how we serve the needs of children are limitless, and we’re working on ideas that will leverage the amazing features of our facility toward new definitions of ‘best practices.’”

Solving “puzzles” thanks to research

Mary Clyde Pierce, MD, half-jokingly describes her job as being a “health detective.” An attending physician in the Division of Emergency Medicine, Dr. Pierce says research is essential in finding better ways to recognize problems in the Griffin Emergency Care Center that can often be easy to miss.

“When babies or very small children come to the Griffin Emergency Care Center, they can’t tell you what’s wrong with them,” says Dr. Pierce. “Essentially, emergency medicine is about solving puzzles, and research helps us find the best solutions to them.”

Transforming and inspiring research

The ability to solve these puzzles at Lurie Children’s has been enhanced by a gift from the Grainger Foundation. Dr. Pierce, who is also Director of the Grainger Research Initiative in Emergency Medical Services for Children, says the grant has made it possible for staff to get research projects off the ground and qualify for extramural funding. The Grainger gift also includes salary support for two research assistants and a biostatistician, providing an enhanced infrastructure that encourages research and advances Lurie Children’s ability to recruit talented academic emergency medicine specialists.

“Philanthropy has enabled us to give clinicians the tools and infrastructure they need to develop projects and new ideas they might not be able to do otherwise,” says Dr. Pierce, who says the number of research projects in the department has quadrupled as a result of the gift. “The result is people who are totally excited about identifying and solving problems they’ve identified in a clinical setting.”

An app for detecting abuse injuries

Dr. Pierce’s primary research focus is on developing more accurate tools to enable caregivers to better differentiate between injuries to children caused by accidental trauma and those resulting from child abuse. Thanks to infrastructure support made possible by the Grainger gift and a grant from the NIH, she is currently collecting data to create an algorithm that she hopes will one day lead to the development of a “bruising app” for mobile devices like iPhones and iPads. The app would provide caregivers with a tool to more quickly and accurately identify potential cases of abuse. Each year, more than 850 cases of possible child abuse are assessed by the Lurie Children’s Protective Services team.

By applying the biomechanics of trauma injury, Dr. Pierce envisions an app that will allow clinicians to analyze bruises and skeletal injuries on a child’s body. The data would be combined with details provided by the child’s family. Both sets of data would then be uploaded to a database, resulting in an assessment of whether child abuse was the cause of the child’s injury and a list of specific “action steps” for the caregiver to follow.

“Our mission is to develop tools and evidence-based practices that help change how things are done in emergency care settings across the country,” says Dr. Pierce. “Most children are seen at smaller community hospitals, and we want to make these tools accessible to everyone, so that all children can benefit from evidence-based best practices.”
Tribute to Jack’s journey

Widely known as smart, outgoing, confident and athletic, 11-year-old Jack Klinge excelled at baseball, soccer and ice hockey in the fifth grade, taking the occasional injury in stride. That’s why no one would have predicted what came next.

In December 2011, Jack was recovering from a collarbone fracture received playing ice hockey when the Klinge family travelled to Connecticut for the Christmas holiday.

Nevertheless, “It was clear that Jack just wasn’t himself on Christmas Eve,” recalls his mother Mary. He was nauseated, complaining of back pain and sleeping far more than normal. Concerned that Jack might be suffering from a concussion, Mary drove him to a nearby hospital. But when the doctors told her Jack might need a blood transfusion, then insisted that he immediately be transported by ambulance to a nearby children’s hospital, Mary knew something was terribly wrong.

On Christmas morning, Mary and her husband John learned Jack’s diagnosis—acute lymphoblastic leukemia (ALL)—a condition that can be fatal in as little as a few weeks. With time of the essence, Jack was transported to Children’s Memorial Hospital, now Ann and Robert H. Lurie Children’s Hospital of Chicago, by air ambulance the next day, and began chemotherapy on December 27.

“I’m going to fight this cancer; watch me,” Jack told his parents. And fight he did. Jack endured four weeks of daily, multi-drug chemotherapy administered orally, intravenously and by injection directly into his spinal fluid. Upon remission, Jack underwent multiple courses of chemotherapy over the next eight months to help prevent relapse. Now 12, Jack is on maintenance therapy, which will likely continue until April 2015.

