

Nemours

2005 Annual Report

**IT'S HOW YOU  
PLAY THE GAME**











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## Mission

To provide leadership, institutions, and services to restore and improve the health of children through care and programs not readily available, with one high standard of quality and distinction regardless of the recipient's financial status.







# report of the chairman & president

Last year marked another term of success for Nemours, and we attempt at year-end to report that success. But as we noted two years ago, it is easier to report on the measurable things than to measure the important things. Thus, we demonstrate the growth of Nemours by the treatment of more than 238,000 unique children, 927,000 encounters with them and 30,000 hospital admissions for them. But our focus is the individual child, and there are no measures of the importance of that youngster to his or her family. As a matter of fact, each child is the most important person in the world to his or her family. And each child, when he or she encounters a health challenge, particularly a devastating one, is in a race not of his or her choosing.

So at first we thought our theme for this report would be “The Amazing Race,” playing off the popular television reality series. And while we would report on the measurables, we intended to show and talk about the race all of us are in to do whatever we can to eliminate the crippling conditions in childhood. During our careers as caregivers and supporters of caregivers, each of us has encountered at least one particular champion child whose courage, humor and perseverance humbled us while instilling hope and faith. Sometimes the clarity, grace and prodigious wisdom expressed by that youngster caused one to conclude that surely God speaks to the adult through the child.

As we pondered the years and the careers and the patients and the parents reflected in this report, it struck us that no matter how fast those precious legs race through the dreams of parents and grandparents, sometimes the spirit catches them and they fall down.\* And for all the thousands of young patients, each in their personal race with their condition or disease, for whom we can bring restoration and cure, there are, unfortunately, a few who lose their race. But they ran a good race. They played their game of life to its fullest and were shining examples of humanity to us.

So rather than the amazing race that we and our patients engage in, what’s really important is how we all play. Reported here are the measurables of amazing people running amazing races with excellence and dedication. I commend their words and work to your attention. ■

*\*We are thankful to author Anne Fadiman for this word picture drawn from Indian folklore.*

*W. Jeff Wadsworth, Nemours President and CEO, with John F. Porter III, Nemours Board of Directors Chairman*





it's how you  
play the game



We must address one of modern civilization's most perplexing problems: How can a nation that put a man on the moon not bring greater reassurance to addressing the life of a child? Inspired by Alfred I. duPont and emboldened by the spirit of the children we serve, we seek to restore health and care for children more safely, more certainly and with higher satisfaction.

—W. Jeff Wadsworth, Nemours President & CEO



**Pictured throughout this report are children who have experienced trials and tests and have performed with extraordinary results. They are winners in their battles for health and the everyday challenges of growing up, and inspire us to match their grit, courage and perseverance. Their stories take on added dimension when viewed in context of Nemours' growth in 2005 — a year of progress in family-focused medical care, disease prevention, health promotion, translational research and education.**

**—David J. Bailey, MD, MBA**  
*Executive Vice President for Patient Operations & COO*

**M**ore than 238,000 children had nearly a million instances of care entrusted to Nemours during 2005. This enormous expression of trust is a rare privilege, one for which every Nemours Associate has pledged to do whatever it takes to ensure a uniquely satisfying experience for each patient and family. This dedication has led to consistently high patient satisfaction in the care provided by Nemours' physicians despite massive process redesign within Nemours.

Nemours' patient population is among the nation's most complex, with a high percentage of children having chronic disease. Research shows that more than 40 percent of people with chronic conditions have more than one such condition. While most health care organizations lack the sophisticated mechanisms necessary to properly coordinate care of this population, Nemours is fully committed to redesigning its health system in order to provide the multidisciplinary infrastructure required to meet the needs of children with

complex chronic conditions as well as those needing acute, episodic care.

The foundation for the health system redesign occurred in 2004, during which the physician group integrated with the hospital in Delaware and a unified national physician practice was created. In 2005, the care system has undergone further change in three broad categories: re-engineering care processes, effective use of information technologies, and knowledge and skills management.

To improve care processes, Nemours developed, expanded and enhanced high-performing patient-centered teams and hospitalist programs as well as solidified its commitment to nursing and safety. Teams for the physician residency program were developed specific to patients' locations and conditions. The creation or expansion of several multidisciplinary clinics throughout our specialty care programs include cystic fibrosis, inflammatory bowel disease, diabetes, nasopharyngeal clinic, craniofacial team and speech/swallowing program. Another team formed to coordinate care of children with complex







medical issues when hospitalized or undergoing pre-surgical evaluation. In addition, hospitalist programs were initiated or expanded to meet the general medical care of hospitalized patients regardless of time, clinical service or location.

Nemours reinforced its commitment to nursing across the system during 2005 with the implementation of self-directed patient care units as well as the formal commitment to achieving nursing Magnet status, a cultural transformation in the provision of nursing care that improves nurses' work environment and improves care to patients. The designation is given by the American Nurses' Credentialing Center and identifies hospitals that satisfy a set of criteria designed to measure the strength and quality of their nursing.

Nemours took major steps to secure a culture of safety. A comprehensive, enterprise-wide safety and quality program is under design following the engagement of an outside safety

consulting firm. Nemours also applied technology enhancements to ensure safety, including new medication safety programs that use bar coding and the electronic medical record to reconcile medication documentation as well as the creation of an automated calculator for complex medication formulations.

Nemours remains devoted to maximizing emerging technology to gain a distinct edge in delivering the best health care. Efforts during 2005 included the initiation of *NemoursLink*, a system allowing referring physicians to access electronically the records of patients they've referred to Nemours as well as the implementation of a picture archive and communication system that digitizes all radiographic images and provides instant access to providers. Nemours also integrated Cerner *First Net* into the Emergency Room (ER) to facilitate smooth transitions of care for patients admitted from the ER. In addition, several laboratory interfaces were completed so that more than 85 percent of lab values now flow directly into the electronic medical record, avoiding manual abstraction and the inherent potential for error.

## **Nemours took major steps to secure a culture of safety.**

Redesign this past year included efforts to improve its game plan through efficiencies and effectiveness at Nemours and beyond. The Nemours Clinical Management Program (NCMP) provides for coordination of care across sites and services and successfully facilitated the development of standards of care for addressing appendicitis, diagnosis of attention deficit disorder and outpatient management of asthma, among others.

In addition, NCMP developed the Cystic Fibrosis Nutrition Assessment Tool to enable real time evaluation and instruction at the point of care. The tool processes information and calculates complex algorithms for nutritional assessment using Cystic Fibrosis Foundation guidelines. It is the first product of its kind.

Nemours also piloted a project developing the support tools necessary to help clinicians apply the best available evidence to health care delivery. *Vividesk*, which enables access to internal and external electronic resources at the

point of care, is now ready for integration into the clinical practices and library services thanks to refinements and formal training of the physician workforce.

Nemours' biomedical and translational research improves the odds of every child treated in its care and many others who benefit from publication and sharing of its playbook.

## **Nemours remains devoted to maximizing emerging technology to gain a distinct edge in delivering the best health care.**

The mission of Nemours Biomedical Research is to improve the health of children through translational research programs that move discoveries rapidly from the lab to bedside and then to practice and the community. This is accomplished by synergies with NCMP and Nemours Health and Prevention Services, as well as comprehensive pediatric diagnostic testing, technology transfer and physician scientist

mentoring programs. Currently, there are 103 Nemours clinicians and 17 PhD lab heads involved in biomedical research programs. Each doctoral scientist collaborates with clinicians in research projects to improve care for patients.

In academic partnership with research, Nemours educational programs provide training and experience for a significant portion of the nation's future pediatricians. In 2005, Nemours hosted more than 525 residents and 100 medical students and provided fellowship rotations for nearly 50 physicians. PedsEducation.org, Nemours' internet-based continuing medical education program, reached nearly 3,500 users this year, most of them from outside of the organization.

These examples highlight just some of the advances during 2005 to better meet the needs of patients in an increasingly complex health care system. Nemours remains committed to delivering the safest, highest quality pediatric care possible that is more responsive to patients' needs, more integrated and more available. ■







“Members of the staff were wonderful. They talked to *her*, and asked *her* questions about any pain she was feeling,” remembers Meg, Emily’s mom.



