

Always

Nemours

A n n u a l R e p o r t



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.

Table of Contents

Report of the Chairman and President	2
A Unified Health System Where the Child Comes First	4
The Children's Stories	6
"One Nemours" System of Caring	26
In the Delaware Valley— Nemours/Alfred I. duPont Hospital for Children Nemours Children's Clinic in the Delaware Valley	28
In Florida— Nemours Children's Clinic and Proposed Health Campus/Children's Hospital	32
Nemours Health and Prevention Services	36
In Perpetuity...	38
Always Improving...	40
Financial Statements	42
Nemours Center for Children's Health Media	44
Nemours Health Clinic	45
Nemours Mansion and Gardens	46
Nemours Faculty and Staff Research Publications	47
Nemours Board of Directors and Executive Team	57
Nemours Staff Listing	58
Nemours Partnership for Children's Health	64

Report of the Chairman and President

Nemours was the picture of health in 2006. We continued to build on our reputation as one of the premier children's health systems in the nation. We made significant clinical, scientific, preventative and educational advances to improve the lives of children, many of which are summarized in this report.

The people of Nemours served 238,767 children in nearly one million encounters and performed 46,794 surgeries this past year. System-wide, these children came from all 50 states and abroad, reflecting Nemours' growing role as a regional, national and international referral center for specialized pediatric care.

Our children are a precious asset, and they deserve our protection. As such, Nemours has a clear vision of what care and services should be, and we are determined to make this vision a reality. Each patient should have a caregiver who functions with the support of a multidisciplinary team; families should be able to access care in a time and manner of their choosing; and children should receive services supported by the best available scientific evidence.

As a customer-driven organization, Nemours will scrupulously respect patients' and families' preferences with regard to modes and methods of communication, support and education, role in treatment decisions, and self-management of chronic conditions. Our patients have a right to demand care that is patient-centered, timely, safe, effective, efficient and equitable. Nemours must ensure they always receive exactly that.

A careful reading of this report reveals that Nemours has created the necessary infrastructure and is successfully integrating patient care, prevention, research, education, advocacy and business activities to achieve this vision. We are committed to becoming a pre-eminent voice for children now and always. We will continue to provide high-quality, cost-effective services to children through our multidisciplinary, holistic and family-centered approach.

We extend our sincere thanks to the people of Nemours: we can fulfill our mission only through their skill, dedication and commitment. Most important, we offer our heartfelt appreciation to the children we serve and their families who put their trust in Nemours. ■

*Nemours Board of Directors Chair John F. Porter III
with Nemours President and CEO David J. Bailey,
MD, MBA (right)*







A Unified Health System Where the Child Comes First

While this report looks at the year gone by, Nemours is moving forward. Our organization is building on a solid foundation of organizational history and strategy. There are three key elements to this framework—the child comes first, the whole is greater than the sum of its parts and Nemours will exist in perpetuity.

The first piece—the needs of the child must come first—starts with delivering to the child and the family what gives them “peace of mind.” Our patients deserve—and we provide—excellent care. We also provide easy access and white-glove service. Today’s patients and consumers judge their care based on quality, access, customer service, communication and convenience. Nemours performs well in all five dimensions and must ensure we always will. Evidence of our commitment to children is presented in photographs and words throughout this report.

The second piece of the framework is the understanding that Nemours is much greater than the sum of its parts. This reflects the organizational movement toward unifying Nemours: aligning across geographic sites, medical specialties and clinical business units. While medicine, in general, has not been well integrated, Nemours’ integration and comprehensive approach to disease management translates into enhanced services. This teamwork and system of care produces better results and more satisfied patients and families.

Nemours remains a team of committed and capable individuals working to serve children. But we do not stand alone, nor can we accomplish our objectives by ourselves. We are proud of our affiliations with other health care providers and continue to seek like-minded partners who have children’s health issues at their core.

The service principle that completes the framework is the perpetuity of the organization: Nemours is forever. We have the great advantage of Alfred I. duPont’s legacy and his wish that we exist in perpetuity. We honor our debt of gratitude to Mr. duPont through the provision of quality services that help children. We know today’s success means brighter futures for all of us. ■



Max Avoids Risky Surgery with Doctors' Help

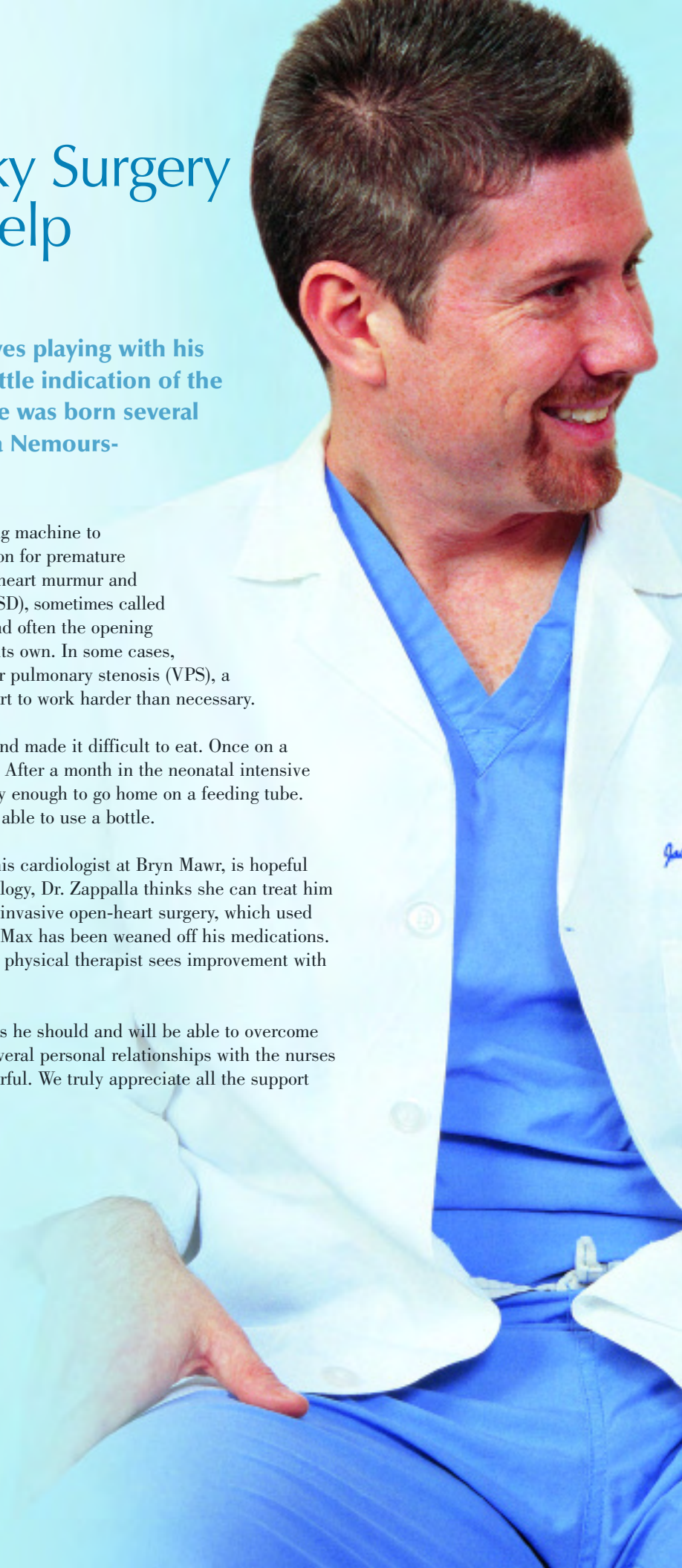
Max is a happy, active baby who loves playing with his toys and big sister, Katie. There is little indication of the complications experienced when he was born several weeks early at Lankenau Hospital, a Nemours-affiliated hospital in Pennsylvania.

At birth, Max seemed healthy but used a breathing machine to work his way through respiratory problems common for premature infants. At a few days of age, his doctors heard a heart murmur and determined Max had a ventricular septal defect (VSD), sometimes called a “hole” in the heart. VSDs are fairly common, and often the opening between the pumping chambers slowly closes on its own. In some cases, open-heart surgery is needed. Max also had valvar pulmonary stenosis (VPS), a narrowing of the pulmonary valve causing the heart to work harder than necessary.

In Max's case, the VSD and VPS weakened him and made it difficult to eat. Once on a feeding tube, he gained weight and grew stronger. After a month in the neonatal intensive care unit, Robert Stavis, MD, felt Max was healthy enough to go home on a feeding tube. A week later, the tube was removed and Max was able to use a bottle.

Max still has a VSD, but Frances Zappalla, DO, his cardiologist at Bryn Mawr, is hopeful to avoid surgery altogether. With the latest technology, Dr. Zappalla thinks she can treat him through a cardiac catheterization rather than risk invasive open-heart surgery, which used to be the most dependable treatment. As for now, Max has been weaned off his medications. His gross motor skills are slightly delayed but his physical therapist sees improvement with every visit.

“We feel Max will continue to develop and grow as he should and will be able to overcome any hurdles,” said Lori, his mother. “We made several personal relationships with the nurses who cared for Max... (And) his doctors are wonderful. We truly appreciate all the support and comfort we receive.” ■





D. Guida, M.D.
Neonatology

Sum of Care Helps Lindsey Cope with Lupus

During seven-year-old Lindsey's most recent visit to her rheumatologist, you would never know anything was wrong. But there is: Lindsey has lupus. The chronic inflammatory disease develops when the immune system attacks the body's own tissues and organs. It targets joints, skin, kidneys, blood cells, lungs and the heart.