All the while, Mary has marveled at the steadfast support of family and friends, the warmth and expertise of Jack’s pediatric oncology team at Lurie Children’s and, most of all, the spirit and fortitude Jack has exhibited. Not only did Jack resume his studies within the first month of diagnosis, but he also has taken up golf and swimming, and resumed playing baseball. Even the normal sibling rivalries have returned between Jack, his brother Will and his sister Cassie.

In Jack’s honor, Mary made a gift to secure a tile for the “Give Kids a Hand” mosaic mural, which will be installed on the first floor of the hospital in June. The tile will simply be inscribed with Jack’s name. “Someday, Jack will bring his own children to see it, as proof they can overcome any obstacle,” she says.
Spaces that Promote Healing for Body and Spirit


Building a hospital from the ground up offered a matchless opportunity to design a pediatric hospital using the principles of evidence-based design to create child-centered healing spaces.

A relatively new field of study, evidence-based design emphasizes the use of credible evidence to influence the design process. At Lurie Children's, the planning team reviewed the growing body of data showing that hospital design affects patient stress, patient and staff safety, staff effectiveness and care quality in order to determine which features to incorporate into the design of the new facility. At the end of an intensive planning and design process, the design included features such as all private inpatient rooms to reduce infection, access to sunlight and views of nature, respite spaces such as the Crown Sky Garden and the Anne Searle Bent Interfaith Chapel, and child-friendly features on each floor created through partnerships with the city’s cultural institutions.

Advancing research on healing spaces

Lurie Children’s is making its own contributions to the body of knowledge about evidence-based design. Jenifer Cartland, PhD, Administrator of Data Analytics and Reporting at Lurie Children’s, is leading a team working with the Center for Health Design’s Pebble Project, an international collaboration of hospitals that have built new facilities and share their pre- to post-occupancy research in order to advance evidence-based design.

While still in the hospital’s previous facility, Children’s Memorial Hospital, Dr. Cartland conducted a pilot study to measure the effect of design features on child and parent stress and anxiety. Her team is currently analyzing the results of a study conducted in the new facility in order to assess changes in the child and parent experience that result from the new child-centered design features.
An oasis for the spirit

The centerpiece of Lurie Children’s commitment to healing spaces is the Crown Sky Garden on the 11th floor of the hospital. Designed as an oasis from the daily operations of the hospital, the creation of the Crown Sky Garden was a complex, multi-disciplinary process that brought together the best minds in design and patient care with children and families who had direct patient experience. World-renowned landscape architect Mikyoung Kim worked closely with a group of Chicago civic leaders, philanthropists and volunteers, including visionary leadership from Paula Crown. She also engaged the hospital’s patient care leadership, design and construction team, Kids’ Advisory Board and Family Advisory Board in the process.

The Crown Sky Garden includes light, sound, water and wood elements. Eco-friendly bamboo planters divide the space to allow for active use as well as a more quiet respite. The highlight of its design is a translucent interactive light wall that weaves throughout the garden at different heights and changes color and brightness as people approach it.

“You cannot underestimate the effects of natural light on patients and their families. It elevates care in a way that is difficult to quantify. These uplifting and refreshing changes have been appreciated by patients, families and staff. Natural light affects mood, concentration, memory, and overall health, and I believe its increased presence has only added to the care we are able to provide.”

—Ajay Khilanani, MD
Pediatric Critical Care Medicine, Fellow

Colleen Gleason celebrates her fresh air outing to Kevin’s Garden.

Fresh air medicine

Children and families are often amazed the first time they visit Lurie Children’s and experience its welcoming environment. Yet, even the most kid-friendly features can lose their interest after weeks or months of hospitalization. This was the case for 20-year-old Colleen Gleason, who came to the hospital in October 2012 awaiting a heart transplant. For the first few months of her stay, Colleen’s mood and outlook were positive. But then, as might be expected, the confinement and anxiety of waiting for a donor heart to become available began to weigh on her spirits.

Colleen’s care team suggested taking her for a short visit to Kevin’s Garden, an outdoor space located just off the Crown Sky Garden on the 11th floor. They knew she would love breathing fresh air, even for a short time. On January 9, 2013, Colleen became the first patient to visit Kevin’s Garden. Dressed up in a coat and new winter scarf, Colleen threw her arms up in excitement as cardiologist Mary McBride, MD, pushed her wheelchair into the garden, and exclaimed “Fresh air! Ahhhh!” Not long after her garden visit, Colleen received her long-awaited donor heart, and is now recovering at home and looking forward to summer.