# With help from AIDHC, Emily's back in the saddle.

**Riding horses for five years, Emily and her horse, Rex, had taken many jumps together. But one cold October day, Rex was overly excited for his first jump during a competition. He unexpectedly bucked. Emily flew over his head and landed in the muddy ring. Her father ran to her side, and Emily was rushed to a local hospital. Her parents requested she be transported to the Alfred I. duPont Hospital for Children to ensure she received the best care.**

**W**hile doctors cared for Emily, her parents were fearful that she would never be the same. Physicians from general surgery, orthopedics and neurology examined Emily to define the extent of the injuries. She spent considerable time in radiology where doctors fully examined her. The diagnosis was an independent compression fracture in her thoracic vertebral area. Thankfully, there was no neurological damage.

Emily's orthopedic surgeon, Freeman Miller, MD, gave her a brace on day two. A physical therapist reviewed specific

instructions with Emily to protect her back from further injury. She was discharged after just two days.

Emily's mother, Meg, knows the family was very lucky the fracture didn't compromise the spinal canal. She applauds the level of care at duPont Hospital. "Members of the staff were wonderful," remembers Meg. "They talked to *her*, and asked *her* questions about any pain she was feeling."

Just two months after her fall, Emily is riding again. She sees Rex almost every day and dreams of owning her own stable. When asked how she has the courage to ride again, Emily answers, "I just don't let it get to me." ■

*Emily thanks two of AIDHC's trauma nurses in person, Noreen Kessler, RN (on left) and Prolung Ngin, RN.*







**“Because of Nemours, I can watch Andre play like a normal six year old without having to worry about him breaking a bone every time he falls,” said Lakeisha, Andre’s mom.**



# Andre doesn't have to sit on the sidelines.

**Andre was diagnosed with osteogenesis imperfecta (OI) before he was even born. Also known as brittle bone disease, OI is a genetic disorder that afflicts three generations of Andre's family — his grandmother, his father, Andre and his younger sister.**

**O**steogenesis imperfecta is characterized by bones that break easily from little or no trauma. Additionally, the bones don't heal properly, which can lead to deformity. There are varying degrees of severity but the severity may lessen with age. In some children, the severity is so great their bones break during birth. Thankfully, Andre's case is more moderate.

Still, he sustained his first broken bone at six weeks of age while trying to push up on his arm.

Kevin Neal, MD, an orthopedic surgeon at Nemours Children's Clinic in Jacksonville, began treating Andre in April 2005 when he broke his femur for the second time. Dr. Neal inserted a Frasier growing rod to allow the bone to heal straight and prevent additional fractures. Pediatric Endocrinologist, Priscila Gagliardi, MD, is also treating

Andre and has prescribed a drug treatment to strengthen his bones.

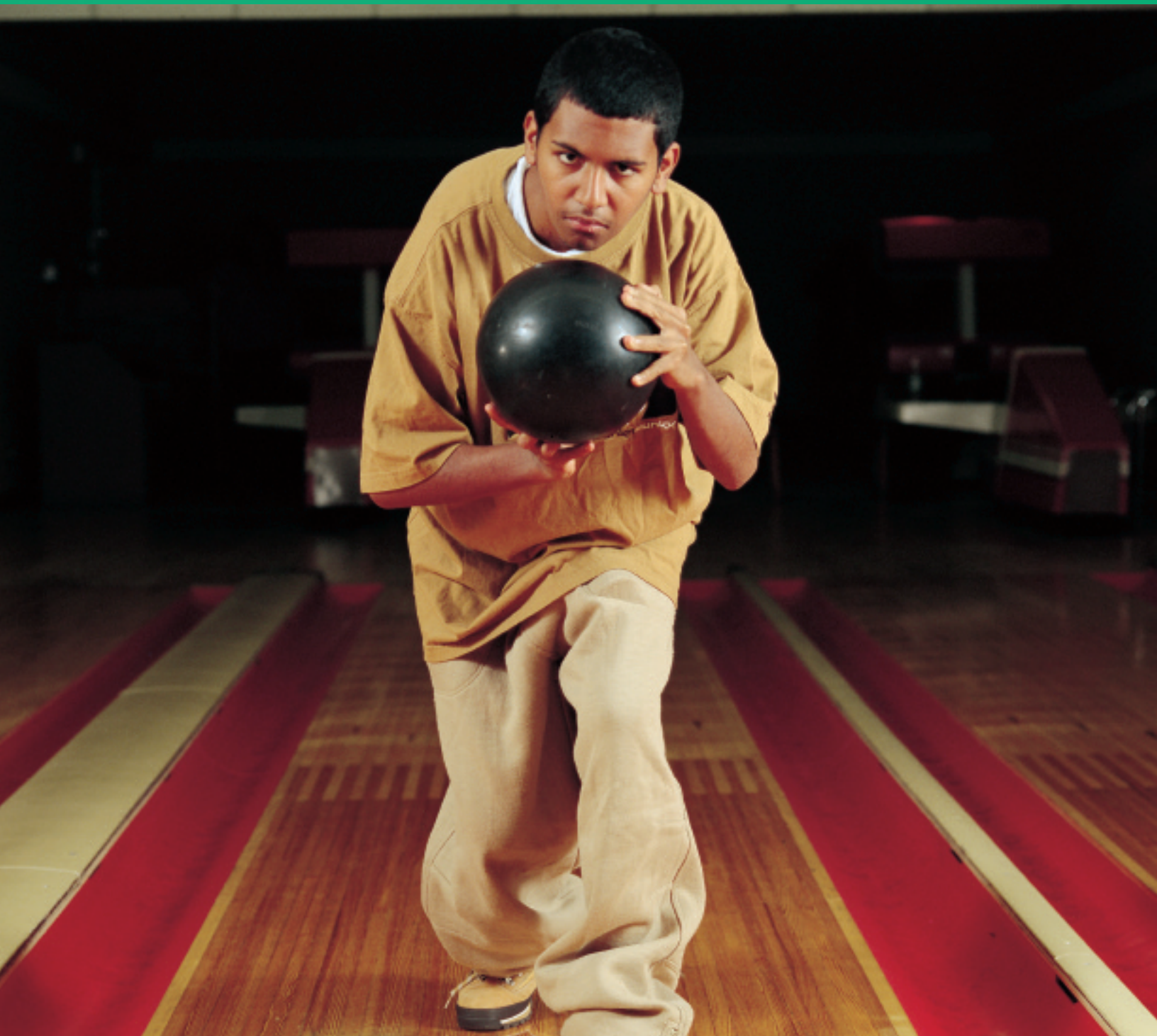
While there is no cure for OI, Andre's treatment will focus on monitoring his current implant, minimizing the number of future fractures he sustains, maximizing his mobility and strengthening his bone mass.

"It has been very frustrating for Andre because we had to restrict his play," said Lakeisha, Andre's mom. "Because of Nemours, I can watch Andre play like a normal six year old without having to worry about him breaking a bone every time he falls." ■

*Andre is happy that he can finally give Dr. Kevin Neal a big, strong hug.*







**“I was very happy to learn Eladio would be transplanted so quickly. I was not expecting it to be so soon,” says Evelyn, Eladio’s mother.**



# New heart gives Eladio new freedom.

**Eladio's heart transplant in April was the first-ever performed at Nemours Cardiac Center at the Alfred I. duPont Hospital for Children. A cardiologist patient for many years, Eladio had been diagnosed with hypertrophic obstructive cardiomyopathy, a thickening and hardening of the left ventricle. In 2002, he received an implantable defibrillator that would shock his heart in the event of a lethal heart rhythm. The defibrillator confined Eladio's activity to his couch and made him depressed.**

**E**ladio was only on the waiting list for two weeks before receiving the gift of life. "I was very happy to learn Eladio would be transplanted so quickly," says Evelyn, Eladio's mother. "I was not expecting it to be so soon."

The 2005 hiring of a transplant coordinator was the final piece that enabled Nemours' transplant capability. The surgery team led by Christian Pizarro, MD, Chief Cardiothoracic Surgeon and Director of the Nemours Cardiac Center, and Christopher Derby,

MD, performed the four-hour surgery without complications. Just 36 hours after surgery, Eladio was breathing unassisted.

Thanks to the operation, 16-year-old Eladio started back to high school in just five months. The new heart has given him the freedom to get back on his bike and to play more games.

"Eladio has been an extraordinary patient, and we are pleased with his recovery," says Dr. Pizarro. "Eladio's case is extremely rewarding knowing his lifestyle will be immensely better now that he is free from his implantable defibrillator and can keep up with his friends."

