

DESTINATION:CHOC



2016 ANNUAL REPORT

 **CHOC** Children's.



Every path has a destination: a place, an idea, a vision for something great. For many, that destination is CHOC Children's. Children and their families, health care professionals, supporters and more travel the road to Southern California's premier children's hospital. And yet, CHOC is only the start of the journey—it is a jumping-off point to reach your true destination, one of hope and healthy futures.

Dear Friends,



At CHOC Children's, we have an important purpose: to ensure children grow up to live healthy lives. After all, that's the ultimate destination for every child. To best support our patients on this journey, CHOC itself must become a leading destination for children's health. I am proud to report this past year we've made enormous progress toward this vision, greatly expanding our geographic reach across the globe while solidifying our ability to deliver the best pediatric care right here in Orange County.

In the following pages, you'll see how our commitment to clinical excellence and innovation is attracting people to us — like 11-year-old Katha, who travels regularly from Canada for an experimental medication at CHOC. Babies are transported to CHOC from anywhere in the country to receive our *U.S. News & World Report*-ranked neonatal services. Locally, Orange County pediatricians are making CHOC their destination by joining the new CHOC Children's Network.

The efforts that take place within our walls have far-reaching effects across the world. Take for instance the newly created Society for Pediatric Innovation. In January, CHOC hosted a four-day conference, where more than 500 entrepreneurs, researchers, clinicians, students, patients and parents from 18 countries came together to discuss the future of pediatric health care, sending countless ideas out into the world with unimaginable endpoints.

Finally, and perhaps most profoundly, CHOC is a destination for tremendously talented individuals who choose to work in a dynamic environment dedicated to excellence. Indeed, CHOC is a magnet for health care professionals, attracting like-minded people from all over the world who are passionate and understand the privilege of working with such a forward-thinking institution.

CHOC is touching lives across the street and across the globe. Thanks to the vision of our outstanding associates, medical staff, Board of Directors and compassionate donors, we are well positioned to continue serving as the premier destination for pediatric health care. Given our progress, there are no limits to the number of young lives we can impact.

Kimberly Chavalas Cripe
President and Chief Executive Officer
CHOC Children's

*Our Mission: To nurture, advance and protect
the health and well-being of children*

*The Vision: Every child or young adult who needs mental health treatment
can receive high-quality services without stigma or barriers to access.*

SUICIDE IS THE 2ND LEADING CAUSE OF DEATH
IN YOUNG PEOPLE AGES 10-24.

2 OUT OF 3 CHILDREN IN CALIFORNIA WOULD BENEFIT
FROM MENTAL HEALTH TREATMENT BUT DON'T RECEIVE IT.

1 IN 5 YOUNG PEOPLE IN CALIFORNIA WILL
HAVE A DIAGNOSABLE MENTAL HEALTH CONDITION.

1/2 OF PEOPLE WITH LIFETIME MENTAL ILLNESS
HAVE SYMPTOMS BY AGE 14.



Destination: A COMMUNITY OF ADVOCATES FOR MENTAL HEALTH

Just like adults, kids and teens can have mental health conditions. And just like adults, their conditions are often brushed aside or shrouded in stigma.

"First of all, just talking about mental health conditions is challenging," says Heather Huszti, PhD, CHOC Children's chief psychologist. "You can't see it, and misperceptions about symptoms and treatment persist in the media and society. We have a lot of education to do to dispel myths."

CHOC is determined to change these perceptions, spearheading a countywide initiative to start the conversation about pediatric mental illness and expand much-needed services. Talking openly about mental health opens the door to a world where every child and young adult in Orange County has access to mental health treatment without stigma or barriers.

Saddleback Church Co-Founder Kay Warren is determined to fight the stigma associated with mental illness. She and husband Pastor Rick Warren helped inspire CHOC to lead the mental health initiative, and they know firsthand the frustration associated with a lack of mental health resources in the Orange County area.

"In addition to the personal story of our own son, who suffered from depression and took his life in 2013 at age 27, a member of our church in Orange County shared the story of how her 8-year-old son experienced a psychiatric emergency and was stuck in an ER for two days until they could locate a pediatric bed in San Diego," Kay Warren says. "CHOC's efforts make me hopeful that parents of children with mental health conditions will be able to access a world-class pediatric center for excellence right here in Orange County."

As a psychologist who has worked extensively with adolescents, Adrienne Matros, PsyD, chair of CHOC Children's Mental Health Advisory Committee, also knows the tremendous need for mental health services—especially given that one in five children will have a diagnosable mental health disorder before age 18.

She has channeled her passion into advocacy, also serving on the Orange County Pediatric and Young Adult Mental Health System of Care Task Force, which is facilitated by CHOC. "Our first order of business is taking away the stigma

associated with mental health conditions, making it ok to talk about it and to ask for help," Dr. Matros explains.

To that end, CHOC launched a "Let's Talk About It" campaign to jumpstart the conversation. As a part of the campaign, CHOC's Mental Health Advisory Committee members have been featured on local media sharing the initiative, and they carry folded business cards with the words "Let's Talk About It" printed on the back and speaking points about mental health inside. In addition to this, community resources were shared on CHOC's website and numerous social media channels, and CHOC medical staff has made numerous community presentations to further awareness of mental health issues.

"For too long, Orange County has been in a bubble, with our eyes closed to the needs of young people in regards to mental health," Dr. Matros says. "We are finally taking the courageous steps necessary to break out of the bubble and address the shame and stigma associated with mental health conditions."

Critical to the initiative, CHOC also made progress expanding mental health services this past year. Construction began in summer 2016 to build the CHOC Children's Mental Health Inpatient Center, with completion scheduled for 2018. The center will have 18 pediatric beds to provide a safe and nurturing place for children ages 3 to 18.