“It was a wonderful experience and I have no doubt that this space will be a transformational place to visit for many patients and their families,” said Emily Krouse, Child Life Specialist in the Lefkofsky Pediatric Intensive Care Unit and Regenstein Cardiac Care Unit.
Leadership phase of the Heroes for Life campaign is launched after outdated, cramped facilities cause the board to unanimously approve the plan to build a new hospital. The hospital and foundation boards and the Founders’ Board all pledge 100% participation, eventually raising $100 million.

2006—2007
The Crown Sky Garden, the Patrick G. and Shirley W. Ryan Sky Lobby, the Pritzker Foundation Lobby and the Regenstein Cardiac Care Unit are named in honor of leadership gifts from the Crown family, the Ryan family, the Pritzker Foundation and the Regenstein Foundation.

September 2007
Philanthropist Ann Lurie makes a $100 million transformational gift, the largest gift received in the hospital’s history, propelling the creation of the hospital and inspiring additional benefactors.

2004 2005 2006 2007 2008

March 2004

April 21, 2008
Groundbreaking for new facility

MORE THAN 37,740 GIFTS FROM FAMILIES GRATEFUL FOR CARE

50 STATES
2009—2012
Gifts from the Kenneth and Anne Griffin Foundation and the Reyes family are celebrated through the naming of the Kenneth and Anne Griffin Emergency Care Center and the Anne & Chris Reyes Family Lobby.

December 31, 2012
The Heroes for Life campaign, the most successful fundraising campaign in the hospital’s history and one of the nation’s largest on behalf of children’s health, concludes with $675 million raised. The comprehensive campaign made possible the state-of-the-art Ann & Robert H. Lurie Children’s Hospital of Chicago, funded its programs and services, and ushered in a new era in pediatric medicine and research.

October 2008
With $400 million raised, the Heroes for Life campaign launches to the public with an increased campaign goal of $600 million.

April 20, 2012
Philanthropists and civic leaders celebrate at the Gala Preview and raise an additional $5.2 million as the campaign heads to its final months. Special guest Sarah Jessica Parker joins Ann Lurie and Mayor Rahm Emanuel.

June 9, 2012
Ann & Robert H. Lurie Children’s Hospital of Chicago opens.

2009—2012
Gifts from the Kenneth and Anne Griffin Foundation and the Reyes family are celebrated through the naming of the Kenneth and Anne Griffin Emergency Care Center and the Anne & Chris Reyes Family Lobby.
Reflections on a Campaign

A broad-based campaign of this magnitude is made possible by volunteer leadership who work tirelessly toward campaign goals and lead by their generous example. An extraordinary group of campaign leaders have earned the respect and gratitude of our city and of future generations of patients and families.

Honorary Campaign Chairs
Lester Crown
Ann Lurie
Andrew J. McKenna
Penny S. Pritzker

Campaign Co-Chairs
Paula H. Crown
Daniel J. Hennessy
Robert S. Murley
J. Christopher Reyes

What could be more important than taking care of the children in our community? It is a privilege to be able to help with Lurie Children’s mission.
—PAULA CROWN

The location and the new physical facility are “game-changers” in the level of care we will provide.
—ANN LURIE

The hospital has long served as an important safety net for families, especially those who are disadvantaged and in need. Children are our future, and ensuring their well-being through the creation of Lurie Children’s should be a priority for us all.
—PENNY PRITZKER
The Heroes for Life campaign has truly been one of the most rewarding experiences of my adult life. I am so happy to have been asked to play a role in this magnificent effort, which has resulted in the world-class Ann & Robert H. Lurie Children’s Hospital of Chicago.

—DAN HENNESSY

Moving the hospital to the Northwestern University Feinberg School of Medicine campus near Northwestern Memorial Hospital, Prentice Women’s Hospital and the Rehabilitation Institute of Chicago gives our city one of the finest medical centers in the United States. And the new hospital is undoubtedly the most kid-friendly children’s hospital ever built!

—LESTER CROWN

Through the support of the Heroes for Life campaign, Lurie Children’s is now positioned to lead the world in pediatric medicine in the 21st century.