Lindsey's health journey began shortly after she turned three years old. She ran a fever for 10 straight days. She then ran fevers periodically, but her pediatrician thought she was fine. About nine months later, Lindsey would cry and scream during everyday activities like being placed in her car seat or holding her mother's hand. She complained of pain in her knees and fingers and developed a rash. Shortly after, an adult rheumatologist diagnosed juvenile rheumatoid arthritis. Unfortunately, there was no pediatric specialist in her area.

A year and a half later, Lindsey's condition worsened and her rash ran across the bridge of her nose. This butterfly rash is a common sign of lupus. Her pediatrician referred her to Brandon Dorion, MD, a pediatric rheumatologist with Nemours Children's Clinic in Pensacola, an hour drive from her home in Mobile, Alabama. The tests confirmed Dr. Dorion's suspicion; Lindsey had lupus despite its rarity in children her age. Lindsey also saw Edward Kohaut, MD, a Nemours pediatric nephrologist, because the lupus affected her kidneys.

"To have lupus at Lindsey's age is rare and usually associated with significant illness," said Dr. Dorion. "She has been fortunate to have an excellent response to new biological medicine targeting her lymphocytes, which play an important role in lupus."

Lindsey receives treatments and monthly blood work, but the first-grader feels and acts much better. She is doing well in school and enjoys gymnastics, basketball and riding her bike. "We really are lucky," said Leanne, Lindsey's mom. "Nemours had the physicians we needed, and we love the staff." ■





Unique Procedure Gives Pasquale Reason to Smile

New to the United States and living in Maryland, Pasquale's family had heard good things about Nemours/Alfred I. duPont Hospital for Children, but had never needed its services.

That changed in 2006. In February, Pasquale, a cheerful five year old with a brilliant smile, complained of leg pain. His pediatrician felt it was simply growing pains and prescribed ibuprofen. When that didn't help, his mother, Lucia, scheduled an appointment at the hospital for mid-June. But by the beginning of June, the pain was so intense she took Pasquale to the emergency room where a manual exam detected a tumor on the left side of his pelvis. The doctors admitted him immediately and diagnosed him with Ewing sarcoma of the pelvis. He had his imaging and biopsy that same day.

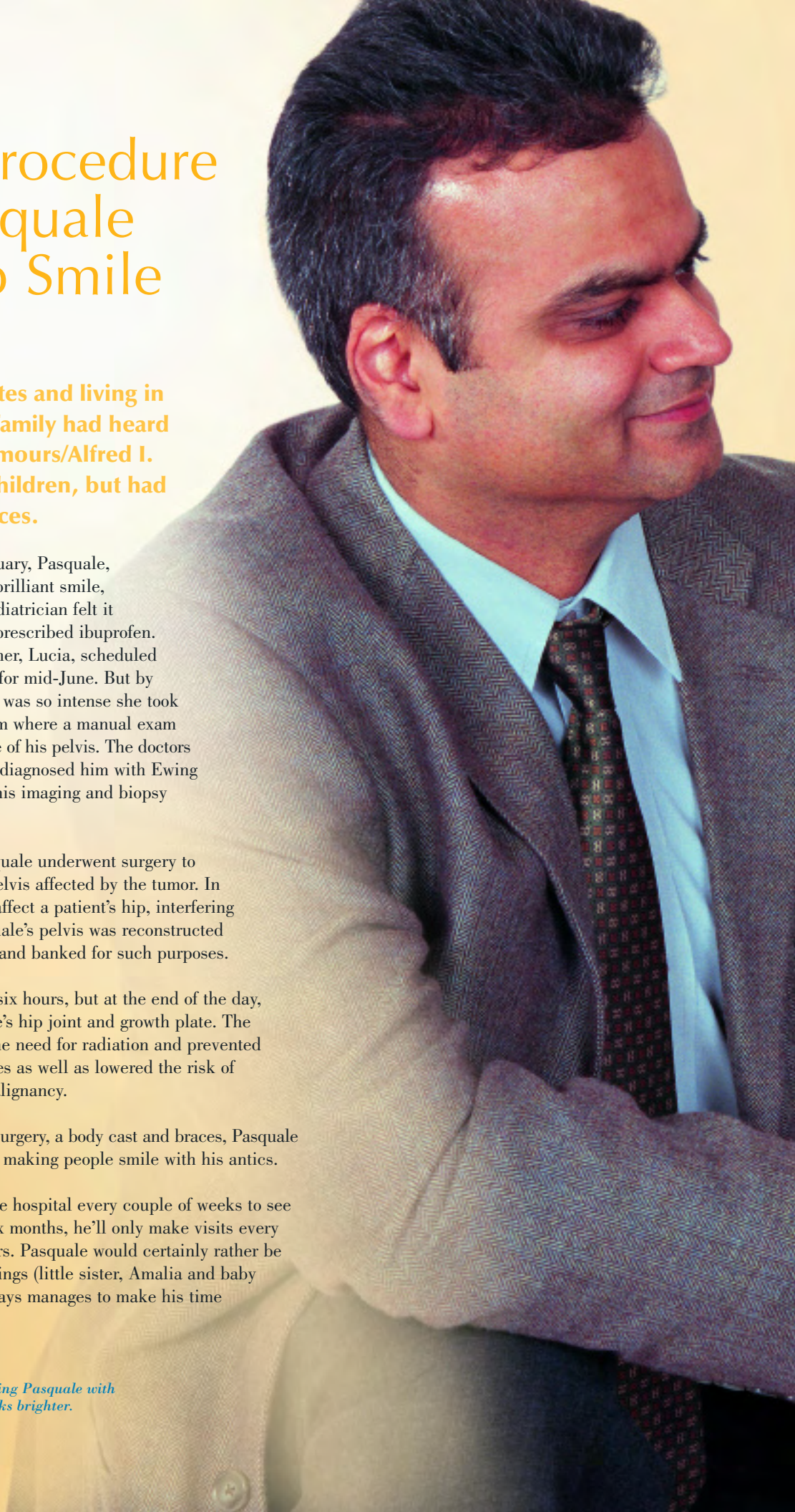
After some chemotherapy, Pasquale underwent surgery to remove a large portion of the pelvis affected by the tumor. In the past, this procedure could affect a patient's hip, interfering with growth. Fortunately, Pasquale's pelvis was reconstructed using bone previously donated and banked for such purposes.

The procedure took more than six hours, but at the end of the day, doctors had preserved Pasquale's hip joint and growth plate. The unique procedure eliminated the need for radiation and prevented consequent growth abnormalities as well as lowered the risk of development of a secondary malignancy.

Despite the chemotherapy and surgery, a body cast and braces, Pasquale maintains his happy demeanor, making people smile with his antics.

For now, Pasquale returns to the hospital every couple of weeks to see if the tumor recurs; but after six months, he'll only make visits every three to six months for five years. Pasquale would certainly rather be home with his toys and his siblings (little sister, Amalia and baby brother, Francesco), but he always manages to make his time in the hospital enjoyable. ■

With Mihir Thacker, MD, encouraging Pasquale with every step of the way, his future looks brighter.





Surgery Makes Genesis' Dream Come True

Eight-year-olds dream big. They dream of meeting movie stars, becoming royalty, traveling to mystical places and completing other fantastic feats.

Genesis had a dream that wasn't typical of girls her age. Her dream was to do something other little girls were already doing. Something they probably took for granted and never thought twice about. She wanted to wear "big girl panties" as she called them. Due to bladder damage caused by spina bifida, Genesis was still wearing diapers.

Fortunately for Genesis, she had no other complication from spina bifida. When she met the urology team at the Nemours Children's Clinic in Orlando, they knew they could make her dream come true. Michael Keating, MD, an expert in pediatric urology, knew she would have to undergo an augmentation cystoplasty to enlarge her bladder.