Eladio receives follow-up care from Samuel Gidding, MD, through Nemours' partnership with the AtlantiCare/duPont Children's Health Program. ■

*Eladio learns more about his new heart with Dr. Steven Ritz of Nemours Cardiac Center.*







**“James is our personal miracle. After reading the discharge papers for James, you are completely surprised when you meet him. His overall recovery has been very smooth,” said Theresa, James’ mother.**



# CoolCap gave James the winning edge.

**James, a normal, precocious, six-month-old boy, is living proof that neonatal brains are resilient. He was deprived of oxygen during birth, but thanks to controlled brain cooling, James continues to show steady improvement, is developing normally and has hit all developmental milestones.**

**H**is success is due in large measure to an innovative “CoolCap” placed on his head within hours of his birth. The CoolCap is a thin, double-layered plastic cap that circulates cold water to cool the infant’s head. A reflector cap placed over the CoolCap keeps heat away from the head. Only 12 of the more than 800 infant babies admitted to Jefferson University’s Neonatal Intensive Care Unit (NICU) annually have had the procedure, according to Susan Adeniyi-Jones, MD, a Nemours neonatologist.

When James arrived at the NICU, he was under six hours old. Within 30 minutes, the medical team determined he was a candidate for the treatment and placed a CoolCap on his head. He was “capped” for 72 hours.

“When the brain is deprived of oxygen, energy for normal cell function

is lost and harmful substances are released causing damage. Brain cooling using the CoolCap slows brain metabolism and limits the injury from harmful agents,” said Dr. Adeniyi-Jones.

Many doctors continue to work with James and all are impressed with his progress. “James is our personal miracle,” said Theresa, James’ mother. “After reading the discharge papers for James, you are completely surprised when you meet him. His overall recovery has been very smooth.”

Until the cooling cap, there was nothing available for children who suffered oxygen deprivation. “No amount of intensive care therapy would have made a difference,” said Dr. Adeniyi-Jones. ■



*Dr. Susan Adeniyi-Jones is thrilled to hold the very healthy and happy James during a recent appointment.*





**“With the energy of a two year old and as her weight continues to increase, she is doing great. I am forever grateful to Nemours for everything,” said Stacie, Audrie’s mom.**



# Stacie stopped at nothing to save Audrie.

**A mother dreams of sharing special moments with her daughter as she grows, but for new mom Stacie, these moments almost never happened. At five months old, Stacie's daughter, Audrie was diagnosed at the Nemours Children's Clinic in Orlando with severe cirrhosis of the liver caused by the closure of her major bile ducts.**

**C**onsiderably underweight, Audrie was in poor condition. To survive, she needed an urgent liver transplant. After multiple tests to find a donor, Audrie's ideal match was her mother. Unfortunately, no facility in Florida was prepared to perform the transplant.

Under the advice and support of Victor Piñeiro, MD, the gastroenterologist at the Orlando clinic, mother and daughter traveled to the Alfred I. duPont Hospital for Children. There, just one month after the diagnosis, a transplant team under the direction of surgeon Adela Casas-Melley, MD, transplanted 60 percent of Stacie's liver to Audrie.

"Being part of the Nemours network has given me the opportunity to develop relationships with colleagues in Delaware that help me care for children such as Audrie here in Central Florida," said Dr. Piñeiro.

*Audrie enjoys a checkup visit with Transplant Surgeon Dr. Adela Casas-Melley.*

Audrie, now 19 months old, is doing very well, as is Stacie. Dr. Piñeiro continues to care for Audrie monthly, and she travels regularly to Delaware for checkups. "With the energy of a two year old and as her weight continues to increase, she is doing great," said Stacie. "I am forever grateful to Nemours for everything."

In the coming years, Audrie will learn how her mom saved her life. For Stacie, she stopped at nothing to share those special moments with her daughter. The two of them have a unique bond as Audrie begins her game of life. ■







**“Thanks to Nemours, Shala is living a more normal childhood, has had fewer symptoms and has had almost perfect attendance this year!” says Alpha, Shala’s mom.**



# Shala's doctors use TCD to develop a game plan.

**Shala is a shy, reserved six year old who loves to turn cartwheels. She also loves school and hates to miss class. To ensure she gets to school, Shala's mom and doctors have to work around treatments, appointments and hospital care related to the sickle cell disease Shala has had since birth.**

**J**ack Kelleher, MD, and Chatchawin Assanasen, MD, pediatric oncologists, teamed with Mary Mehta, MD, a pediatric cardiologist, to offer a new service to Nemours' patients with sickle cell disease — a Transcranial Doppler (TCD).

Sickle cell disease may cause crises including severe pain, anemia, bacterial infections and strokes, among other symptoms and conditions. In fact, the rate of stroke in children with sickle cell disease is 300 times higher than with other children. These strokes are often devastating and lead to physical and neuro-psychological impairment affecting motor skills and overall quality of life.

The TCD is an ultrasound that identifies children with sickle cell who are at the greatest risk of stroke.

The procedure is non-invasive, painless and fast. It gives physicians an edge in managing the disease.

Prior to the procedure, Shala had ongoing crises that prevented her from going to school and led to a reduced quality of life. Her TCD ultrasound revealed abnormalities that suggested a new treatment plan. Dr. Assanasen started monthly blood transfusions and a new drug prescription to prevent a stroke.

The transfusions and change in treatment have reduced Shala's crises. "Thanks to Nemours, Shala is living a more normal childhood, has had fewer symptoms and has had almost perfect attendance this year!" says Alpha, Shala's mom. ■

*Shala is always happy to see Pam Douglas, RN, when she comes to Nemours.*







**“I try not to focus on having cystic fibrosis; you can only take it one day at a time. I have more fun things to keep my mind on,” says Joshua.**



# Cystic fibrosis can't keep Joshua out of the game.

**As Joshua bounds into the halls of the Nemours Children's Clinic in Orlando, he gets hugs from the nurses who've watched him grow up. A Nemours patient since age seven, the 14 year old deals with more challenges than the average teenager.**

**J**oshua was diagnosed with cystic fibrosis (CF) when he was 11 months old. His body produces abnormally thick, sticky mucus that clogs the lungs and leads to life-threatening infections. Also obstructing the pancreas and liver, these secretions prevent digestive enzymes from breaking down and absorbing food, leading to malnourishment.

"I try not to focus on having CF; you can only take it one day at a time," said Joshua. "I have more fun things to keep my mind on."

An entire team at Nemours provides integrated care for Joshua and the more than 200 CF patients throughout Nemours. They receive integrated care including monitoring of treatments, drug therapies and interventions. The services are coordinated through the Nemours Clinical Management Program (NCMP), which tracks the care provided to these patients — and patients with other diseases — to facilitate health services research and develop the most effective treatments.

*Joshua and his dad, Dr. Mark Weatherly of NCMP, appreciate the guidance that NCMP has been able to provide his team of physicians.*

In addition to CF, Joshua was recently diagnosed with diabetes and has a gastrointestinal tube to get the proper nutrients. Pediatric Endocrinologist Richard Banks, MD, and Nutritionist/Gastroenterologist Jeff Bornstein, MD, work with Joshua's primary physician, Carlos Sabogal, MD, to provide seamless care.

"Even though he has multiple diagnoses, Joshua does a lot of things. He plays the drums, swims, is involved in drama and goes on mission trips," says Mark, his father.

If Joshua ever has problems at home, his treatment can be handled immediately. His father is Mark Weatherly, MD, who oversees the CF program of NCMP. ■







**“It was emotional to hear the word ‘dyslexia,’ and I raced into the future thinking about whether he would attend college. Now, I am prepared because I trust the specialists at Nemours,” said Jennifer, mother of Gabriel and Paige.**



# Gabriel tackles dyslexia with BrightStart!

**Gabriel found it difficult to articulate what he was trying to say. He struggled to communicate with his classmates. His parents had him checked for a lazy tongue and had his hearing screened. He received speech therapy. When he was six, Gabriel came to Nemours after a teacher suggested he might have a learning disability.**

**D**r. Laura Bailet in the Neurocognitive Assessment Program evaluated Gabriel and diagnosed him with dyslexia. With the diagnosis, pieces of the puzzle finally came together. Gabriel's father had struggled with reading and spelling throughout his childhood and realized he must have dyslexia too.

It is, after all, hereditary.

Today, seven-year-old Gabriel works with a reading therapist and is up to speed in his class. Gabriel returns periodically to Nemours for assessments, but everyone is confident he will succeed.

In addition to clinical assessment for dyslexia, Nemours recently established the Nemours BrightStart!