—CHRIS REYES

Being part of the campaign leadership has given my wife and me an opportunity to support a cause we care deeply about, to work with others who share that same sense of commitment and provide an opportunity to give back to the City of Chicago and all the families and children that it serves. It is often said that no matter how much one gives, one gets more in return. That has been true for us in our service to Lurie Children’s.

—BOB MURLEY

MILES FROM THE DOORS OF LURIE CHILDREN’S TO THE BANKS OF THE MISSISSIPPI RIVER NEAR ST. LOUIS.
Many of our patient families and caregivers feel a strong sense of gratitude toward the donors who help make the hospital’s world-class care possible. On February 14, many of them took time at our Love a Donor Day celebration to tell you just how they felt!

Dear Friend,

Your support has been a gift of hope for so many, especially our family. The impact of your thoughtfulness and generosity is immeasurable. Thank you for keeping our family and many others close to your heart. It is my desire that the blessing of your generosity be returned to you many times over.

The McMullin Family
Thank you!

My daughter is a liver transplant patient. We’ve been here 10x since May. This is our 3rd hospital in Chicago and it is by far the BEST. Thanks so much!

Jane

Happy Valentine’s Day!!

Thank you so much for your generous donation. Your gift has helped us continue to provide the best care in the region for all children. We will work to make sure you proud. Sincerely, Caroline

LOVE A DONOR

Thank you for your contribution to our beautiful new hospital. It is such a fantastic place to work and more importantly, we know how much our patients and families love it too! Thank you again! Zane Dehnel, RN, Pediatric Chief Resident

02/14/2013

Dearest Donors,

Happy Valentine’s Day! Thank you so much for all your generous gifts. Your kindness and generosity are truly appreciated and all of our patients are grateful. The lab personnel are thankful too!

Sincerely,

Chemistry & Hematology Lab Staff
Moon sea jellies, a turtle and tortoise—oh my!

Shedd Experience offers unique animal encounters and education programs for patients and families.

The Creative Arts Community Partnership program, which began with the involvement of Chicago’s cultural community in creating healing spaces for Ann & Robert H. Lurie Children’s Hospital of Chicago, continues with Shedd Experience, an exciting new initiative with John G. Shedd Aquarium, which is taking the program to new depths. Launched in January, this collaboration was made possible by The Harvey L. Miller Family Foundation.

During the first Shedd Experience at Lurie Children’s, Shedd Aquarium staff and volunteers were on hand in the Crown Sky Garden with fun-filled games, activities and contests. In addition, “The Wonderful World of Shedd” premiered on Skylight TV, the hospital’s closed-circuit television channel. Patients and families in the Family Life Center and those who called in from their inpatient rooms were able to ask Shedd staff questions about the animals. “Bubble Bay,” a new Skylight TV show that educates patients about the world and life inside Shedd Aquarium, debuted the following month.

“Beyond the excitement of having animal experts, jellies, a turtle and a tortoise join us for our inaugural visit from Shedd Aquarium, what struck me as most remarkable was the affirmation that living life inside the hospital can be a vibrant experience,” says Rene Roy, Director of Skylight TV and host of the new Shedd-themed television shows. “This is especially true when our cultural and civic organizations reach out to remind our patients and families that they have not been forgotten.”
A blog for every interest

The doctors, caregivers and patients of Lurie Children’s have a wealth of interesting information and experience to share with the community! Check out four blogs on LurieChildrens.org/blogs each week, or subscribe directly to their Tumblr updates to get the latest on hospital happenings and children’s healthcare issues.

Life Inside Lurie Children’s features stories about people, places and events in the hospital. The blog posts provide an inside look at what makes our hospital special. Posts run the gamut from a longtime patient’s advice on transitioning to adult care to stories about our brave patients and the latest Lurie Children’s news.

“Remember that you grew up with your team at Lurie Children’s, so that relationship is going to be different from the one you have with other medical professionals. You will get comfortable with your team eventually, so just give it time.”