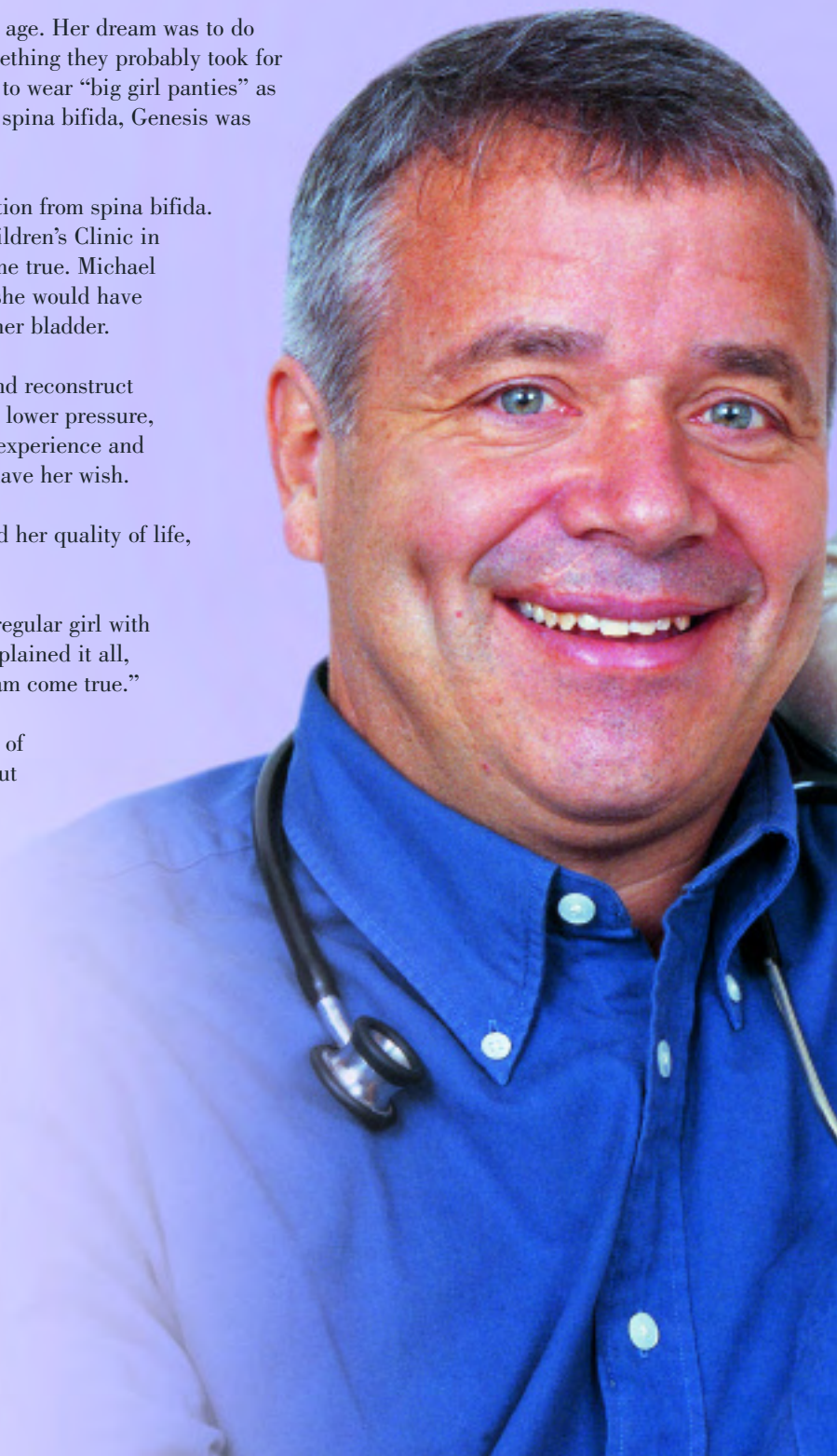
Dr. Keating and his colleagues wanted to enlarge and reconstruct Genesis' bladder so it would hold more urine under lower pressure, giving Genesis more bladder control. Based on his experience and success, Dr. Keating was confident Genesis could have her wish.

Knowing how the surgery would benefit Genesis and her quality of life, her parents willingly agreed to the procedure.

"Genesis is very strong and her dream was to be a regular girl with panties," said Javier, Genesis' dad. "Dr. Keating explained it all, the good and the bad; we said 'yes' to make her dream come true."

After roughly five hours of surgery and a few weeks of recovery, Genesis can finally feel free to dream about things second-graders dream about; movie stars, royalty, mystical places and princesses.

"We are quite pleased with this special child's recovery," said Dr. Keating. "We're very optimistic that her future will be as close to normal as possible." ■





Nemours BrightStart! Helps Kamauri Change Course

While in pre-school, four-year-old Kamauri was screened through one of Nemours' newest programs—the Nemours BrightStart! Dyslexia Initiative. Her score qualified her for intervention services and possibly changed the course of her academic career.

Kamauri is one example why Nemours created BrightStart! The initiative is determined to prepare as many children as possible to learn to read. By bringing together pediatric specialists in brain science, researchers and early learning experts, Nemours designed the one-of-a-kind program to help rising kindergarteners overcome reading challenges. The primary challenge is dyslexia, a common reading problem not usually identified until third grade or later.

Everyone agrees; reading is essential to personal success. Poor readers often fail to reach their potential and typically suffer educational, social, emotional and economic consequences—not just in school, but throughout their lives. Since most children have the potential to read well, Nemours took a proactive stance to identify potential challenges much earlier.

Nemours BrightStart! serves children directly in preschools and neighborhood settings. Specially trained teachers screen children for knowledge of print, letter names, sounds and listening skills that support learning to read. Children who score in the lowest 25 percent are eligible for services. Teachers then work with small groups of children for nine weeks, using unique program lessons focusing on letter recognition, syllable segmentation, rhyming, beginning sounds, alliteration, print awareness and emergent writing.

Upon entering the program, Kamauri met twice a week for 30 minutes with Danyse Harrison, Assistant Director of Screening and Intervention. At the end of nine weeks, Kamauri took another screening, and her score was nearly double. She is now in kindergarten and doing well.

“I love the program; it was a great help to her,” said Terri, Kamauri’s mother. “With BrightStart! someone gives the children that little extra help they need so they can be on track with the rest of the students.” ■





Malcolm Can Live Shunt-free Thanks to Alternative Surgery

One of the most anticipated moments for a family is the birth of a child. That was true for Delaware parents Malcolm and Lonja. When their first son was born, they were thrilled. But they were also concerned: Malcolm III was born with spina bifida and hydrocephalus. His doctors recommended he visit the neurosurgery team at Nemours/Alfred I. duPont Hospital for Children.

Hydrocephalus is a surprisingly common problem, with approximately one child in 500 born with the condition. The preferred treatment is to insert a shunt to drain the excess cerebrospinal fluid from the brain.

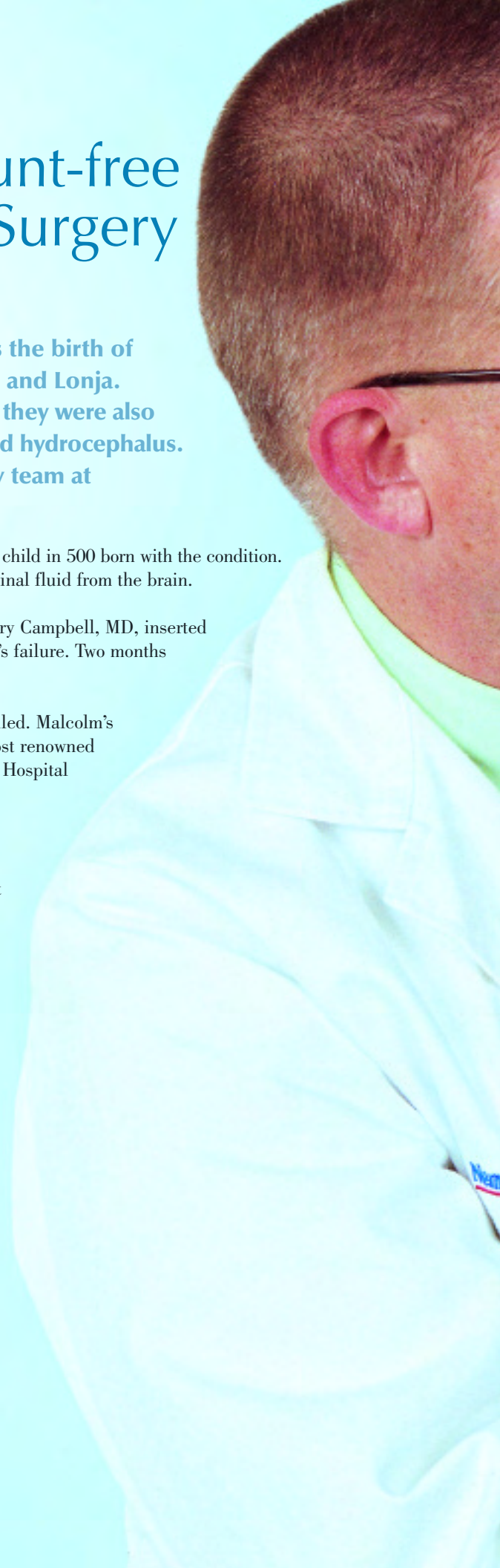
In the first few days of Malcolm's life, the neurosurgery team led by Jeffery Campbell, MD, inserted a shunt. Unfortunately, Malcolm developed complications from the shunt's failure. Two months later the shunt was replaced.

Then, only a few months later, the family discovered the second shunt failed. Malcolm's parents were told not to give up hope. Benjamin Warf, MD, one of the most renowned neurosurgeons in the world, was joining Nemours at the Alfred I. duPont Hospital in July.

Dr. Warf had developed an alternative surgery eliminating the need for a shunt. His work had a high success rate for children with spina bifida and hydrocephalus, just like Malcolm. This minimally invasive treatment combines endoscopic third ventriculostomy, which allows the fluid to exit the ventricles, and choroid plexus cauterization, which reduces the production of the fluid.

Malcolm had the successful surgery in September. His parents are overjoyed knowing he can live shunt-free with a decreased chance of recurring surgeries. They consider it a miracle that Dr. Warf joined the Nemours team just when Malcolm needed it most.

Healthy and happy, Malcolm is doing exceptionally well and exceeds his developmental milestones. "Everyone at Nemours made us feel like they had my son's best interest at heart," said Lonja. "There is no college or medical school that can teach a doctor how to care from the heart." ■





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ital for Children
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Benjamin B. Harf
Neurosurgeon

Nemours Experts Use Robotics to Help Riley

In December 2005, eight-month-old Riley was admitted to Shands at the University of Florida after an ultrasound revealed a mass on her left kidney during an emergency room visit. An MRI later revealed the mass on Riley's kidney was actually an extra kidney and ureter that were obstructing the urine flow and impairing the kidney's function.