On the outpatient side, CHOC launched a co-occurring clinic with Orange County Behavioral Health Services for children whose medical conditions are complicated by mental health challenges. Depression screenings and care are also now available in several CHOC primary care clinics and some specialty clinics.

The mental health initiative is supported in part by CHOC's committed donors—a record number of whom attended the CHOC Cherishes Children Gala in February 2016, which spotlighted pediatric mental health. The gala raised \$2.6 million. ✨

(from left to right) Rick Warren, Kay Warren and Kim Cripe, CHOC President and CEO, at the CHOC Cherishes Children Gala.



Even if the baby only weighs a pound, it is important for parents to be a part of their baby's care at the earliest onset. Whether it is changing a diaper, breastfeeding or skin-to-skin contact, parents are part of the care team; providing a private room will facilitate that experience. — Patty Hanighen



Destination: A NEW ENVIRONMENT FOR OUR TINIEST PATIENTS

When a hospital offers the highest level of care attainable, it carries a responsibility to make that care available to as many patients as possible.

CHOC Children's does not take that responsibility lightly. Its neonatal intensive care unit (NICU) is designated a level 4, the highest level by the American Academy of Pediatrics. The NICU is equipped to care for the most critically ill babies, and in 2016 broke ground on an expansion to add 36 private rooms.

Meanwhile, CHOC and CHOC Children's at Mission Hospital continue to build their neonatal network by embedding top neonatologists in other hospitals across the region and offering transport services to bring babies to CHOC from anywhere in the country.

A New Model of Newborn Care

"Our new private-bed, family-centered NICU is the future standard of care for treating critically ill premature babies," says Vijay Dhar, MD, medical director of the CHOC NICU, noting the rooms are scheduled to open in summer 2017. "It will mark a new era in caring for premature infants by creating an environment that is more conducive to privacy and bonding, which in turn produces better developmental outcomes."

Currently, eight to 10 isolettes are situated close together in one large room, squeezed in between high-tech devices, explains Patty Hanighen, manager and clinical nurse specialist coordinator of CHOC's regional perinatal outreach program. "In contrast, each of the private rooms will include an isolette, a chair that allows the mother to recline while nursing, a sofa that converts into a bed, locked cabinet, television with a DVR for baby education, and privacy curtains," Hanighen says.

The single-room concept was designed by a team of physicians, nursing administrators and parents to enhance the patient and family experience. The concept supports research published in the journal *Pediatrics* that found infants cared for in single-family rooms weighed more at discharge, gained weight more rapidly, required fewer medical procedures, developed fewer hospital-acquired infections and experienced less stress, lethargy and pain.

Dr. Dhar attributes CHOC NICU's reputation for excellence—it was named one of the nation's "Top 35" by *U.S. News & World Report*—to its subspecialty expertise in areas such as surgery and cardiac care, as well as a newly launched service line for neurocritical care.

Expertise Beyond Orange County

CHOC has also focused on expanding its neonatal network by partnering with other health care systems across the Southland. Last year, CHOC's neonatologists staffed nine other NICUs, covering 50,000 deliveries throughout four counties. The sickest, most critical babies are transported to CHOC.

"We recently purchased new equipment to keep these tiny babies, many weighing under 1,000 grams and the size of a soda can, warm using heat and humidity," says Tari Dedick, supervisor of the 24-hour CHOC Transport Team. "And we have equipped two of our six ambulances with special suspension to provide an extra-smooth ride on the long-distance runs. We can also cool babies during transport as well, which protects the brain from long-term problems due to lack of oxygen from a difficult birth."

This past year, the team transported 4,100 pediatric and neonatal patients, including some by helicopter and fixed wing jet—allowing the team to bring babies to CHOC from anywhere in the country. "We are going farther out to pick up critically ill premature babies," Dedick says, "and we can start therapies literally on the road and in the sky to help improve outcomes." ✱



This is really a unique network. There are not many joint partnerships like this with pediatricians and subspecialists and a children's hospital. It is very exciting to build a model like this for Orange County and make it a wonderful place for health care. — Dr. Mary Ann Wilkinson



Destination: A VISIONARY SYSTEM OF COMPREHENSIVE CARE

The road to good health is not always an easy path to navigate. CHOC Children's is determined to make it a smoother trip for families and providers alike.

This past year, CHOC Children's Network was created as part of the hospital's population health strategy, with an end goal of keeping kids healthy. The new network strengthens the relationship between pediatricians and specialists to deliver seamless care along the entire spectrum—from wellness and preventive services, to managing chronic disease and treating serious illness. This new approach is the opposite of the historically fragmented health care system in the United States.

"One of the pillars of the CHOC Children's 2020 Strategic Plan is creating a pediatric system of care so that we can better coordinate health services and improve the delivery process for patients and families," explains Michael Weiss, DO, CHOC's physician executive lead for population health. "Through the CHOC Children's Network, we are accomplishing this."

CHOC Medical Group, Sea View Pediatrics and Southern Orange County Pediatric Associates were the first pediatric practices to join CHOC Children's Network. These groups represent more than 60 pediatricians who are now more integrated with the CHOC system.

For Mary Ann Wilkinson, MD, a pediatrician with Sea View Pediatrics, CHOC Children's Network is "a pediatrician's dream come true, giving patients direct access to CHOC specialists and emergency services, while providing seamless coordination so we know our patients are getting the care they need."

One of the key features of the network is an enhanced medical record system. Pediatricians, specialists and affiliated health care providers will have access to one longitudinal patient record that can be viewed via a web portal. The single care plan follows the patient and is visible across the network—helping eliminate duplicate tests or communication issues among providers.