—FORMER LURIE CHILDREN’S PATIENT ELLEN GORDON, SHARING HER PERSPECTIVE ON THE TRANSITION TO ADULT CARE

Salubrity is Lurie Children’s blog about child health, safety and wellness. Hosted by pediatric emergency medicine specialist Karen Sheehan, MD, it also features occasional guest bloggers from a wide variety of medical specialties at Lurie Children’s. Recent topics have ranged from practical advice for parents, such as tips for avoiding summer injuries, to topics such as bullying and the long-term effects of a child’s exposure to violence.

“The Emergency Care Center is a place that as parent you do not want to receive a call from. That’s what prompted me to focus on injury prevention. I did not want to just be the person who was constantly the bearer of bad news.”

—KAREN SHEEHAN, MD, FROM HER BLOG ENTRY, “CONTINUING THE CONVERSATION ABOUT CAR AND FIREARM SAFETY”

Written by longtime Lurie Children’s employee J.B. Thomas, the blog Now What? humorously addresses the questions, stresses and peculiarities of parenthood from the perspective of a new father. He also poses questions to the hospital’s medical staff on common—and not so common—concerns of new parents.

“Discovering the exercise ball’s inherent power, I was enveloped by a sense of calm. I knew that—from this moment forward—life would be brighter, easier.”

—BLOGGER J.B. THOMAS ON THE MAGICAL POWERS OF THE EXERCISE BALL TO CALM A CRYING INFANT
IN THE NEWS

Ann & Robert H. Lurie Children’s Hospital of Chicago was ranked among the nation’s top 10 pediatric hospitals according to a survey by Parents magazine published in the March 2013 issue. The Parents magazine survey focused on key areas, including treatment success, groundbreaking research and family-friendly facilities. The hospitals were ranked by Parents editors with input from a team of medical advisors, based on their responses to detailed questions in the following areas: survival rates for childhood cancer, pediatric heart disease and other critical conditions; experience in performing certain complex procedures; depth of the research program; safeguards to prevent medical errors; staffing ratios and quality; community outreach; and services that address the emotional needs of families of patients.

2013 Parents
10 BEST CHILDREN’S HOSPITALS

Michael D. Kelleher, MD, has been appointed Chief Medical Officer, after serving in an interim role since September 2012. Dr. Kelleher provides leadership to Lurie Children’s newly established Center for Clinical Excellence, overseeing the development and execution of a strategic plan for quality, patient safety, patient/family experience and clinical excellence. Dr. Kelleher joined the hospital in 2003 as an attending physician in the Pediatric Intensive Care Unit, and is also an Associate Professor of Pediatrics at Northwestern University Feinberg School of Medicine.

Tord Alden, MD, has been appointed Chief Medical Informatics Officer. Dr. Alden is an attending physician in the Division of Neurosurgery and an Assistant Professor of Pediatric Neurosurgery at Northwestern University Feinberg School of Medicine.

The Lefkofsky Pediatric Intensive Care Unit was recognized by the Society of Critical Care Medicine National Congress as the winner of the 2013 ICU Design Citation Award. The citation is awarded to the entry that best resolves both functional and humanitarian issues in a unique and complementary manner.

Surgeons in the Pediatric Kidney Transplant Program recently performed the 600th kidney transplant since the program began in 1964. Under the direction of Medical Director Richard Cohn, MD, and Head, Division of Transplant Surgery Riccardo Superina, MD, the program has become one of the largest of its kind in the U.S. The program is the first in the Midwest to develop a prednisone-free protocol that reduces the patient’s exposure to corticosteroids. Other innovations in the program include the routine use of monoclonal antibodies as induction therapy and the introduction of altruistic donor and paired-exchange sources for children. The Lurie Children’s program is a founding member of the North American Pediatric Renal Trials and Collaborative Studies, the largest pediatric kidney transplant database in the world.

OF NOTE  For the latest Lurie Children’s news, visit luriechildrens.org
Tell us what you think!

Soon, you will be invited to participate in an online survey about your communications preferences. Please take a little time to share your opinions about the information you are most interested in and the format you most prefer. If you do not receive an invitation, but would like to participate, go to www.cygresearch.com/luriechildrens by June 16.
Lurie Children’s is now one year old! As we arrive at the first anniversary of our June 9, 2012, move downtown, it is clear that our new facility is helping to further our mission to provide superior care to the region’s most critically ill and injured children.

Celebrate with us by sharing your story of how Lurie Children’s has touched your life. Email us at share@luriechildrens.org.