The medical team at Shands explained to Riley's parents that they did not have a pediatric urology specialist at their facility, so Riley was transferred by ambulance to Wolfson Children's Hospital in Jacksonville to be treated by Michael Erhard, MD, a Nemours pediatric urologist.

Dr. Erhard already knew about Riley's condition when they arrived in Jacksonville. "Dr. Erhard's knowledge of Riley's case was very reassuring," said Jodie, Riley's mother. "His demeanor made me feel confident. He speaks to you on your own level. I've never found a doctor quite like him."

The Nemours medical staff drained Riley's kidney and prescribed antibiotics to fight future infections. Because of her age and size, Dr. Erhard decided to postpone surgery to remove the extra kidney and ureter until Riley was at least one year old.

In May 2006, Dr. Erhard operated on Riley using the advanced technology of the da Vinci® Surgical System, the first totally intuitive laparoscopic surgical robot in existence. At the time, Nemours was the only provider in the Southeast using the technology for this surgery and one of only a handful in the country. The system provides 3D visualization for enhanced precision and accuracy. Because Riley's extra ureter was entwined with her good ureter, the enhanced precision and accuracy were extremely important.

Riley has made a complete recovery and is fast approaching her second birthday.

"Robotics is still in an evolutionary stage," said Dr. Erhard. "It is very important to guide the development of future generations of this technology for pediatric surgery." Dr. Erhard is doing his part by providing physician training in Orlando and Miami. ■





Joshua's Courage Inspires Doctors to Use Treatment

Joshua has proven to be a very courageous boy and a model patient. He first came to Nemours Division of Gastroenterology and Nutrition in Orlando in the spring of 2006 when he was 10 years old. It was just a couple of months after having an appendectomy. He had developed significant weight loss and anemia, among other complications.

The Nemours team diagnosed the fifth-grader with Crohn's disease, a chronic form of inflammatory bowel disease (IBD). This disorder includes insidious failure to grow and chronic debilitating gastrointestinal symptoms and requires the need for long-term steroids and surgery.

Joshua is one of the first patients to take part in Nemours' new IBD enhancement project developed by the Nemours Clinical Management Program. The goals of this project include reducing the use of steroids through aggressive nutrition including nasogastric tube feeding.

With the dedicated support of his parents, Joshua displayed extreme courage to overcome his anxieties in accepting the tube feeding. He became so comfortable that he even advocated for it. "I don't really mind the tube, and it helps me feel better," Joshua said.

His response to therapy has been dramatic. Joshua has gone from the lower third percentile for body mass for a boy his age to just over the fiftieth percentile. And, he only needed steroids for a few days. "Thank God for Nemours," said Linda, Joshua's mother.

Joshua amazed other members of the Orlando team, who believed the psychosocial impact in an older child or adolescent would make this nutritional therapy unlikely. Indeed, Joshua deserves credit, as his example has led other doctors to adopt this approach earlier for many children.

Thanks to the ongoing involvement and partnership with IBD families such as Joshua's, Nemours has highlighted these novel techniques nationally and is one of the founding organizations of a large pediatric IBD network. ■

Joshua is looking forward to keeping up with his friends, thanks to the dedication of Dev Mehta, MD, and the team in Orlando.



Michelle Gives Others a Fighting Chance Against Obesity

Nemours has a new weapon in the fight against obesity: Michelle, a high school senior. A product of home schooling and a 4-H club member for a decade, Michelle has a passion for community service—particularly mentoring and teaching younger children.

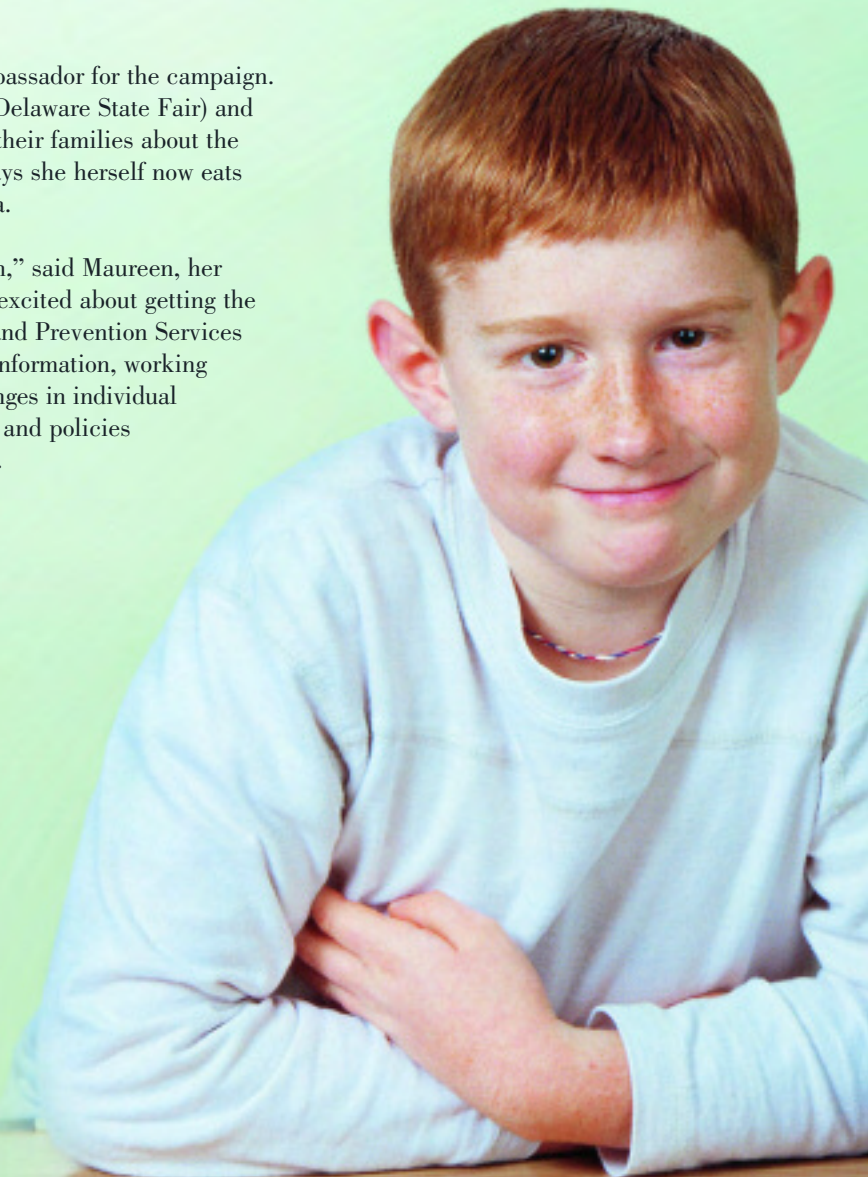
Michelle is among a group of teens who learned about the *5-2-1-Almost None* “prescription for health” that is the cornerstone of Nemours’ obesity prevention efforts. She was instructed by Nemours staff, who demonstrated why everyone should: eat five servings of fruits and vegetables daily; spend no more than two hours a day in front of a screen; get at least one hour of physical activity every day and consume almost no sugary drinks, like soda—two or less per week.

Michelle came away from the training impressed—and surprised. “I had no idea there were 10 teaspoons of sugar in an average soda,” she recalled. “I’ll never look at a soda can the same way.”

After the session, Michelle volunteered as a youth ambassador for the campaign. She has given presentations at venues both large (the Delaware State Fair) and small (Sunday school classes) to remind children and their families about the importance of healthy eating and exercise. Michelle says she herself now eats more fruits and vegetables and hardly ever drinks soda.

“With Michelle, you could just see the light bulb go on,” said Maureen, her mother. “She understood the messages and was really excited about getting the word out.” That, in essence, is what Nemours Health and Prevention Services is all about—sharing evidence-based knowledge and information, working with and through community voices to advocate for changes in individual behaviors as well as changes in broad-based practices and policies that allow children and families to lead healthier lives.

Michelle says she wants “to feel like I’m making a difference.” It’s clear she is. ■





Medical Team Gives Trevor Brighter Outlook

A few months before Trevor's fifth birthday, he began complaining that his chest hurt. Normally a jovial child, his complaints became more frequent as time went by. So, when he developed a fever that wouldn't break, his Mom knew it was time to consult a physician.

Trevor was diagnosed with Stage I neuroblastoma in January 2006, right before he turned five. Neuroblastoma is a disease in which malignant cancer cells in nerve tissue of the adrenal gland, neck, chest or spinal cord combine to form a solid tumor. His treatment included removal of the tumor followed by monthly scans and clinical visits. Because his tumor was Stage I, he was considered low risk with less than a 10 percent chance of recurrence.

"After experiencing the wonderful care Trevor received as a patient, I desperately wanted to work here," said Trevor's mother, Brooke. She joined the Nemours Office of Human Subject Protection staff in May 2006 as the Institutional Review Board Assistant. "I wanted to somehow do my part in helping other families and children who depend on Nemours. Now I not only have a meaningful job, but Nemours has become a second family to me."

In July 2006, Trevor's scan for neuroblastoma confirmed his cancer had returned but not metastasized. Once again, doctors removed the tumor, and Trevor began intensive chemotherapy and radiation. He will receive a bone marrow transplant in early 2007 using his own stem cells, which were already harvested.