*Dr. Laura Bailet enjoys seeing Gabriel's progress during his latest reading assessment.*

Dyslexia Initiative. The program provides free screenings for dyslexia risk factors in pre-kindergartners. Those at risk receive free intensive intervention to prepare them for reading.

Gabriel's younger sister, Paige, was recently screened through the program. She performed well, but Dr. Bailet suggested language activities to bolster her readiness. If Paige struggles with her reading, her parents know they can return for help.

"It was emotional to hear the word 'dyslexia,' and I raced into the future thinking about whether he would attend college," said Jennifer, mother of Gabriel and Paige. "Now, I am prepared because I trust the specialists at Nemours." ■







**“Our interactions with the staff at AIDHC have been extremely positive. Every single person has been caring, professional and focused on the best outcome for Joanna,” says Nancy, Joanna’s mom.**



# Joanna has more freedom thanks to an assistive device.

**Joanna is a lively, seven-year-old who swims, plays games with her brothers and is a budding artist. She also lives daily with the effects of arthrogryposis multiplex congenita (AMC).**

**W**hen Joanna's mom was 23 weeks pregnant, a sonogram revealed her baby's condition. Essentially, Joanna's tiny limbs were locked in position. AMC affects the joints and muscles, impairing the ability to use shoulders, wrists, fingers and lower extremities.

Before she was born, Joanna's parents found the Alfred I. duPont Hospital for Children (AIDHC), one of the few AMC clinics on the East Coast. After her birth, they brought her to the hospital where she received regular physical therapy. By age 2 1/2, after surgery to lengthen the Achilles tendons in both legs, she was walking independently.

The family met Tariq Rahman, PhD, head of the Pediatric Engineering Research Lab, who created the WREX device (Wilmington Robotic Exoskeleton). He fitted Joanna into the device to compensate for the lack of muscle strength in her arms. The device is made of metal bars, hinges and rubber bands. It was recently patented as a commercial product and is available to help other children.

*Whitney Sample, Nemours research engineer, makes an adjustment on Joanna's WREX device.*

The WREX device gives Joanna a new independence to feed herself and to raise her hand in Sunday school.

"Although there are many ways to help children with impaired function, kids who can be helped by the assistive devices we make are able to regain some of their independence and maintain their dignity," said Dr. Rahman.

"Our interactions with the staff at AIDHC have been extremely positive," says Nancy, Joanna's mom. "Every single person has been caring, professional and focused on the best outcome for Joanna." ■







**“It’s an absolute pleasure being a mentor. There is nothing more rewarding than having a positive impact on a young person’s life. He stands taller and laughs louder now. I realize Eddie has gained a new sense of worth,” said Robert, Eddie’s mentor.**



# Eddie has a new place to play.

**Nemours Health and Prevention Services is preparing children for the game of life. One child benefiting is Eddie. He lives in a poor, Latino community in Wilmington with his parents and two sisters. Eddie's mom works three jobs. His dad suffers from alcoholism. He struggles in school because of language challenges and frequent absences.**

**E**ddie *was* also overweight. Since his mom works so many hours, she rarely cooks. Eddie ate fast food for many of his meals because it's convenient and cheap. In addition, there is no safe place to play in Eddie's neighborhood — no

playgrounds, no basketball courts. Eddie had low self-esteem that may have caused his rebellious behavior.

Fortunately, Eddie went to the Latin American Community Center (LACC) for mentoring. He was matched with a prosperous businessman who grew up in a neighborhood like Eddie's. The mentor is showing Eddie that he can succeed.

At the LACC, Eddie gets help with his schoolwork, plays basketball in the gym and tries healthy food. Eddie's English and grades are improving, he is slimming down, and he is looking up.

The center is one of Nemours' community partners, and the staff participated in a learning collaborative sponsored by Nemours. As a result, the LACC received grant writing assistance that led to a substantial award for a computer room. The center also sent its staff to Nemours' workshops to learn about healthy eating and activities. The

providers took home tool kits, educational materials and recipes for affordable, healthy snacks. These Nemours' services have helped the center help Eddie and many others. ■

*At child care workshops hosted by Nemours Health and Prevention Services, providers like these at the Latin American Community Center learn creative ways to offer healthy meals and snacks and more physical activity to children daily.*





# nemours health & prevention services

**Nemours Health and Prevention Services (NHPS) exists to catalyze and pioneer new approaches to children's wellness. This ambitious effort moves Nemours beyond the health care for which it is so well known into the sphere of children's health promotion and disease prevention. While many U.S. children's hospitals and health systems have an advocacy component to their mission, Nemours is the only children's hospital and health system in the country making this kind of expansive and sustained investment to optimize children's health.**

*Debbie Chang, Nemours Senior Vice President and Executive Director of NHPS, discusses the latest community programs with Karyl Rattay, MD, Senior Program and Policy Analyst, NHPS (left), and Terry Mullan, Associate Executive Director, Western YMCA Delaware (right).*

**N**emours influences the health status and physical and emotional well-being of children by advocating for healthy childhoods and futures. NHPS looks at the whole child and the many people, organizations and influences that affect a child's health, well-being and outlook to improve the way we look after our most precious, most vulnerable resource.

The division's initial focus areas are childhood nutrition, physical activity and behavioral health. Starting in Delaware, the goal is to develop programs and contribute knowledge for children across the country. NHPS is seeking best practices in these areas and, where they do not exist, developing programs that can be put into practice leveling the playing field for all children. The NHPS team is passionate about providing optimal health and development for every child. Coupled with the outstanding medical care Nemours delivers, the division enables the organization to help more children in more ways than ever before.







*Maria Matos (second from left), Executive Director of the Latin American Community Center, and her team are working with Nemours to enrich child care and after school hours with caring relationships and healthy activities.*

The first full-force effort is tackling overweight issues among children. NHPS has developed an overall strategy aimed at reaching children and the caring adults in their lives. The plan is to reinforce key messages related to healthy eating and physical activities where children live, learn and play. The program is already demonstrating success (see *Eddie's story* on page 27).

NHPS developed the signature message “5-2-1-Almost None,” based on the best science and evidence for helping kids obtain and maintain a healthy weight. The best way to help children reduce their risk of preventable disease is by encouraging:

- 5 servings of fruit and vegetables per day
- 2 hours or less of TV/screen time per day
- 1 hour or more of physical activity per day
- Almost no sugary beverages (soda, sports drinks, fruit drinks) — 2 or less per week

In addition, NHPS implemented pilot projects during 2005 to spread the message of healthy eating and physical activity to four sectors: childcare centers, primary care physicians’ offices, schools and communities.

One pilot project is the Sussex County Child Health Promotion Collaborative in Seaford, Delaware. The Collaborative, with 14 enthusiastic partner organizations, brought teams of people together to develop skills and relationships necessary to improve children’s health and wellness. Participants learned to plan, create and implement their own programs related to childhood nutrition and physical activity. The group also learned the importance of working together for the benefit of the community.

The goal of the collaborative is not only for the participants to start successful programs in their individual organizations, but for the collective group to sustain a community-wide coalition that values child health promotion and supports positive behavioral, cultural and policy changes. ■



A.I. duPONT HOSPITAL FOR CHILDREN  
AND NEMOURS CHILDREN'S CLINIC

aidhc & ncc in delaware





**The Alfred I. duPont Hospital for Children continues to team with the Nemours Children's Clinic in Delaware to fulfill Mr. duPont's directive to provide care and treatment for the children of Delaware, the surrounding region and beyond. The two entities have a long-standing tradition of bringing the Nemours mission to life to improve the lives of children and their families, giving them the tools they need to win.**

**T**he 180-bed duPont Hospital offers intensive and acute inpatient care, outpatient services covering more than 30 disciplines, and internationally recognized magnet programs in blood and bone marrow transplantation, cardiology, oncology, orthopedics, neonatology and solid organ transplantation.

The Nemours Children's Clinic in Delaware extends the world-class care of duPont Hospital to communities throughout the region. Nemours Children's Clinic offers a full-range of specialized pediatric health care services from board-certified physicians. The practice was built upon the pride and commitment of highly skilled professional and support staff whose collective belief in the mission of Nemours enables them to deal with the challenging and daunting changes of a complex medical environment.

Nemours collaborates with children's specialty centers including Jefferson Hospital, Bryn Mawr Hospital, AtlantiCare and Virtua Health. These partnerships give children from the region access to Nemours

physicians and high quality, child-friendly pediatric specialty care regardless of where they live. Further, access to primary care pediatricians is assured for Delaware's children thanks to the ten Nemours Pediatrics offices located throughout the state.