Eric Ball, MD, a pediatrician with Southern Orange County Pediatric Associates, emphasizes the advantages CHOC gains from partnering with pediatric practices in the community. "Hospitals do a good job of taking care of sick patients, and

community pediatricians bring expertise in caring for healthy children," Dr. Ball says. "We serve as a tremendous resource for CHOC in its preventive medicine efforts."

Another element of the new system is a partnership between CHOC and Rady Children's Hospital – San Diego. In fall 2015, the two hospitals received a \$17.7 million population health award from the Centers for Medicare & Medicaid Services to participate in the Transforming Clinical Practice Initiative. Together, CHOC and Rady Children's—the only pediatric health systems among 29 networks selected—will work to improve quality of care, while lowering costs, by creating evidence-based guidelines for six common conditions: asthma, bronchiolitis, community-acquired pneumonia, headaches, acute gastroenteritis and acne.

"The asthma outpatient guidelines for doctors, for example, are integrated right into the medical record, giving pediatricians direct access to treatment plans based on age," says James Korb, MD, medical director of CHOC Medical Group. "Pediatricians can show parents these guidelines, as well as track care and medications, so everyone involved in the patient's treatment knows which actions have been taken."

Shahab Dadjou, CHOC's chief strategy officer who has been on the front lines of health care delivery for three decades, says, "This pediatric system of care is nothing short of visionary. We are offering fresh ideas, and generating an incredible level of support from our community-based pediatricians as we work together to improve the health and well-being of children." ✱



Even though we don't know whether Katha is receiving the drug or a placebo, the fact that we are enrolled in such an important, innovative clinical trial gives us tremendous hope. — Terese McGregor



Destination: CLINICAL CARE THAT ATTRACTS PATIENTS WORLDWIDE

Every year, patients travel to CHOC Children's to access care they can't find anywhere else, including cutting-edge clinical trials. Their willingness to crisscross the globe to participate in these studies has placed the hospital on the map as a leading destination for innovative care.

One of these families is the McGregor family of Blackfalds, Alberta, Canada who found CHOC while searching for treatment alternatives for their 11-year-old daughter, Katharina (Katha). Katha has Niemann-Pick disease Type C (NP-C), a rare genetic disease that causes cholesterol to accumulate in the brain, lungs, liver and spleen, leading to deterioration and early death.

In 2012, after years of uncertainty, Canadian doctors finally diagnosed Katha with NP-C. "We were able to get a prescription for the only known drug for NP-C, which is prescribed off-label," says Terese McGregor, Katha's mother. "It's incredibly expensive but Katha went from stumbling around to being able to run, dance and sing. It made a world of difference, and she is still on it."

However, the drug does not halt the disease, and McGregor kept searching for hope as her daughter's condition continues to decline. While researching the disease, she found a new medication being studied and applied to have Katha participate in a clinical trial. At the time, only two institutions in the United States were designated as clinical trial sites: one in Chicago, and CHOC. She chose CHOC for its reputation for clinical and research excellence, and its desirable Orange County location.

Since March 2016, Katha and her mother have traveled from Canada to CHOC every other week to participate in the year-long clinical trial. While the travel is challenging, McGregor says it is definitely worthwhile. "The staff is awesome and we are so grateful for the opportunity to be a part of the trial," she says. "CHOC is such a blessing."

Raymond Wang, MD, director of the CHOC Multidisciplinary Lysosomal Storage Disorder Program, credits CHOC's dedication to research—including the development of a rigorous treatment protocol submitted to the U.S. Food and Drug

Administration—as the reason CHOC is designated as one of the few sites in the country to offer the trial.

Dr. Wang explains that Katha's trial involves cyclodextrin, which in preclinical studies has been shown to significantly reduce cholesterol accumulation in almost every organ, delaying the progression of neurodegeneration and significantly prolonging the lifespan by allowing trapped cholesterol to be released.

"Our clinical trial patients become part of our family, and when someone is in your family, you will do anything in your power to help them. Offering them access to these therapies when there are no other treatment alternatives is the focus of our work," Dr. Wang says.

Brent Dethlefs, executive director of the CHOC Children's Research Institute, says providing patients access to clinical trials is of vital importance, especially for those who may be failing conventional therapy or who have diseases for which no conventional therapy has been established.

"Our aspirations challenge us to be forward looking—to be champions of research and discovery efforts that transform the future of pediatric health care, not only for the patients and families who walk through our doors but for children everywhere," Dethlefs says. ✨



(left to right) Terese McGregor, Katha McGregor and Dr. Raymond Wang; Nina Movsesyan, clinical research coordinator, delivering the clinical trial medication to Katha's doctor.



In 2001, we didn't focus on survivorship. We just focused on surviving. Now, CHOC Children's is encouraging patients who are going through treatment to think about their future. — Amy Jennings

Destination: A MEANINGFUL LIFE FOLLOWING CANCER TREATMENT

If you are searching for the definition of survivor, you need look no further than Amy Jennings. Her journey—from being rushed to the emergency room at age 16 with extreme pelvic pain and the discovery of tumors spread all over her uterus and ovaries to her life today as a 31-year-old nurse, wife and mother—demonstrates how medical advances combined with sheer human determination have created a new generation of cancer survivors living full, meaningful lives.

Jennings was diagnosed in 2001 with Burkitt lymphoma, a form of non-Hodgkin's lymphoma that is considered one of the fastest-growing human tumors. "A few years prior to my diagnosis, there was no treatment for this cancer, and no chance of survival," she says. "However, I underwent groundbreaking treatment at CHOC Children's, and it saved my life."