Trevor benefited from Jacksonville's status as one of a select group of nationwide institutions with a bone marrow transplant program, led by Michael Joyce, MD. In 2002, Nemours, Wolfson Children's Hospital and Mayo Clinic Jacksonville merged their programs to create the Pediatric Bone Marrow Transplant Program allowing for greater collaboration in physician and staff expertise, research and clinical protocols. Since then, approximately 150 patients have benefited from treatment. ■





“One Nemours” Raises a Stronger Voice to Improve Health for Children

David J. Bailey, MD, MBA, Nemours President and CEO, has expressed a simple but profound philosophy on behalf of those we serve, including an emphasis on the strength of teamwork. Nemours has a multi-faceted approach to deliver ever safer, more satisfying medical care while tracking outcomes, so our results can benefit patients today and tomorrow. Going beyond an integrated system of medical and hospital care, Nemours has been an early user of technology to improve process and results. Service and operational excellence are the norm, creating a uniquely satisfying experience bringing peace of mind to patients and families.

At Nemours, our system of care actually begins before the need for care. KidsHealth.org a service of the Nemours Center for Children's Health Media, is the world's most recognized web site offering health wisdom and advice for children, teens and parents. Nemours Health and Prevention Services is taking a community-based approach to the prevention of conditions like childhood obesity while our physicians deal with its consequences. Nemours Clinical Management Program allows experts throughout the system to identify critical data elements to generate discussion and agreement on standards of care for conditions like scoliosis and inflammatory bowel disease, among others.

Nemours is one of the largest systems of care for children in the world—in terms of physicians employed, numbers of subspecialties provided, accredited teaching programs, translational research, publications, quality initiatives, outcomes research and preventive services. Ours is an environment that values excellence and innovation.

But to effect change on the scale within our potential, we must apply the skill, experience and dedication of our whole organization to the quest for the full health of children. Our synergistic approach reaches across disciplines including nurses, physicians and other health specialists as well as specialties, geography, academia and community, cure and prevention. The “One Nemours” team approach projects a powerful voice to improve the health of all children. ■

Nelly Mauras, MD, Chief, Division of Endocrinology—clinician, researcher, educator—surrounded by some members of the cross-functional team:

Back row left to right; J. Atilio Cañas, MD, endocrinologist; Susan Welch, ARNP, endocrine nurse practitioner, clinical and research; Elizabeth M. Sharpe, RN, endocrine nurse; Larry A. Fox, MD, endocrinologist and Director of the Florida diabetes program.

Middle row L-R; Kimberly A. Englert, RN, diabetes nurse; Kelly McEwen, RN, diabetes nurse educator; Dr. Mauras, and Keisha Bird, ARNP, endocrine nurse practitioner, clinical and research.

Sitting on floor; Shawn H. Sweeten, BS, lead research lab technician; Tina Ewen, medical assistant.







In the Delaware Valley— Nemours/Alfred I. duPont Hospital for Children Nemours Children's Clinic

For more than 65 years, the Nemours/Alfred I. duPont Hospital for Children has put the child first in all aspects of its operation, and it always will. Representing Nemours in the northeast, the Alfred I. duPont Hospital serves thousands of children from across the country and around the world on Mr. duPont's 300-acre estate just outside Wilmington, Delaware. The beautiful and tranquil setting provides an ideal location in which to heal among renowned specialists who treat the child, not just the condition.

With a long-standing reputation for providing some of the nation's best health care for children, our 180-bed hospital offers all the specialties of pediatric medicine, surgery and dentistry in a spacious, comfortable and family-focused environment. Children with acute, chronic and complex health problems benefit from the high standard established by our founders—excellence in patient care, education and research.

The Nemours Children's Clinic in Delaware extends the world-class care of Alfred I. duPont Hospital to communities throughout Delaware, southeastern Pennsylvania and southern New Jersey. The Clinic offers a full-range of specialized pediatric health care services. The Alfred I. duPont Hospital and Nemours Children's Clinic are academic partners of Thomas Jefferson University and Jefferson Medical College.

Nemours also relies on its affiliations with children's specialty centers across the region, including Thomas Jefferson University Hospital, Main Line Health (Bryn Mawr Hospital), AtlantiCare and Virtua Health System. These partnerships give children throughout the region access to Nemours physicians and high quality, child-friendly pediatric specialty care. Access to primary care pediatricians is assured for Delaware's children, thanks to the 10 Nemours Pediatrics offices located throughout the state.

The Alfred I. duPont Hospital for Children and the Nemours Children's Clinic in Delaware work together to provide care and treatment for the children of Delaware, the surrounding region and beyond. Their integrated services improve the lives of children and their families, ensuring the smallest and most helpless among us are not forgotten.

Program financial performance was strong in 2006 amid major efforts to enhance the quality and safety of patient care. Nearly 10,800 children were cared for during 41,585 days of hospital care. Surgical utilization was also strong with more than 11,000 procedures, an increase of 11 percent over 2005. The Emergency Department service expanded by 3 percent to more than 34,500 visits.

Alexis Perri, MSN, RN, Sr. Director of Nursing, makes rounds with B. J. Clark III, MD, Vice President and Chief Executive of the Physician Practice in Delaware.





Roy Proujansky, MD, Nemours EVP for Patient Operations and Chief Operating Officer with Terri M. Young, Vice President for Human Resources

The hospital administrative leadership controlled expenditures while central business and managed care staff improved processes resulting in a strong hospital business performance despite increased costs for energy, surgical implants, drugs and biological products. Operating performance improved for the third straight year based on sound management and an increased focus on service excellence.

Efforts continued throughout the year to assure facilities, programs and services maintain the child as the focus of all we do. Hospital and practice leadership joined forces to develop a strategic plan, tightly aligned with the Nemours-wide Strategy Management initiative. Started in December 2005, the comprehensive planning process brought together more than 60 leaders to define and align goals and objectives reinforcing Nemours' mission, vision and values.

Expansion and upgrades started in the Neonatal Intensive Care Unit and the Cardiac Intensive Care Unit.

Management and improvement of quality and safety for patients, their families and staff is a top priority across Nemours. Activities in 2006 included the installation of a new physiologic patient monitoring system for all intensive care and specialty units as well as an automated alarm notification and communication system to alert staff more quickly. Security enhancements included expanded, 24-hour coverage in the Emergency Department and mobile security across all properties on or near the campus. Security systems and procedures were upgraded in the hospital and in the Rockland facilities, including additional cameras, card access doors, asset controls and staffing.

Additionally, the pharmacy program was re-organized so pharmacists could be more involved with bedside care to assist with medication decisions. One patient care unit successfully piloted a bar-code-based system to improve medication safety. The system will be deployed throughout the entire hospital in 2007.

The process to achieve Nursing Magnet recognition continued in 2006 with the implementation of Shared Governance Councils. The Councils are working to earn the coveted Magnet designation from the American Nurses Credentialing Center in recognition of nursing excellence, quality patient care and nursing innovations.

Several programs and services for patients and their families were enhanced during the year. Expansion and upgrades started in the Neonatal Intensive Care Unit (NICU) and the Cardiac Intensive Care Unit (CICU). The NICU will grow from nine to 14 beds (with the ability to flex up to 18 beds) while the CICU will grow from seven to 10 beds.

Also, the hospital requested and achieved provisional status as a Level 3 trauma center in July. The American College of Surgeons verified our Level 3 capabilities and provided input regarding our intent to move to Level 2 in 2007.

Efforts to improve facility functions and infrastructure included the completion of a 1,674-space parking garage. The new garage provides safe, convenient, covered parking for staff while maintaining the close-in surface lots for patients and visitors.

With the promotions of David Bailey, MD, MBA, and Roy Proujansky, MD, this past spring, Practice Operations in the Delaware Valley experienced a significant change in leadership. Bernard J. Clark, III, MD, stepped into the role of Chief Executive of the Practice and Jay Greenspan, MD, assumed the role of interim Chair for the Jefferson Medical College Department of Pediatrics.

The essential focus for the Clinic remains the provision of safe, efficient and family-centered patient care of the highest quality.

Nemours Children's Clinic in Delaware experienced growth in clinic visits and new patients. The number of visits to physicians grew by more than 4 percent totaling almost 301,000 while the number of new patients grew more than 7 percent to more than 38,000.

The essential focus for the Clinic remains the provision of safe, efficient and family-centered patient care of the highest quality. Improvements in 2006 included the optimization of the electronic medical record (EMR), development of a model dashboard to provide an overall physician scorecard and time flow studies measuring clinic room utilization, module availability and provider utilization.

Implementation of NemoursLink, a program for community primary care practitioners, continued in 2006. Now physicians who refer patients to Nemours have access to the EMR via the internet. Timely and accurate transfer of information and continuity of care are enhanced; physicians and families are more satisfied.

The Practice Leadership Team and members of the Hospital Administrative Council will implement the newly created strategic plan during 2007. Upcoming goals include the pursuit of Level 2 trauma center designation for the Hospital and designation of a dedicated orthopedic inpatient unit, as well as renovation of the lobbies to improve patient flow and to upgrade their appearance. Additionally, the Clinic will expand its comprehensive obesity program, extend the Sickle Cell Program to lower Delaware, increase the cardiac outreach services across the region and apply the medically complex surgical program to other surgical areas. All of these service enhancements draw upon Nemours' team of dedicated staff, linked by knowledge and state-of-the-art technology working to improve the health and lives of the children and families we serve. ■





In Florida—

Nemours Children's Clinic and Proposed Health Campus/ Children's Hospital

Every facet of Nemours Children's Clinic in Florida puts the needs of the child first. Every day, we serve thousands of infants, children and adolescents from the South, across the country and around the world. Since opening in Jacksonville in 1987, Nemours has been dedicated to providing the highest standard of children's health care in the area. With additional locations in Orlando and Pensacola, our Florida clinics are significant contributors to Nemours' comprehensive approach to disease management.