Although overall program utilization declined slightly at duPont Hospital in 2005, the financial performance remained very strong, overcoming high costs of energy, surgical implants and drugs. The administrative leadership team led the hospital to a strong business performance amidst major efforts to enhance patient care quality and safety.

The duPont Hospital realized a significant growth in Emergency Room (ER) visits reaching record numbers with almost 34,000 visits representing a 9.4 percent increase over last year. The ER has been an area of focused improvement to significantly reduce waiting times and patient processing. The improvements have resulted in a decrease in the number of patients leaving without treatment to an all-time low of less than one percent of all ER patients.

The Hospital and Clinic cardiac team performed the first and second cardiac transplants at Nemours and in the state of Delaware (*see Eladio's story on page 9*). These transplants are further evidence of Nemours' commitment to groundbreaking achievements.

*(from left to right) Kathleen D. Wilhere, Richard T. Christopher, Chairman, and J. H. Baumann, Jr., serve as the Board of Managers for the Alfred I. duPont Hospital for Children.*







*Roy Proujansky, MD, Vice President for Physician Practices in DE, left, and Tom Ferry, Vice President for Hospital Operations and Administrator/CEO of AIDHC, stop for a chat with Chrissy Rossi, RN.*

The past year included several technological enhancements to improve Nemours' quality of care through the region. Efforts to use digital storage and display of all imaging studies through the Picture Archival Communication System have replaced all film-based uses. The new system allows images to be viewed anywhere in the hospital simultaneously, at satellite locations and even at the doctors' homes when on call. Implementation of NemoursLink will allow primary care physicians who refer patients to Nemours access into Nemours electronic medical record via the internet. The Emergency Department also implemented the Cerner Patient Tracking System, which improves the efficiency of care by providing electronic, real-time tracking of the patient.

The satisfaction of Nemours' patients and families continues to be the primary focus of service delivery, and improved satisfaction scores in all surveyed areas are proof that the efforts are working. The process to get patient satisfaction feedback to the patient care staff has been streamlined and staff members are making appropriate changes in processes to improve performance. The Family Advisory Council, now in its second year, has kept hospital

and practice leadership connected to the needs and concerns of the families. Parents serve on several Hospital committees to assist in assuring a patient- and family-centered approach to decision making.

Several facilities-related projects occurred during 2005 to improve patient care programs. Patient care areas across the region were upgraded to expand capacity including a new, centralized Sleep Lab. In addition, the purchase of Rockland Center facilities across from the Hospital campus will allow the Hospital to transfer various administrative functions and research laboratories, freeing up space for clinical functions.

The priority of establishing a true culture of safety was pursued through a number of important initiatives. Outside consultants assessed the current culture of safety and made recommendations for improved safety practices. An intense focus on education was effective in improving safety techniques among staff. Building security was enhanced through a new building lockdown system that provides for automated lockdown of perimeter entrances and patient care units after normal business hours. In addition, all exterior doors — as well as all of the nursing units, medication rooms, pharmacy and essential spaces — were equipped with magnetic locks. Employees received cards with individualized access to only the areas they use.

The utilization analyses of the operations at Nemours Children's Clinic in Delaware show continued growth with more than 316,000 outpatient visits and almost 36,000 new patients. Productivity increased by more than two percent.

The Clinic formed the Practice Leadership Team based on output from a two-day retreat. The group will serve both an advisory role to Clinic leadership and as a decision-making group on issues with practice-wide implications. The team



holds the responsibility of managing the multitude of factors affecting the practice operations for diverse pediatric subspecialties and influences the professional and support staff in achieving standardized, safe, efficient and fiscally responsible family-centered patient care.

To plan for 2006, the Practice Leadership Team will join forces with members of the Hospital Administrative Council to identify, plan and prioritize the most important, combined

organizational goals for both duPont Hospital and the Clinic. Upcoming goals include the development of obesity and preventive cardiology programs at several outreach sites, expansion of MRI services, the opening of an additional operating room site and enhancement of services for image guided procedures and therapy. ■





NEMOURS CHILDREN'S CLINIC  
ncc in florida





**This year has been a successful and defining time for Nemours Children's Clinic in Florida, building upon past successes to integrate the three principal campuses in Jacksonville, Pensacola and Orlando. The groups stand united, determined to play the game as effectively as possible and with the upstanding character patients deserve.**

Since opening clinic facilities in Jacksonville in 1987, Nemours has maintained a dedication to provide the best children's health care in the area. Nemours has served thousands of infants, children and adolescents from Florida and around the world.

The Jacksonville location is home to 17 pediatric divisions providing world-class care to children with complex health conditions and needs from Southeast Georgia and Northeast Florida. As with all of Nemours, the Jacksonville Clinic's orthopedic program is renowned, offering minimally invasive spinal deformity and limb deformity/lengthening surgery as well as expertise in spina bifida, clubfoot deformity and pediatric trauma. The accredited blood and bone marrow transplant program is the result of merged programs from Nemours, Mayo Clinic and Wolfson Children's Hospital.

The Nemours Children's Clinic in Orlando provides medical and surgical services for children with complex health needs, offering an array of medical teams such as those dealing with cystic fibrosis,

diabetes, muscular dystrophy and obesity — a new program slated to open mid-2006. Since 1996, the medical staff has drawn on the Nemours legacy of experience and compassion to provide the highest level of care.

The Pensacola Clinic collaborates with Sacred Heart Children's Hospital and offers primary care physicians and families a much needed resource. With 11 pediatric divisions, the Pensacola site serves as a specialty center for children with diverse medical needs in an area covering rural Northwest Florida and South Alabama.

In all that is done at Nemours, what matters most is the care and health of children. That perspective was certainly not lost by Nemours' Florida Associates this year. Against the backdrop of expansion announcements, facility upgrades, and completing business process improvements, the physicians and support staff on all three campuses provided care and treatment to more than 100,000 children again this year. Many physicians also had significant research and teaching accomplishments.

In each Florida market where Nemours has a presence, the Children's Clinic remains the predominant provider of

*Dr. Judith Wall, Medical Director for the Nemours Children's Clinic in Orlando, dotes on her patients. This boy is just as interested in her.*







pediatric specialty services. Admissions by Nemours physicians comprise, by far, the large majority of care rendered in affiliate children's hospitals. In 2005, Nemours cared for more than 47,000 new patients and had more than 240,000 outpatient visits. In total, the Florida Clinics have had nearly 360,000 patient encounters.

In each of these encounters, timely access to high quality care was paramount for the parents of the ill or injured children. Several initiatives were developed and implemented this year to improve the access to care, expand services and enhance existing programs. Additionally, new physicians joined the team in some key divisions throughout the Florida practice.

A significant enhancement of the Pediatric Electroretinogram service in Jacksonville occurred during 2005 with the University of Florida's recruitment of a medical retina sub-specialist. The addition of this subspecialty will help the service meet its full potential. The shared program between Nemours, the University and Wolfson Children's Hospital is the only program between Atlanta and Miami performing sedated electroretinography exams measuring the eyes' light sensitive cells.

In addition, the Clinic and affiliates in Jacksonville received the National Marrow Donor Program (NMDP) transplant center designation. The NMDP is a registry



of more than 5.5 million people who have volunteered to donate their bone marrow. The registry includes more than 40,000 cord blood units. Becoming an NMDP affiliated transplant center allows Nemours to access this registry to search for appropriate bone marrow donors, and it provides the ability to perform unrelated bone marrow transplantations. This designation allows for the provision of seamless care to patients.

In Pensacola, a new multidisciplinary program using Transcranial Doppler was started to screen sickle cell patients for predisposition to stroke. To date, 31 studies have been completed. One patient was identified as at risk for stroke, and preventive treatment was initiated (*see Shala's story on page 7*).

The Orlando Cystic Fibrosis (CF) Program was recognized as a Center of Excellence, and the CF Collaborative Project was expanded to include the Jacksonville and Wilmington, Delaware, campuses (*see Joshua's story on page 21*).

In the spring, the Board of Directors approved a plan to establish a children's hospital in Orlando in addition to plans for a new outpatient clinic and ambulatory surgery center. The public announcement included the purchase of an additional 14 acres adjoining the site of the planned clinic and surgery center. This additional land acquisition creates a 28-acre footprint for the integrated campus across from Millenia Mall in Orlando. Plans are currently winding through the regulatory and political processes.