Jennings endured six months of aggressive treatment, including intrathecal delivery of chemotherapy directly into her spinal canal. She was in constant pain, continually vomited, lost weight and at one point wanted to give up. "My mom and our strong faith in God pulled me through. She told me that God allowed me to be here for a reason, and that I needed to trust in him and see how I could be a blessing to others," she recalls. "Her words turned me around, gave me the will to keep going and I made it through."

Jennings now devotes her life to her husband, two little girls and her nursing career. She personifies the growing number of children and young adults who survive cancer and go on to lead full, meaningful lives.

"Our goal is to not only achieve a cure for our pediatric patients but to prevent relapse as well as future problems related to the disease and the treatment," says Lilibeth Torno, MD, clinical director of the CHOC After Cancer Treatment Survivorship (ACTS) Program. "Through education and referrals to appropriate subspecialists, such as fertility doctors and cardiologists, we can empower our pediatric and adolescent patients to think long term."

Dr. Torno, who says CHOC has become one of the thought leaders on survivorship, served as the senior editor of the innovative book "The Handbook of Long Term Care of the Childhood Cancer Survivor," published in 2015.

Survivorship begins during treatment. Kara Noskoff, child life specialist with CHOC's Adolescent and Young Adult (AYA) Cancer Program, notes that staff take the time to talk to teenaged patients about their college and career goals. They help them apply for scholarships, secure letters of recommendation and give them the tools they need to re-enter society after treatment.

"We are in the process of creating a workshop to teach survivors how to mentor newly diagnosed patients, giving them the inspiration to achieve success as a survivor in all areas of their lives," Noskoff says. "We want to launch them while they are patients, and use their strength and determination to propel them forward and conquer their dreams." ✨



Dr. Torno visiting one of her patients.

CHOC CHILDREN'S AND CANCER MOONSHOT 2020



In February 2016, the Hyundai Cancer Institute at CHOC Children's became one of 10 founding members of a national pediatrics consortium that is part of the Cancer Moonshot 2020 initiative, a nationwide program seeking to accelerate immunotherapy research to find cures for cancer. Cancer Moonshot 2020 was formed in response to the White House initiative, Cancer Moonshot, led by Vice President Joe Biden, to double the rate of progress toward a cancer cure in the next five years.

"The goals of the pediatric consortium are two-fold," explains Leonard Sender, MD, medical director of the Hyundai Cancer Institute. "First, we want to create an infrastructure to speed up clinical trials, and second, we want to harness the power of the immune system using the tumors' unique genomic mutations to create individualized cancer vaccines."

CHOC is working closely with biotechnology executive Patrick Soon-Shiong, MD, who is leading the Cancer Moonshot 2020 initiative nationwide. "Our goal is cure. We want to get to the point where no child dies of cancer," says Dr. Sender.

I know people don't like to face the fact that they are mortal. But they are. And I see planned giving as making a gift in the face of death in the hope of giving life. — Dr. Michael Muhonen



Doctors Michael and Linda Muhonen

Destination: AN OPPORTUNITY TO TOUCH THE FUTURE

At 14 years old, Jay L. Kear was diagnosed with polio when the epidemic hit Los Angeles in 1952. While many other children did not survive, Jay thrived, in large part due to his father's integrative medicine approach that included physical therapy, saltwater therapy in the ocean, juicing and massage.

That early experience left an impression on Jay, who could relate to a devastating diagnosis followed by the hope that comes from innovative treatment.

Jay went on to play football for and graduate from the University of Southern California. He became one of the early pioneers in high technology and a successful venture capitalist, and he lived an active and joyous life with his wife, Lauren, three daughters and six grandchildren.

Over the years, Jay served on more than 40 corporate boards, but CHOC Children's was the one that touched his heart. He served on the CHOC Children's Foundation Board of Directors for seven years, including two as chairman, as well as the CHOC Children's Orange/CHOC Children's at Mission Hospital Board of Directors from 2007 to 2012.

"The work of the hospital affected him deeply," Lauren recalls. "He would visit patients after board meetings and was serious about supporting CHOC and their efforts to help those children and their families."

Jay approached life with strength, determination and optimism. Even when diagnosed with brain cancer, "He referred to it as a 'speed bump.' It might slow him down, but it wouldn't stop him," Lauren says. Although Jay lost his battle at age 75, his care and concern for the children of CHOC lives on through his planned gift to the hospital.

"Jay felt it was an honor and a privilege to serve on the CHOC boards," Lauren remembers. "And he understood the vital role the hospital plays in our community, as well as how fortunate we are to have it."

With the planned gift, Jay's legacy will live on—affecting the lives of countless children.

Planned giving is an opportunity for individuals and families "to leave an enduring legacy long after they have passed on," says Doug Corbin, director of planned giving at CHOC. "We have an important mission here at CHOC and for many, planned giving is the ideal way to express their philanthropy." Examples of planned gifts include bequests, charitable trusts, charitable gift annuities, gifts of stocks, bonds and real estate, retirement assets and life insurance.

Husband-and-wife Michael Muhonen, MD, CHOC neurosurgeon, and Linda Muhonen, MD, CHOC cardiologist, are determined to leave a legacy that allows CHOC to continue delivering excellent care well into the future. In that spirit, they started The Muhonen Family Endowment fund supporting the CHOC Children's Neuroscience Institute.

Along with donating monthly to grow their endowment fund, the Muhonens also arranged a planned gift through a \$1 million life insurance policy that will support the Neuroscience Institute after their passing.