In Jacksonville, Nemours has 17 pediatric divisions providing world-class care to children with complex health problems and needs. Serving children from Southeast Georgia and Northeast Florida, the facility sits on the banks of the St. Johns River. Two satellite clinics extend our care to Jacksonville Beach and Orange Park.

In Orlando, our clinic provides specialized medical services for children through all of its pediatric divisions. The medical staff draws on personal expertise and the Nemours legacy of compassion to provide the highest level of care. The Orlando practice is pursuing the addition of a much-needed children's hospital and outpatient clinic co-located on the academic campus at Lake Nona with the Burnham Institute, the planned University of Central Florida Medical School and related life science initiatives.

In Pensacola, the Clinic partners with Sacred Heart Children's Hospital and offers primary care physicians and families a much-needed resource for children with complicated health issues. Through its 11 pediatric divisions, Nemours is the primary provider of pediatric specialty services in the more rural area of Northwest Florida and South Alabama.

All three clinics deliver critical services through top-ranked, accredited programs and services to ensure patients receive needed treatments and procedures. These internationally respected programs are developing medical techniques and innovative services, raising the level of care and bringing peace of mind to parents and families.

In 2006, the Nemours Children's Clinics in Florida focused on expansion of the practices and development of an integrated children's health system anchored by the new children's hospital and outpatient clinic. Advances came in the form of satellite offices, specialty programs and safer technology.

*Jeff Green, Vice President & Chief Administrative Officer—
Florida with R. Jay Cummings, MD, Vice President, Physician
Practices—Florida.*





One advancement is the use of robotics as a minimally invasive alternative for urologic or general surgery offering less pain and earlier recovery (see Riley's story on page 18). Additionally, two Jacksonville physicians created "firsts" in the state: the partial removal of a spleen using robotics and the use of Balloon Sinusplasty.TM

Nemours Florida physicians cared for more than 109,000 children this year. Of these, almost 44,000 were new patients. Additionally, Nemours provided more than 230,000 outpatient visits. Nemours remains the predominant provider of pediatric specialty services in Jacksonville and Pensacola, while the uncertainty of the Orlando hospital and subsequent loss of some physicians contributed to a slight decline in overall utilization.

Despite the overwhelmingly positive support from the Orlando community for a Nemours hospital, our plans continue to create some significant, yet short-term, challenges. Understandably and expectedly, some physicians left the Orlando practice to pursue a greater level of certainty for their future, which required an increased recruiting effort to continue the pursuit of a higher standard of care.

The planning and design process for the new clinic and hospital that continued through most of the year was suspended in September to allow consideration of other locations in light of significant developments in the Orlando community. Those developments allowed the Lake Nona site to gain favor. According to current opinion polls, 93 percent of those surveyed favor the hospital being built in their community at no cost to taxpayers. In the final analysis, what matters most for parents of ill or injured children is timely access to safe, high quality care.

Rapid population growth continues to define the State of Florida, and Nemours is growing right along with the population explosion. The Pensacola clinic established a satellite clinic to the east in Destin. About the same time, the Orlando clinic opened a satellite office to the north in Lake Mary. Both clinics have been well received and embraced by the community.

Ever-improving technologies allow Nemours physicians to improve the quality and outcomes of care to children. A recent example is NemoursLink, a program allowing community primary care practitioners access to Nemours electronic medical records via the internet. All three Florida markets implemented the new system in 2006, integrating primary physicians, families and specialty care of children for improved quality and satisfaction.

Jacksonville's Division of Ophthalmology teamed up with the Vision Is Priceless Council to develop Pediatric Vision Screening, an educational CD distributed to pediatricians and family physicians in Florida at no cost to them. The American Academy of Ophthalmology is hosting a version on its web site, while the American Academy of Pediatrics and the American Academy of Family Physicians will link to the presentation on their web sites. In addition, the Children's Eye Foundation selected Jacksonville as one of two national "See by Three" sites.

The Division of Hospital Pediatrics in Jacksonville increased the coverage of on-duty attending physicians. In collaboration with the University of Florida and Wolfson Children's Hospital, both Nemours affiliates, in-house coverage was increased to 12 hours a day, and the number of physician attendees increased to three on weekdays. The expansion improved the continuity and quality of care, patient safety and patient and family satisfaction.

Rapid population growth continues to define the State of Florida, and Nemours is growing right along with the population explosion.

Pensacola's Division of Critical Care led an effort to improve care and outcomes through the implementation of new software for the pediatric intensive care unit at Sacred Heart Children's Hospital. The division began using a national database to compare patient care outcomes to national benchmarks. Additionally, a certified diabetic educator was hired this year to develop an education program and obtain American Diabetes Association accreditation for diabetic teaching.

New multidisciplinary programs were established in Orlando this past year, expanding the facility's capabilities. The Division of Gastroenterology established two new programs to support and treat conditions of the bowel and liver. A team of nurses, nutritionists, social workers and physicians came together to treat children with inflammatory bowel disease. The program served about 300 children (see Joshua on page 20 for one child's story). Also, a hepatology clinic was established in collaboration with the University of Florida to provide highly specialized care for children with serious liver diseases and transplants

All three Florida markets implemented NemoursLink in 2006, integrating primary physicians, families and specialty care of children for improved quality and satisfaction.

The Orlando clinic also launched a multidisciplinary program to address obesity in children. As one of the greatest health risks facing children, childhood obesity is a high priority throughout the Nemours system. The problem affects children regardless of ethnicity, gender or socio-economic status. the program brings together gastroenterologists, endocrinologists, psychologists, nutritionists,

dieticians, physical therapists and exercise physiologists to address obesity-related diseases and the behaviors that lead to obesity.

Nemours Florida Physicians cared for more than 109,000 children in 2006.

Planning and strategic growth promise to dominate 2007 for Nemours Children's Clinics in Florida. Clinical specialties will be added at the new satellite locations in Destin and Lake Mary. Other key goals include finalizing location, planning and design for our proposed Health Campus and Hospital for Children; growing selected specialties to improve access and service to patients; and building awareness and advocacy to make all of this possible. ■





Nemours Health and Prevention Services

Nemours Health and Prevention Services (NHPS), the organization's initiative into the sphere of children's health promotion and disease prevention, continues to pioneer approaches to children's wellness. The effort is expanding community programs including its healthy eating and physical activity initiative, including the *5-2-1-Almost None* healthy lifestyle campaign. Using lessons learned through pilot projects, NHPS works with its partners to affect sustainable policy and practice changes aimed at reducing childhood overweight and obesity.

In the school sector,

NHPS supports the infrastructure to help students make healthy choices. Working closely with the Delaware Department of Education and state legislature, NHPS advocated successfully for:

- Implementation of a pilot program to increase physical activity in six schools to 150 minutes per student, per week;
- Statewide adoption of a "FitnessGram" to assess the physical fitness of each student; and
- Creation of a statewide Health Advisory Council that includes NHPS to monitor current physical education/activity programs in schools.

In the childcare sector,

NHPS promotes and supports healthy behaviors through provider training, curricula and toolkit development, and implementation assistance. NHPS, in collaboration with Delaware's Office of Child Care Licensing, developed healthy eating and physical activity standards for licensed childcare centers.

In the primary care sector,

NHPS supports practitioners in prevention, assessment, counseling, referral, reimbursement and connections to community programs for children. NHPS launched *Nemours HealthyQuest*, a web-based tool to help families find community resources for physical activity, nutrition and weight management. The National Initiative for Children's Healthcare Quality selected the effort as one of the most innovative and promising programs addressing childhood obesity.

In the community sector,

NHPS supports communities in transforming the culture and environment in ways that provide opportunities to make healthy lifestyle choices. In 2006, the Sussex County Child Health Promotion Coalition actively engaged in furthering child health and is poised to begin a public education campaign to raise awareness and support NHPS' agenda on practice and policy changes. ■

Debbie Chang, MPH, Nemours Sr. Vice President and Executive Director, NHPS, with Aguida Atkins, MD, Nemours Pediatrics primary care physician.



In Perpetuity...

Our first benefactor, Alfred I. duPont, valued the world he knew and was grateful for his success in it. An innovator and inventor, he always looked for ways to make that world better. Mr. duPont challenged the status quo and sought to alleviate the suffering of those who could be helped by a hand up. He envisioned a more even playing field, especially for children disabled in some way. Nemours has interpreted his intent as seeking a higher standard of health not only through medical excellence, but also by finding ways to prevent the conditions limiting a child's potential for a joyful, rewarding life.



In a country with no satisfying system of care for children, Nemours set out to establish a sustainable model of care and prevention. The first step, most needed at that time, was a hospital for crippled children. Established in 1940, the duPont Institute attracted international orthopedic leaders and forged a reputation worthy of its namesake. The early pattern of care employed an integrated medical and health professional staff that made “world-class” standards of care possible. That pattern is a key ingredient of the Nemours system of care today.