Meanwhile, Nemours' management has engaged a premier team of project managers and professionals

to plan and design the new campus. The design process which began in January 2005 will conclude in early 2006, and construction is set to begin in the second half of the year. During the planning, more than 120 Nemours Associates from around the enterprise have worked on 14 project-related committees providing input and feedback to the design team. In addition, a Family Advisory Committee has provided feedback from the perspective of those who will ultimately use the facility.

Collectively, the Clinics recognize 2006 will be a year of planning, strategic growth and implementation of key initiatives and programs consistent with the Nemours *Drive to Excellence*. Goals for 2006 include continuing efforts to improve access for subspecialty care to patients, completing plans and beginning construction of the new clinic and ambulatory surgery center in Orlando, and building Nemours' brand awareness and advocacy for the new children's hospital. ■

*Nemours Executive Vice Presidents Robert D. Bridges, CPA, in charge of Business Operations & CFO, and David Bailey, MD, MBA, in charge of Patient Operations & COO, review Nemours' five-year plan.*





## CHILDREN'S HEALTH MEDIA

# kidshealth.org

**Nemours' KidsHealth.org Web site celebrated its 10th year online and continues to be the most-visited site for families seeking to learn about children's health and parenting. More than 82 million parents, kids and teens came to KidsHealth.org in 2005.**

**K**idsHealth's licensing program continues to grow. Its content now appears on the web sites of 35 children's hospitals and hundreds of other health, media and government organizations.

Beyond the web, KidsHealth educates millions more. Print projects created in 2005 include:

- A magazine and teacher's guide for middle schools called *Pulse*, promoting healthy eating, physical activity and positive body image.
- A colorful nutrition guide distributed nationally by retailer Albertsons to help child care providers improve the eating habits of preschoolers.
- A booklet of back-to-school advice distributed by Kmart to more than 1.5 million parents in 1,400 stores.

Millions of students and teachers turn to KidsHealth to learn about health issues. This relationship grew in 2005 with the launch of KidsHealth in the

Classroom, a program offering free lesson plans and other tools to America's teachers.

The KidsHealth brand is coming to the breakfast table, too. Nemours is providing health and parenting expertise to the Cheerios Nurturing Circle, a national program to celebrate and support parents. This high-profile partnership will bring tremendous exposure to KidsHealth through radio, print and online content, including KidsHealth Tips on millions of Cheerios boxes.

Through web content licensing, innovative print products and new partnerships, KidsHealth expands and strengthens Nemours' editorial voice — and helps build Nemours' national reputation. ■





# 2005 ALFRED I. duPONT award for excellence



**The 2005 Alfred I. duPont Award for Excellence in Children's Health Care was presented to Mary Ellen Avery, MD, Physician-in-Chief Emeritus of Children's Hospital Boston for her dedication to pediatric research. A pioneer in neonatology, Dr. Avery devoted her work to saving premature infants suffering from respiratory distress syndrome. She is recognized for innovative research and her impact on the lives of premature infants.**

**A**fter years in the nursery and the laboratory, Dr. Avery discovered that respiratory distress syndrome in premature infants is caused by a lack of surfactant — the foamy coating that helps lungs expand and aids in breathing. Her findings regarding cause, treatment and prevention have saved thousands of lives.

Dr. Avery also has been Chairman of the Department of Pediatrics at Harvard Medical School and Chairman of the Department of Pediatrics at McGill University. She has received numerous honors including the National Medal of Science.

*Katherine (Kitty) Esterly, MD, (left) retired Chairman of Pediatrics and Chief of Neonatology at Christiana Care Health System, celebrates with Mary Ellen Avery, MD, the 2005 Alfred I. duPont Award recipient.*

Each year, the Alfred I. duPont Award recognizes an individual who has made significant contributions to the quality of children's health care. The Nemours Board of Directors established the Award in 2001 to honor duPont's legacy of care for children. Dr. Avery's dedication to newborns clearly fulfills the ideals of the Award. She received an original crystal sculpture created by Steuben Glass and a cash prize.

"This year's recipient exemplifies the importance of pediatric research. Dr. Avery's determination and unrelenting dedication to improve neonatal medicine is magnanimous," said John "Jack" Porter III, Chairman of the Nemours Board of Directors. "Her lifesaving discovery will serve as a historic milestone for generations of pediatricians to come." ■





# NEMOURS academic award

**Education and research are vital to the successful delivery of excellent patient care. Nemours President and CEO W. Jeff Wadsworth observed, “At Nemours, we believe children who are treated in an academic environment receive the best care; in that academic institution questions are being raised, physicians are being constructively challenged, colleagues are being encouraged to keep up to date.” Last year, Nemours announced the intent to recognize and reward outstanding academic performance by individuals evidenced by their contributions to the Nemours standard of quality.**

American Academy of Pediatrics. A member of numerous hospital and university committees, Dr. Greenspan has also received federal grants for a number of neonatology studies.

In nominating Dr. Greenspan, Carl Gartner, MD, observed, “Jay represents the ideal synthesis of qualities required for a successful academic leader with strengths in multiple areas. Jay’s interests go beyond the scope of research. He is an outstanding leader and a highly regarded mentor. Being involved in medical education and research and providing the best in patient care is how Nemours will become recognized nationally. Jay Greenspan is one of the primary links to achieving that long-term goal.” ■

**T**he 2005 Nemours Academic Award was presented to Jay S. Greenspan, MD, MBA. Dr. Greenspan has dedicated his life and work to helping the tiniest and most vulnerable patients at Nemours — babies who have been born prematurely. He is Vice Chairman of Pediatrics at the duPont Hospital and Thomas Jefferson University and is a member of numerous professional and scientific societies, including the Philadelphia Perinatal Society and the

*Jay S. Greenspan, MD, MBA, (left) receives the 2005 Academic Award from Chairman of Nemours Board of Directors John F. Porter III.*





# NEMOURS — keeping score

**Team performance depends on a solid game plan, well-trained players and careful execution. At Nemours, full use of the electronic medical record (EMR) is part of that game plan. Nemours' EMR success is a result of collaboration among physicians, nurses, pharmacists, residents, administrators, staff and technological support.**

**I**ntegrating the EMR with tools for patient documentation and evidence-based alerts has improved care and communication with patients and families. The stage is set for further enhancements to upgrade care coordination, such as access to medical records for patients and primary care providers, as well as online scheduling and other transactions.

The use of the EMR coincides with higher patient-perceived accuracy of information and confidence in Nemours' system. While at the bedside or in the exam room treating a child, Nemours caregivers increasingly use technology to review the findings of internal and external experts and are leading in the use of evidence-based medicine.

"We're confident Nemours has attained high quality standards, but we still strive for excellence and continually set the quality bar ever higher," said Chief Knowledge and



*(left to right) Donna Tearl, CRT, James Hertzog, MD, Brian Binck, MD, and Stephen T. Lawless, MD, MBA, review her team's quality improvement presentation, one of dozens resulting from Nemours-wide projects.*

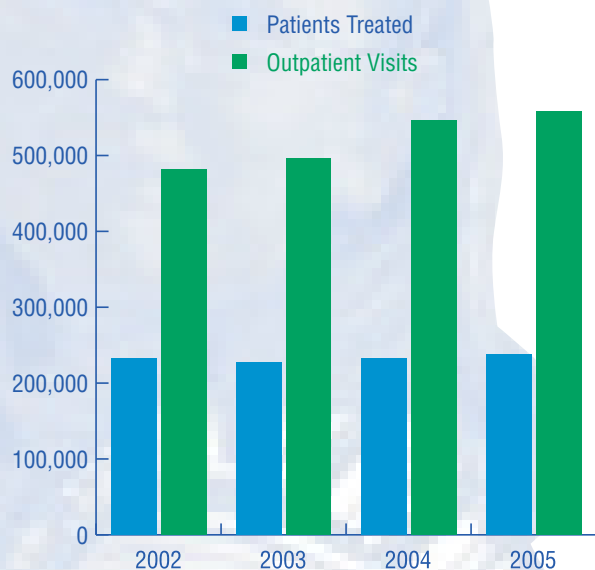
Quality Officer Stephen Lawless, MD.

This commitment to excellence was proven when care teams trained in quality techniques identified and eliminated long waits in the emergency department, improving service and access to care (*see page 43*).