"This is a simplified way of giving back to an institution that has supported my endeavors all of these years," Dr. Michael Muhonen says. "My vision is to set a precedent to have every department at CHOC establish an endowment and create a strong legacy for future generations of physicians and the patients they treat." ✨



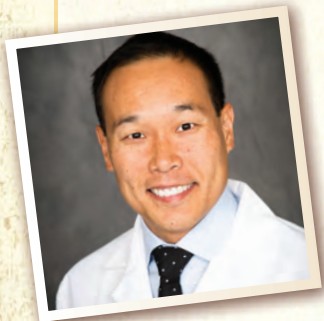
Jay Kear and family

From There to Here: CHOC CHILDREN'S IS PROUD TO HAVE A REPUTATION THAT ATTRACTS PHYSICIANS AND STAFF FROM ALL OVER THE WORLD.



Jessica McMichael, Pediatric Orthopaedic Surgeon

St. Louis, MO, Albuquerque, NM, and even with the U.S. Air Force in the Republic of Korea—Jessica McMichael, MD, cared for patients around the world before landing at CHOC in January 2016 as a pediatric orthopaedic surgeon. “I’m delighted to have found a facility with all the subspecialties represented, which provides for exceptional multidisciplinary care,” she says.



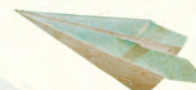
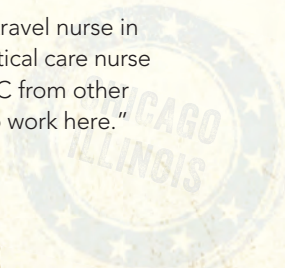
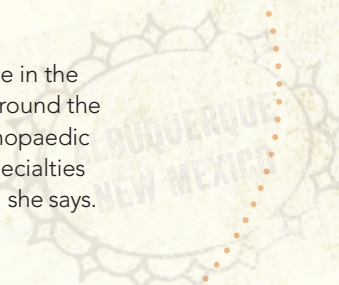
Peter Yu, Pediatric Surgeon

When Peter Yu, MD, joined CHOC in September 2015, he brought extensive training and experience from reputable East Coast institutions including Children’s Hospital of Philadelphia and Boston Children’s Hospital. “I heard about CHOC because of its excellent national reputation in pediatric general and thoracic surgery,” he says. Dr. Yu has special interests in fetal surgery and outcomes research.



Karissa Braden, Critical Care Nurse

Karissa Braden, RN, first joined CHOC from Chicago as a travel nurse in the NICU and then accepted a permanent position as a critical care nurse in August 2015. “I heard so many good things about CHOC from other travel nurses and recruiters, and am honored to be able to work here.”





BOSTON
MASSACHUSETTS

Jonathan Minor, Pediatric Sports Medicine Specialist

Jonathan Minor, MD, hails from Boston, where he served as team physician for several schools, including Northeastern University, and worked closely with the Boston Ballet. "I was fortunate to have a wife who has worked in Orange County, and she would talk about this great children's hospital in the area," he says. "Over the years, I paid attention to national rankings, and researched the orthopaedic and sports medicine services at CHOC." Dr. Minor joined CHOC in fall 2015.



Neal Nakra, Pediatric Pulmonologist

Neal Nakra, MD, joined CHOC in July 2015 from New Jersey as the medical director of CHOC's Sleep Center. "One of the joys of practicing sleep medicine at CHOC is the ability to collaborate on a multidisciplinary platform and pick the brains of the best and brightest in their fields," Dr. Nakra says.



Wyman Lai, Pediatric Cardiologist

Impressed with CHOC's emphasis on innovation, Dr. Wyman Lai joined the CHOC cardiology team in March 2016 from Columbia University in New York. Dr. Lai, a leader in pediatric and fetal non-invasive imaging, is the co-medical director of the Heart Institute. "I've watched CHOC's growth for the last 20 years, and am very excited to be here," he says.



Melissa Powell, Nurse Practitioner

After nearly a decade caring for infants at Children's Hospital of Philadelphia, Melissa Powell, MSN, CRNP, NNP-BC, joined CHOC in October 2015. "I came to CHOC to help build the Surgical NICU," she says. "I was drawn to CHOC's desire to expand and its commitment to the advancement of care of the surgical neonate."



Dear Friends,



CHOC Children's Foundation and its donors share a deep commitment to meeting the needs of children, their families and our community. Thousands of individuals, foundations and businesses have invested their energy and financial resources to make CHOC a home for promising research, and a destination for exemplary, compassionate care.

This year, CHOC became my destination, coming from Washington, D.C., to continue my career in children's health care. Like our many contributors and my colleagues, I know that CHOC is where we can make a difference in the life trajectory of all children so they can be as physically, mentally and emotionally healthy as possible.

Financial support generated by CHOC's Foundation over the last fiscal year totaled over \$35 million. It is impossible to highlight here all of the extraordinary efforts that resulted in this achievement, but I will share a few.

This was a record-breaking year for events. We marked the 25th anniversary of our annual CHOC Walk in the Park Presented by Disneyland Resort by securing \$2.6 million thanks to our sponsors and 15,000 participants, many of whom walked in honor or memory of a CHOC patient. A similar amount was raised at the CHOC Cherishes Children Gala, which featured Grammy Award-winning artist Keith Urban.

We celebrate the grassroots work of our 12 guilds whose members have been faithful CHOC supporters for many decades, and the local businesses and organizations that have embraced CHOC's cause through the Children's Miracle Network Hospitals. They generated \$1.4 million and \$2.7 million, respectively.

Significant gifts have helped CHOC provide exceptional care and services that are the hallmark of any outstanding children's hospital, and have supported our two newest efforts. So far, the CHOC Foundation has successfully secured over \$12 million for the Mental Health Initiative. We are also delighted that \$2.6 million has been contributed to the construction of a state-of-the-art neonatal intensive care unit.