Much has evolved since then. The hospital, renamed Nemours/Alfred I. duPont Hospital for Children, is a full-service, free-standing children's hospital fully integrated with the Nemours Children's Clinic locations in the Delaware Valley and Florida. We envision a new southern health campus with a similar focus on subspecialty

services with continuity of care supported by a single electronic medical record (EMR) adhering to Nemours' standards of care. Uniquely uniting all parts of the entity, that EMR crosses specialties, locations, Nemours caregivers, referring physicians and soon, patients and families.

To date, the Nemours Foundation has invested \$1.6 billion to enable a higher standard of care for more than two million children in medical need. Our research, health and medical education initiatives have helped millions more. Today's efforts of continuous quality improvement ensure our relevance while avoiding complacency and entitlement. The focus in all of Nemours is excellence, and every day we raise the bar a notch higher for the sake of the children we serve and every one who follows *in perpetuity*. ■





2006 Alfred I. duPont Award for Excellence

Samuel L. Katz, MD, Wilburt Cornell Davison Professor and Chairman Emeritus, Department of Pediatrics at Duke University Medical Center, was honored with the 2006 Alfred I. duPont Award for Excellence in Children's Health Care. An original member of the team that developed the measles vaccine now used throughout the world, Dr. Katz was recognized for his lifetime of research.

"I was thrilled, flattered and overwhelmed when I learned of this award," said Dr. Katz. "As a surviving member of the original team that discovered the measles vaccine, I'm humbled by this recognition."

The vaccine has been exceptionally effective and can be credited with saving the lives of millions of children. Since his original vaccine research, Dr. Katz has been a tireless advocate of immunization programs in countries around the world. He was also the Director of Pediatrics at Duke Children's Hospital for 23 years, having trained two generations of pediatric leaders across the nation, and is a prolific author in scientific media.

The Alfred I. duPont Award for Excellence was established in 2001 to honor Alfred I. duPont and his legacy of care for children and promote continuing improvement in children's health care. The award recognizes one person annually who has made outstanding contributions to children's health care nationwide. Dr. Katz received a cash prize and an original crystal sculpture by Steuben Glass. ■

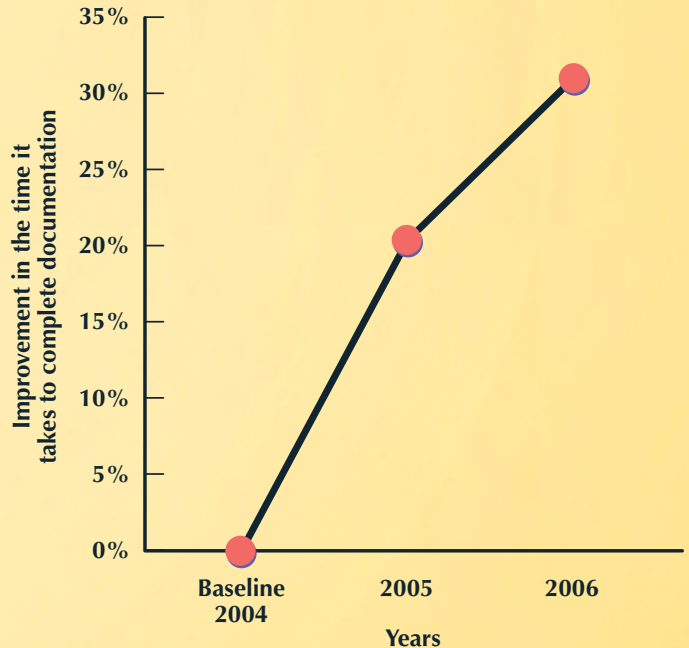
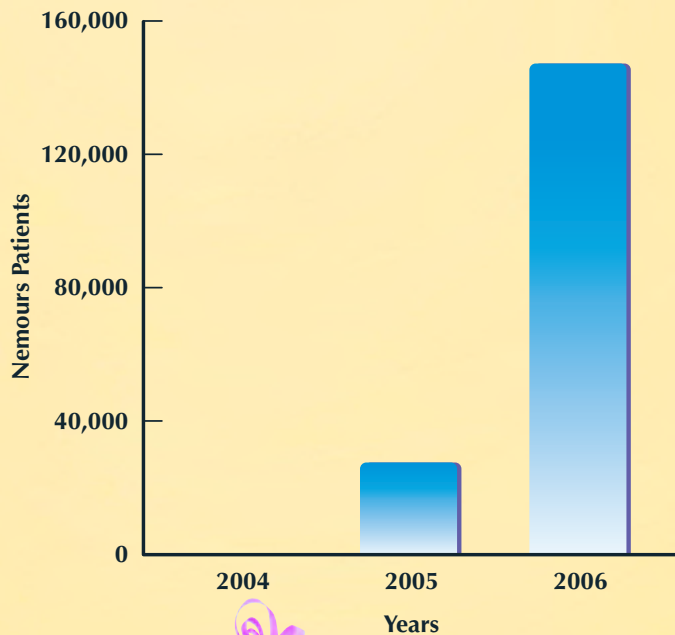
Samuel L. Katz, MD, 2006 Alfred I. duPont Award winner with Nemours Director Leonard L. Berry; Sr. Vice President Tom Ferry; President & CEO David J. Bailey, MD, MBA; Director Terri Kelly; Director Rosa B. Hakala and Board Chairman John F. Porter III

Always Improving...

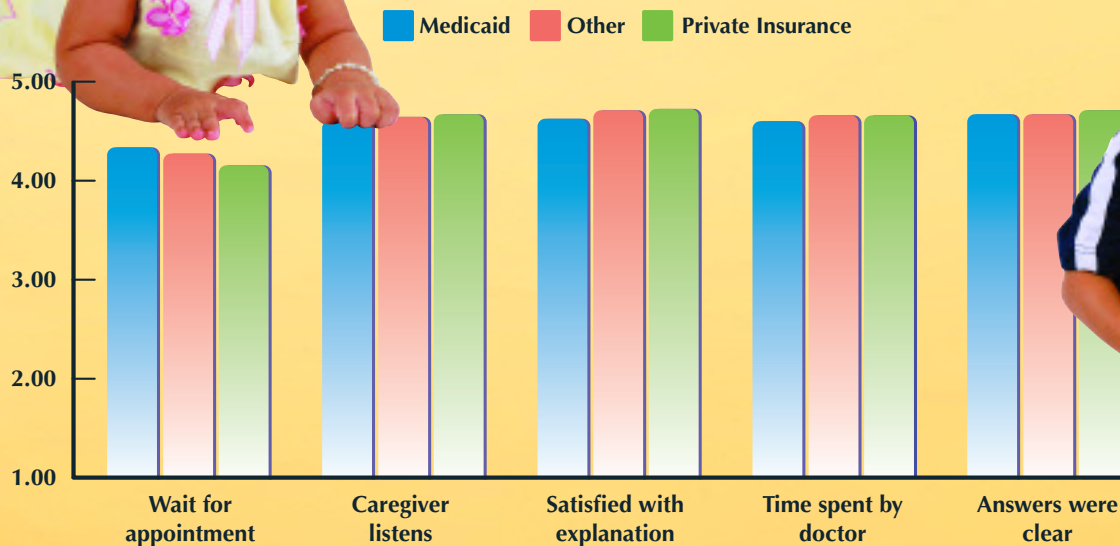
Nemours' integrated system of medical services is supported by an electronic medical record available across geography, medical specialties and provider of service.

A rapidly increasing number of Nemours medical records are available to the referring physician online and on demand, enhancing timely delivery of care.

Since implementing the Nemours-wide use of the EMR, timely completion of the documentation has progressively increased by 30 percent since 2004.

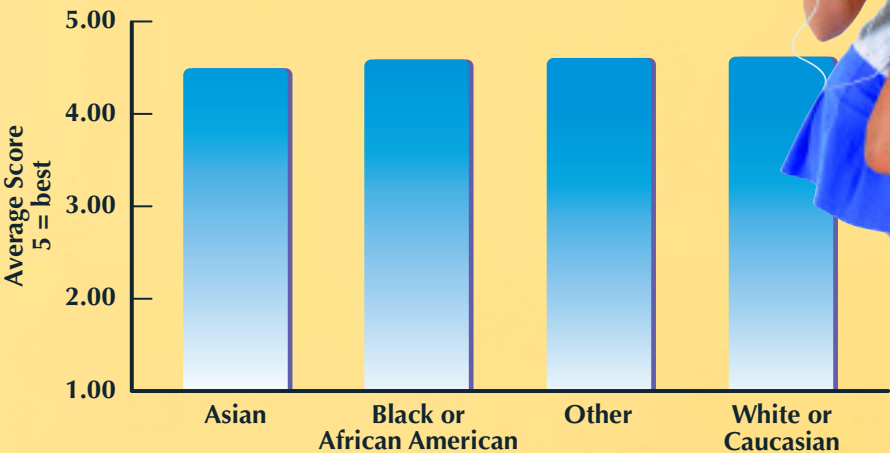


Nemours provides all patients the same high level of care regardless of financial status.



Nemours provides one high standard of quality and distinction.

Nemours’ culture of diversity contributes to consistently high scores of patient satisfaction across ethnic backgrounds.