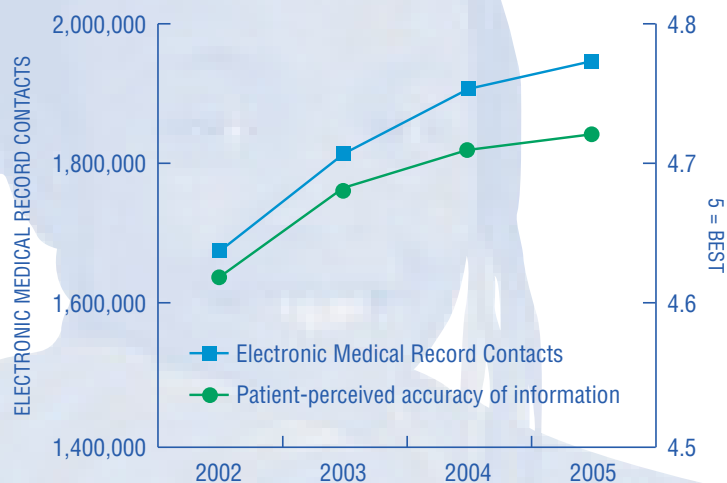
Nemours' organization of more than 4,000 highly skilled Associates, including more than 400 physicians, plays a national role in advancing the health and safety of children. Successful implementation of the EMR is just one result of their knowledge, collaboration and teamwork. It's no wonder that Nemours Associates and physicians account for active leadership roles in more than 120 national committees providing expert assessment, direction and certification of care for children. ■



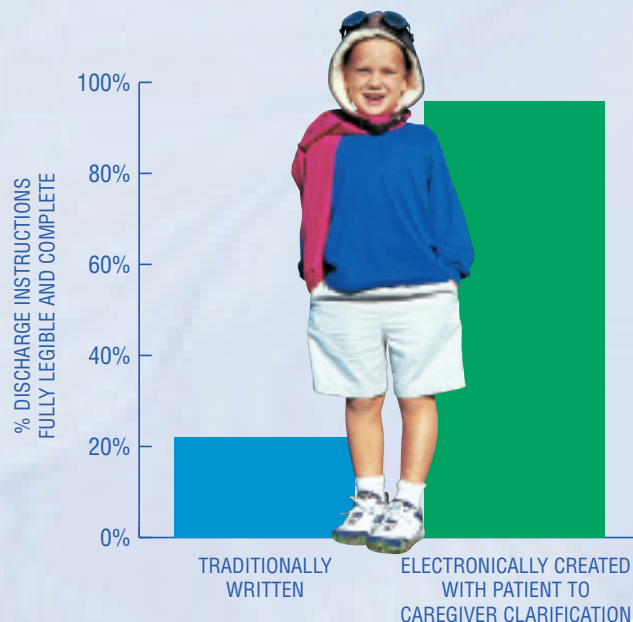
## Nemours' growth in physician practices



## Growth in EMR use increases patient perceptions of accuracy



## Use of EMR along with caregiver confirmation produces complete and legible discharge instructions

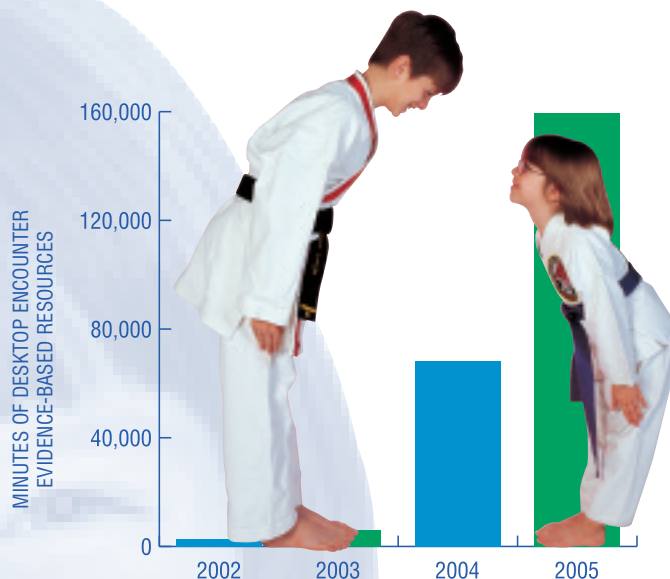




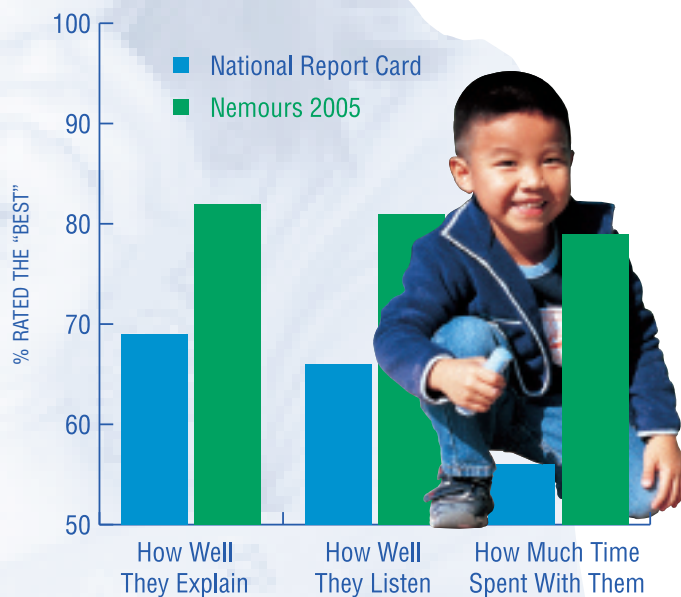
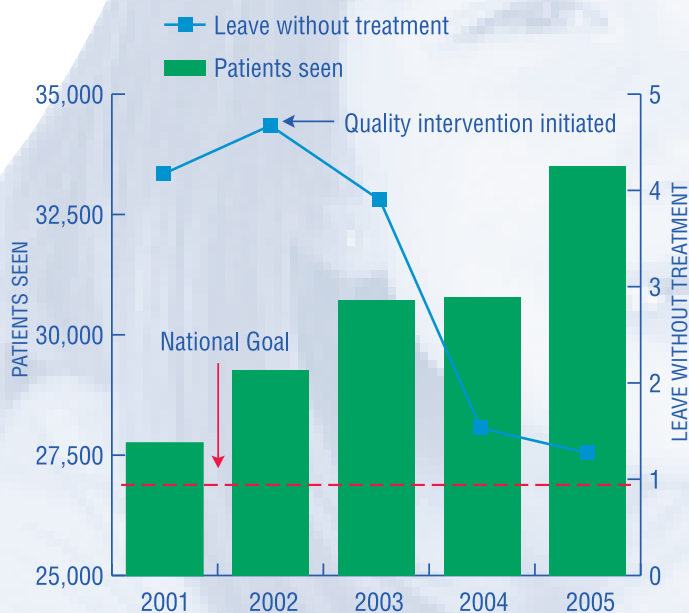


Nemours uses “time of need” evidence-based resources so patients are treated with the most up-to-date information

Multi-disciplinary team approach reduces the rate of AIDHC patients leaving ER before receiving treatment



Patients consistently rate Nemours physician communication significantly better than average





**THE NEMOURS FOUNDATION**  
**CONDENSED COMBINED STATEMENT OF OPERATIONS**  
**YEARS ENDED DECEMBER 31, 2005 AND 2004**

*(Dollars in thousands)*

	2005 (Unaudited)	2004
<b>Net patient service revenue</b>	\$ 389,000	\$ 357,521
<b>Contributions from the Alfred I. duPont Testamentary Trust</b>	111,664	96,409
<b>Other income</b>	45,013	41,947
Total revenue and other support	545,678	495,877
Total operating expenses	521,892	465,742
Operating income	23,786	30,135
<b>Change in net unrealized gains (losses) on investments other than trading securities</b>	(786)	(5,887)
<b>Contributions received</b>	43	127
Increase in unrestricted net assets	\$ 23,043	\$ 24,376







**THE NEMOURS FOUNDATION  
CONDENSED COMBINED BALANCE SHEET  
DECEMBER 31, 2005 AND 2004**

*(Dollars in thousands)*

	<b>2005 (Unaudited)</b>	<b>2004</b>
<b>ASSETS</b>		
<b>Current assets</b>	\$ 241,507	\$ 219,340
<b>Non-current assets</b>	\$ 454,739	\$ 343,966
Total unrestricted assets	696,246	563,306
<b>Restricted assets</b>	416,248	390,125
Total assets	\$ 1,112,494	\$ 953,430
<b>LIABILITIES AND NET ASSETS</b>		
<b>Current liabilities</b>	\$ 108,677	\$ 104,834
<b>Non-current liabilities</b>	172,634	66,579
Total liabilities	281,311	171,414
<b>Net assets:</b>		
Unrestricted	\$ 414,935	\$ 391,892
Temporarily restricted	413,878	387,755
Permanently restricted	2,370	2,370
Total net assets	831,183	782,017
	\$ 1,112,494	\$ 953,430



# NEMOURS health clinic

**Since 1981, Nemours Health Clinic has fulfilled Nemours' commitment to the elderly by serving the low-income senior citizens of Delaware with needed outpatient health care services. The Clinic provides dental care, vision care, hearing aids and prescription drugs at a nominal cost or free to qualified members.**

In 2005, Clinic enrollment continued to trend slightly downward based on the migration of some Clinic members to the state of Delaware's Pharmacy Assistance Program. The State instituted its program in 2000, which supports seniors whose income exceeds the Clinic's maximum amount. Meanwhile, the Clinic's dental program had an increase in visits over the previous year.