Finally, I am pleased to highlight the efforts of our Circle of Friends, comprised of generous donors of \$10,000 or more annually. We are deeply grateful to all our contributors and partners who are with us on this journey to help children be well and stay well.



Dennis K. McClellan, Vice President and Chief Development Officer
CHOC Children's Foundation

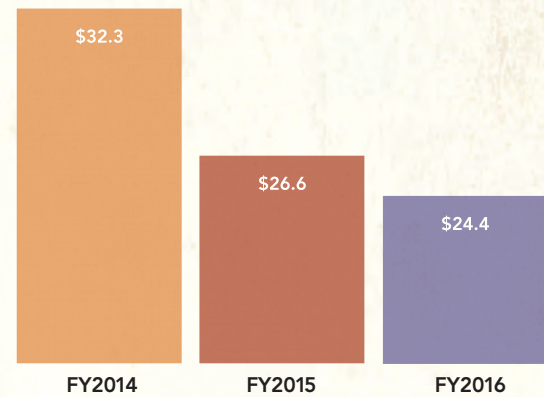
(from top to bottom) CHOC patient, Isabella Chavez, with Keith Urban, and Ambassador George Argyros, Julia Argyros, Stephanie Argyros and Jason Rees at the 2016 CHOC Cherishes Children Gala; Costco Wholesale gift presentation; 25th Anniversary of the CHOC Walk in the Park Presented by Disneyland Resort in 2015.



THREE YEARS OF GIVING

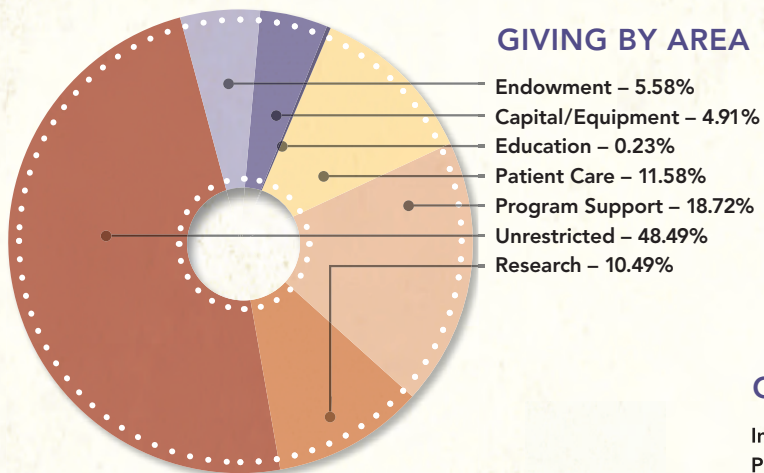
Gross Revenue FY2014 – FY2016

(in millions)

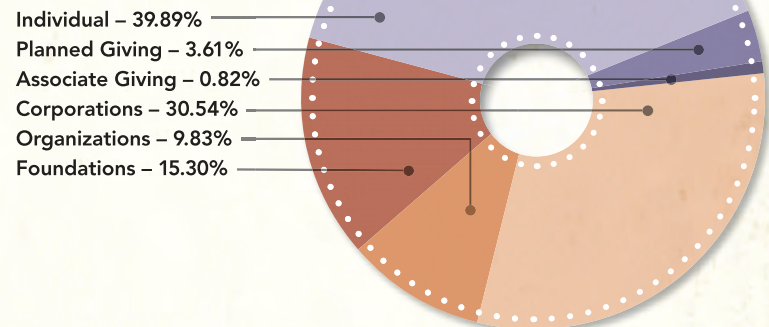


Three year total - \$83.3 million

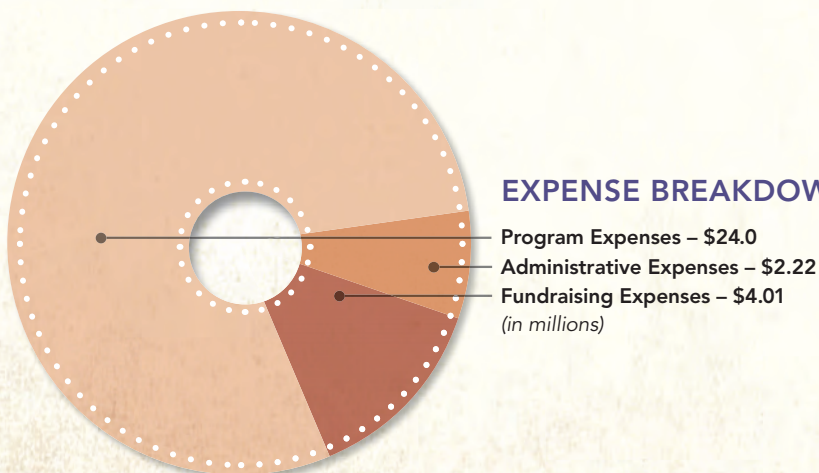
GIVING BY AREA



GIVING BY SOURCE



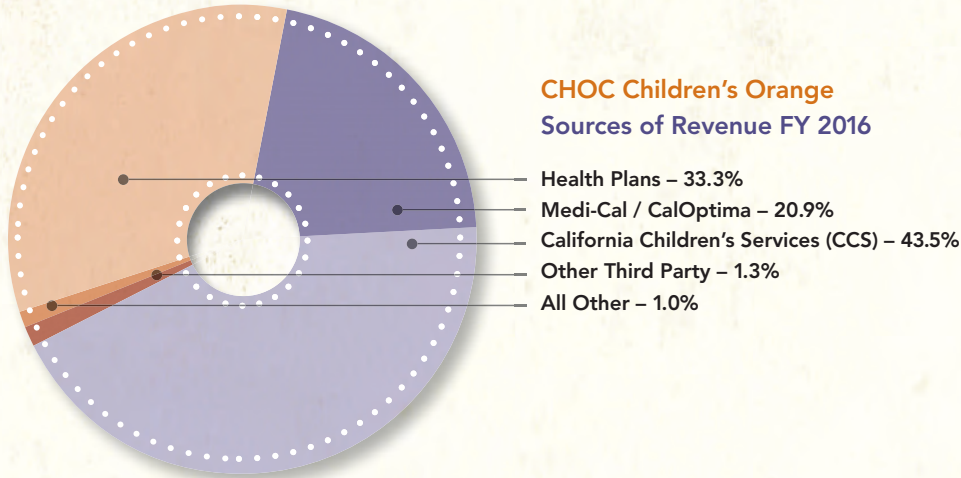
EXPENSE BREAKDOWN



(in millions)

STATISTICAL REVIEW

For Fiscal Year Ending June 30, 2016



| | 2012 | 2013 | 2014 | 2015 | 2016 |
|--|---------|---------|---------|---------|---------|
| Total patient days | 59,397 | 58,087 | 56,996 | 60,610 | 66,021 |
| Total inpatient discharges | 11,515 | 11,469 | 11,247 | 11,682 | 11,999 |
| Average length of stay | 5.2 | 5.1 | 5.1 | 5.2 | 5.5 |
| Day Health Unit/Infusion Center visits | 7,672 | 7,346 | 8,085 | 8,589 | 8,534 |
| Inpatient surgeries | 3,635 | 3,280 | 3,105 | 3,149 | 3,104 |
| Outpatient surgeries | 4,612 | 4,636 | 4,358 | 4,647 | 4,706 |
| Emergency Room visits | 50,992 | 52,338 | 56,136 | 75,336 | 81,257 |
| Admissions via ER | 5,482 | 5,581 | 5,592 | 6,371 | 6,976 |
| Clinic visits - Primary Care and Specialty | 142,863 | 135,957 | 138,385 | 135,783 | 134,422 |
| Transports to CHOC | 4,203 | 4,268 | 4,220 | 4,382 | 4,443 |
| Pediatric capitated lives | 136,369 | 122,570 | 134,796 | 146,119 | 153,965 |
| Medical staff | 595 | 611 | 628 | 633 | 648 |
| CHOC full-time equivalent associates | 1,995 | 2,220 | 2,509 | 2,385 | 2,594 |
| Licensed beds | 238 | 279 | 279 | 279 | 279 |

Source: Internal Records

SUMMARY STATEMENT OF FINANCIAL POSITION *(In thousands)*

| Assets: | <i>As of June 30,</i> | 2014 | 2015 | 2016 |
|--|-----------------------|--------------------|--------------------|--------------------|
| Current Assets | | | | |
| Cash and short term investments | \$ | 103,037 | \$ 143,898 | \$ 151,081 |
| Patient accounts receivable, net | | 99,361 | 97,522 | 105,573 |
| Inventory | | 9,294 | 10,472 | 10,593 |
| Other receivables | | 15,638 | 46,673 | 36,899 |
| Other current assets | | 53,982 | 32,627 | 64,457 |
| Total current assets | | 281,312 | 331,192 | 368,603 |
| Assets whose use is limited | | | | |
| Property and equipment, net | | 17,167 | 18,397 | 19,226 |
| Receivables long term | | 681,046 | 656,677 | 636,725 |
| Other assets | | 31,680 | 32,045 | 26,963 |
| | | 10,876 | 8,670 | 8,593 |
| Total assets | | \$1,022,081 | \$1,046,981 | \$1,060,110 |
| Liabilities and Net Assets: | | | | |
| Current liabilities | | | | |
| Current portion of long-term debt and capital lease obligation | \$ | 7,472 | \$ 8,159 | \$ 8,534 |
| Accounts payable and accrued liabilities | | 58,568 | 61,587 | 74,754 |
| Other current liabilities | | 9,975 | 6,501 | 10,308 |
| Total current liabilities | | 76,015 | 76,247 | 93,596 |
| Long-term debt and capital lease obligation | | 361,971 | 353,977 | 345,603 |
| Derivative financial instruments | | 41,607 | 47,921 | 67,916 |
| Other liabilities | | 17,385 | 16,145 | 15,901 |
| Total liabilities | | 496,978 | 494,290 | 523,016 |
| Net assets: | | | | |
| Unrestricted | | 473,156 | 498,629 | 476,616 |
| Temporarily restricted | | 51,261 | 53,376 | 59,792 |
| Permanently restricted | | 686 | 686 | 686 |
| Total net assets | | 525,103 | 552,691 | 537,094 |
| Total liabilities and net assets | | \$1,022,081 | \$1,046,981 | \$1,060,110 |

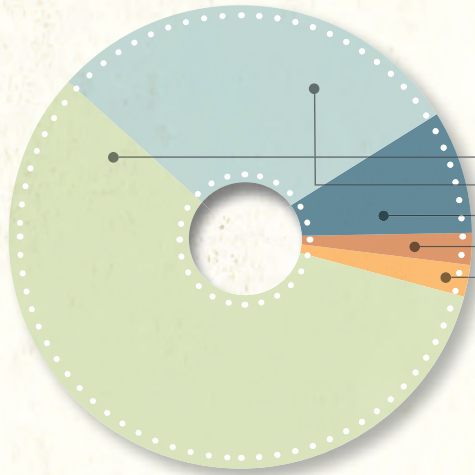
SUMMARY STATEMENT OF OPERATIONS *(In thousands)*