In 2003, the U.S. Congress enacted an outpatient prescription drug program for Medicare enrollees. The first step of its implementation was a discount program in 2004 and 2005. After in-depth analysis, Nemours management determined the new federal program would provide the elderly lower out-of-pocket expenses, improved access and expanded services through Medicare versus the Clinic's services. The Nemours Board of Directors agreed to discontinue

the Clinic's Pharmacy in 2006 after assisting Clinic members in transitioning to the new program.

The Clinic continues to contract with community dentists, oral surgeons, optometrists and ophthalmologists to collaborate with staff to bring these much-needed services to seniors who likely otherwise would not obtain them. Combined, these services create a Clinic critical to the well-being of Delaware seniors. ■







*In one of the photos that will inform decisions about restoration, duPont family members prepare for a swim. From left, Lewis Vandergrift Lee, Marguerite duPont Lee, Johnnie Baker, Jessie Baker (mother of T. Thompson), Denise duPont and Richard Henry Lee.*

## NEMOURS mansion & gardens

Planning and preparation dominated 2005 at the Mansion. Architects were chosen for a planned restoration and the design of a new Visitor Center. Engineers explored crawl spaces, attics and walls. Movers packed all 120,000 items for storage during the restoration. The restoration is underway and will continue through 2006. During the work, staff uncovered a small cache of previously uncataloged papers and photographs belonging to Mr. and Mrs. Alfred I. duPont.

**A**mong those papers was a letter Mr. duPont wrote to his daughter Madeleine, dated September 3, 1921, in which he recounted a meeting with his former employees on the Brandywine.

*“I had a most delightful surprise right after lunch...A delegation of the old Brandywine men numbering about 150, appeared at the front door of Nemours, arrayed in their best Sunday clothes, one of them carrying a large package under his arm. Jessie and I were invited to the hall and...they uncovered a very beautiful silver pitcher, inscribed to Jessie and myself from the Brandywine men. It appears that Jessie has known all about it for two weeks and they put it over on me completely. I was so overcome and was totally unprepared that I am afraid my jabberings in response were a trifle incoherent. However...It was one of the red letter days of my life. I do not know that I shall ever forget it.”*

This letter demonstrates that both Mr. duPont and his former employees valued their connection and that it went beyond the traditional employer/employee relationship. Both sides knew that while individuals play the game, teamwork produces the greatest results. ■



# NEMOURS PARTNERSHIP FOR children's health

**Raising awareness. Building relationships.  
Encouraging philanthropy. Showing appreciation.  
That's what the Nemours Partnership for  
Children's Health is all about.**

**“A**lfred I. duPont believed that everyone should do ‘what is within their power’ to help others. How fortunate we are that the Trust he established is both a continuing resource for children’s health and a shining example for us to follow,” says Jack Porter, Chair of the Nemours Board of Directors.

Funds from the Trust, amounting to more than \$100 million each year (25 percent of overall revenue) must answer a multitude of needs across the entire Nemours children’s health enterprise. New health and prevention initiatives, biomedical research, medical education and outstanding clinical care all put steadily increasing demands on available resources.

“With private contributions to the Nemours Partnership for Children’s Health, we can do much more for children,” says Lori Counts, Director. “We have been very much encouraged by the generous response of the communities served by Nemours. The Partnership

is especially pleased to recognize those whose annual contributions total \$1,000 or more through membership in The Nemours Society.”

People wishing to support children’s health at Nemours can do so in many ways. Cash gifts, contributions of stock or other property and bequests are popular ways to give. Memorial and honor contributions offer a special way to remember a friend, loved one, or Nemours caregiver. The Partnership has also been the recipient of funds raised through events such as golf and tennis tournaments sponsored by outside organizations.

The power of partnership — building on the legacy of Alfred I. duPont for the benefit of children and their families. ■





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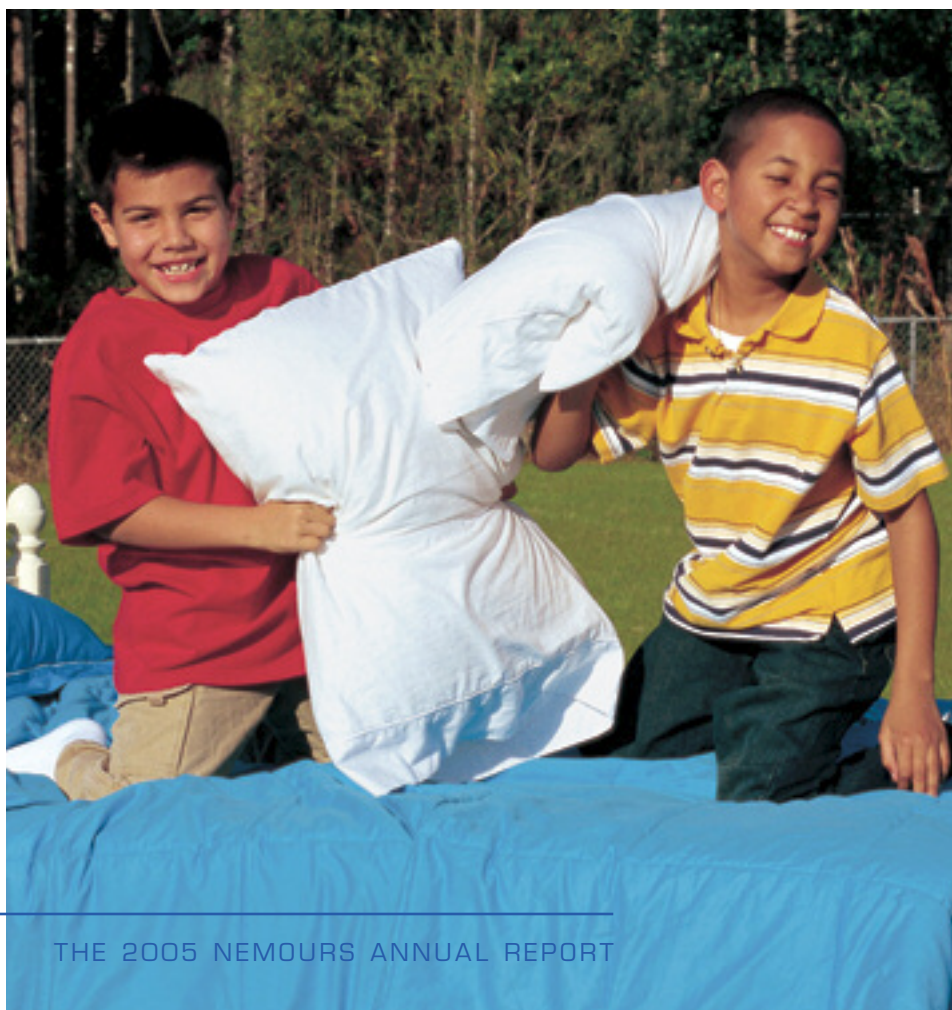
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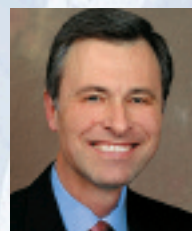
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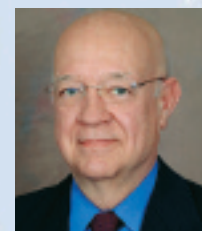
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