| Revenue: | <i>For Fiscal Year Ending June 30,</i> | 2014 | 2015 | 2016 |
|--|--|-----------------|----------------|----------------|
| Net patient service revenue | \$ | 399,609 | \$ 497,892 | \$ 523,171 |
| Premium revenue | | 47,627 | 48,028 | 55,855 |
| Other revenue | | 50,288 | 50,054 | 61,619 |
| Net assets released from restrictions used for operations | | 8,750 | 12,379 | 9,011 |
| Total operating revenue | | 506,274 | 608,803 | 649,656 |
| Expenses: | | | | |
| Salaries, benefits, supplies and other | | 471,599 | 516,116 | 557,623 |
| Interest expense | | 16,043 | 15,702 | 15,570 |
| Depreciation and amortization | | 42,660 | 41,859 | 40,116 |
| Total operating expenses | | 530,302 | 573,677 | 613,309 |
| Income (loss) from operations | | (24,028) | 35,126 | 36,347 |
| Nonoperating gains/losses | | (8,282) | (14,987) | (25,829) |
| Revenues and gains in excess of (less than) expenses and losses | \$ | (32,310) | \$ 20,139 | \$ 10,518 |
| Operating Margin | | -4.7% | 5.8 | 5.6 |
| Net Profit Margin | | -6.4% | 3.3 | 1.6 |
| <i>Included in income from operations and revenues and gains in excess of expenses and losses is net provider fees of:</i> | \$ | 8,023 | \$ 60,402 | \$ 35,324 |

Source: Audited Financial Statements

STATISTICAL REVIEW

For Fiscal Year Ending June 30, 2016



CHOC Children's at Mission Hospital Sources of Revenue FY 2016

- Health Plans – 54.8%
- Medi-Cal / CalOptima – 29.7%
- California Children's Services (CCS) – 12.2%
- Other Third Party – 1.9%
- All Other – 1.4%

| | 2012 | 2013 | 2014 | 2015 | 2016 |
|--------------------------------------|--------|--------|--------|--------|--------|
| Total patient days | 7,743 | 7,821 | 7,604 | 7,594 | 8,049 |
| Total inpatient discharges | 1,846 | 1,832 | 1,821 | 2,201 | 2,144 |
| Average length of stay | 4.2 | 4.3 | 4.2 | 3.5 | 3.8 |
| Inpatient surgeries | 362 | 311 | 305 | 294 | 269 |
| Outpatient surgeries | 465 | 354 | 441 | 337 | 346 |
| Emergency Room visits | 17,075 | 16,804 | 15,759 | 15,807 | 15,160 |
| Medical staff | 366 | 378 | 230 | 427 | 410 |
| CCMH full-time equivalent associates | 94 | 93 | 96 | 94 | 97 |
| Licensed beds | 48 | 54 | 54 | 54 | 54 |

Source: Internal Records

SUMMARY STATEMENT OF FINANCIAL POSITION *(In thousands)*

| Assets: | <i>As of June 30,</i> 2014 | 2015 | 2016 |
|--|-----------------------------------|------------------|------------------|
| Current Assets | | | |
| Cash and short term investments | \$ 9,592 | \$ 10,431 | \$ 10,874 |
| Patient accounts receivable, net | 11,661 | 10,695 | 14,892 |
| Other receivables | 10 | 41 | 17 |
| Other current assets | 843 | 3,208 | 3,623 |
| Total current assets | 22,106 | 24,375 | 29,406 |
| Property and equipment, net | 8,151 | 9,165 | 8,711 |
| Receivables long term | 126 | 78 | 20 |
| Other assets | 6,409 | 6,434 | 6,341 |
| Total assets | \$ 36,792 | \$ 40,052 | \$ 44,478 |
| Liabilities and Net Assets: | | | |
| Current liabilities | | | |
| Accounts payable and accrued liabilities | \$ 1,763 | \$ 2,433 | \$ 2,296 |
| Other current liabilities | 4,703 | 5,496 | 3,962 |
| Total current liabilities | 6,466 | 7,929 | 6,258 |
| Other liabilities | 235 | 143 | 121 |
| Total liabilities | 6,701 | 8,072 | 6,379 |
| Net assets: | | | |
| Unrestricted | 29,063 | 31,049 | 37,116 |
| Temporarily restricted | 1,028 | 931 | 983 |
| Total net assets | 30,092 | 31,980 | 38,099 |
| Total liabilities and net assets | \$ 36,792 | 40,052 | 44,478 |

SUMMARY STATEMENT OF OPERATIONS *(In thousands)*

| Revenue: | <i>For Fiscal Year Ending June 30,</i> 2014 | 2015 | 2016 |
|--|--|---------------|---------------|
| Net patient service revenue | \$ 48,877 | \$ 56,470 | \$ 61,200 |
| Other revenue | 275 | 434 | 412 |
| Net assets released from restrictions used for operations | 356 | 120 | 100 |
| Total operating revenue | 49,508 | 57,024 | 61,712 |
| Expenses: | | | |
| Salaries, benefits, supplies and other | 45,940 | 50,256 | 52,306 |
| Depreciation and amortization | 920 | 1,012 | 1,105 |
| Total operating expenses | 46,860 | 51,268 | 53,411 |
| Income from operations | 2,648 | 5,756 | 8,301 |
| Nonoperating gains | 199 | 125 | 211 |
| Revenues and gains in excess of expenses and losses | \$ 2,847 | \$ 5,881 | \$ 8,512 |
| Operating Margin | 5.3% | 10.1% | 13.5% |
| Net Profit Margin | 5.8% | 10.3% | 13.8% |
| <i>Included in income from operations and revenues and gains in excess of expenses and losses is net provider fees of:</i> | \$ 265 | \$ 3,170 | \$ 1,827 |

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