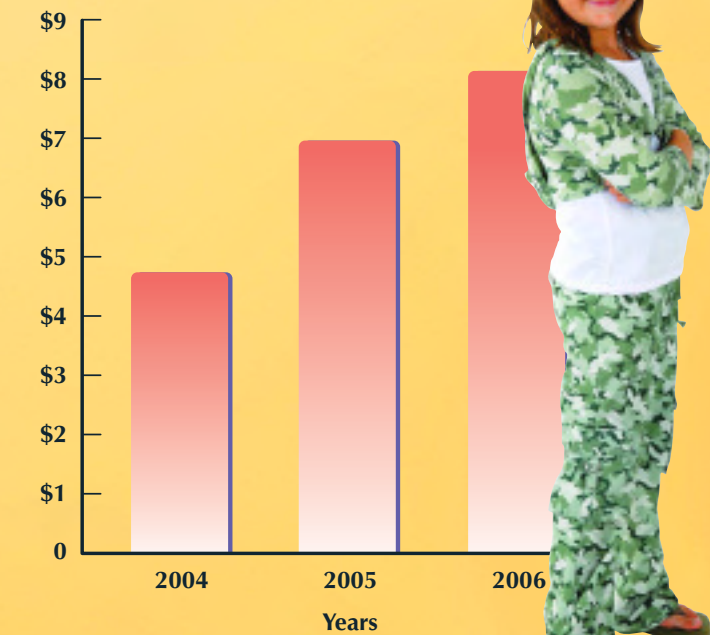


(in millions)



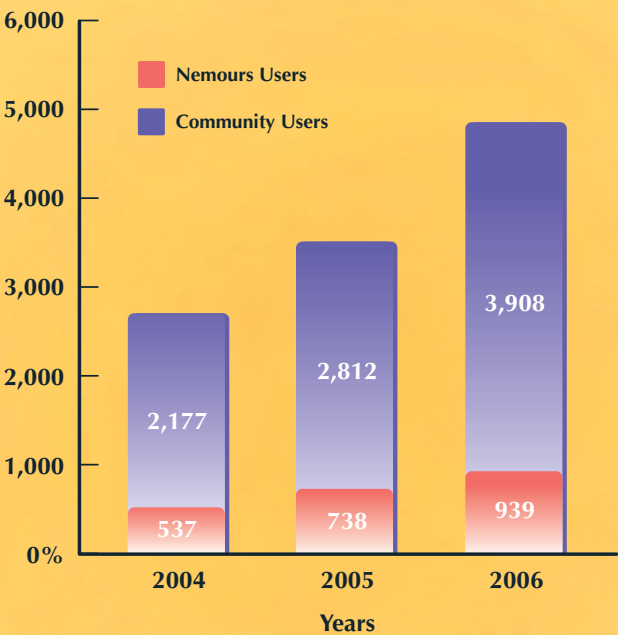
Nemours research investment attracts external support.

Support for Nemours research continues to grow through external grants and funding for clinical trials.



Nemours improves physician practice through education.

PedsEducation.org, Nemours’ continuing medical education web site, attracts increasing numbers of professionals.



THE NEMOURS FOUNDATION
CONDENSED COMBINED STATEMENT OF OPERATIONS
YEARS ENDED DECEMBER 31, 2006 AND 2005

(Dollars in thousands)

	2006 (Unaudited)	2005
Net patient service revenue	\$ 411,991	\$ 389,694
Contributions from the Alfred I. duPont Testamentary Trust	119,014	111,664
Other income	47,735	45,013
Total revenue and other support	578,740	546,372
Total operating expenses	553,344	523,324
Operating income	25,396	23,048
Change in net unrealized gains (losses) on investments other than trading securities	3,989	(786)
Contributions received	111	43
Increase in unrestricted net assets	\$ 29,496	\$ 22,305





THE NEMOURS FOUNDATION
CONDENSED COMBINED BALANCE SHEET
DECEMBER 31, 2006 AND 2005

(Dollars in thousands)

	2006 (Unaudited)	2005
ASSETS		
Current assets	\$ 255,051	\$ 242,201
Non-current assets	\$ 469,106	\$ 454,625
Total unrestricted assets	724,156	696,826
Restricted assets	473,725	416,248
Total assets	<u>\$ 1,197,882</u>	<u>\$ 1,113,074</u>
LIABILITIES AND NET ASSETS		
Current liabilities	\$ 110,538	\$ 110,097
Non-current liabilities	170,942	172,532
Total liabilities	281,480	282,629
Net assets:		
Unrestricted	\$ 443,693	\$ 414,197
Temporarily restricted	470,338	413,878
Permanently restricted	2,370	2,370
Total net assets	<u>916,401</u>	<u>830,445</u>
	<u>\$ 1,197,882</u>	<u>\$ 1,113,074</u>

A photograph of three people in an office environment. In the center, a man in a white lab coat and glasses is seated. Behind him stand two other people: a man in a blue shirt and tie on the left, and a woman in a black blazer on the right. They are all smiling. In the background, there are computer monitors, one of which displays the KidsHealth.org website. A small anatomical model is on the desk to the left.

Nemours Center for Children's Health Media

Today's families expect to be fully informed and involved in the medical decision-making process, and Nemours wants them to be. In fact, providing families with information, perspective and comfort is an important part of our work.

KidsHealth.org, from the Nemours Center for Children's Health Media, helps families stay informed about health and medical matters. More than 117 million visitors logged on to KidsHealth in 2006, an increase of 41 percent from the year before. KidsHealth remains the most-visited children's health and parenting web site.

To help families prepare for their children's surgeries, Nemours partnered with Emmi Solutions to create a series of 13 online patient education programs. The warm, information-packed videos help families understand why doctors recommend a particular procedure, what will happen and what to expect afterward. Nemours clinicians provided the expertise for the project, which was spearheaded by Neil Izenberg, MD (Chief Executive, Center for Children's Health Media), B. J. Clark, MD (Vice President, Physician Practices—Delaware), and Linda Pilla, JD, MBA (Nemours Chief Risk Officer). Emmi™ is now being introduced for use in Delaware and Florida operations.

Early results of the program have been overwhelmingly positive. Families say they feel more prepared, comfortable and confident about their children's surgeries and doctors and they plan to share the programs with family and friends. The videos have improved understanding of what to expect before and after surgery.

This year, the Center for Children's Health Media also launched a new web site, KidsHealth in the Classroom. The new site provides free lesson plans and activities for teachers from pre-K through 12th grade. Not everything is online, of course. Millions of Cheerios® boxes featured KidsHealth Tips, part of a multimedia campaign to help parents raise healthy, happy kids. ■

Neil Izenberg, MD (left) with Steven Cook, MD, Delaware Otolaryngology Division Chief and first Nemours Emmi collaborator, and Linda Pilla, JD, MBA, Nemours Chief Risk Officer

Nemours Health Clinic

Senior citizens can develop a multitude of health issues as they age, which is why Nemours continues to provide dental, eye and hearing programs for the low-income elderly of Delaware through its Nemours Health Clinic (NHC), as it has for 25 years. The services include care generally not covered by Medicare or private insurance programs.

NHC phased out its pharmacy program over the first half of 2006 in response to the creation of the federal Medicare Part D Outpatient Prescription Drug Program and the fact that its members' medication needs would be best served under the new program. NHC members now obtain medications at any pharmacy rather than just the NHC location, and they have significantly lower out-of-pocket expenses while gaining access to a larger drug formulary. NHC staff provided extensive assistance to enroll members in the new Medicare drug program.

- In 2006, the Clinic programs in dental, eye and hearing services operated consistently with previous years' operations. Contracted dentists, oral surgeons, optometrists and ophthalmologists collaborated with employed staff to bring much-needed services to the members who likely otherwise could not obtain them.

These services are an important component to ensuring a good quality of life. Dental care plays an important role in good nutrition, and NHC provides routine preventive care, restorations and prosthetic devices. Additionally, the Clinic assesses vision problems and provides eyeglasses and other appliances so patients can participate and interact with the world around them. To prevent hearing problems from isolating seniors, NHC fits its members with the latest assistive hearing devices tailored to their needs.

Because of the discontinuation of the pharmacy program, clinic enrollment declined in 2006. However, NHC will increase income eligibility limits and undertake membership promotions to increase the number of members in 2007. The promotion efforts will help maximize benefit to the service population of low-income Delaware senior citizens. ■



Nemours Mansion and Gardens

Alfred I. duPont's Last Will and Testament is more than a legal document describing the disposition of assets: it is a statement, or testament, to his values and a trust placed in the hands of his trustees. He was not concerned just with his physical belongings, but also for the memorials he erected left in honor of his forebearers. During the past two years, much effort has been expended to meet Mr. duPont's vision for the Mansion and Gardens.

Restoration began with the removal of all contents of the building—totaling more than 110,000 objects. Experts catalogued the items and placed them in museum-quality storage. With the house empty, construction work began in earnest. Contractors waterproofed the foundation, completed all roof work and installed new air handlers and a new low-mist, fire suppression system. More than 15,000 feet of new wiring was pulled for the restoration. Additionally, workers removed the front balustrade, cleaned and re-installed it, and removed and re-laid both the front and back terraces.

Work also began on the new Visitor Center with clearing of the site. Approximately 20,000 cubic yards of rock and soil were removed to make way for the new structure.

The most visible project, however, was re-gilding “Achievement,” the 16-foot-tall statue that has been the centerpiece of the view from the Mansion to the Colonnade since the 1930s. The original gilding had disappeared over the years. In 2006, the statue by French sculptor Henri Crenier was cleaned, repaired and new 23-karat gold leaf applied. Today, it appears just as it did in Mr. duPont's lifetime.

The restoration of the Mansion and Gardens and construction of the Visitor Center will continue through 2007 with the re-opening to visitors in May 2008. At the re-opening we will clearly demonstrate that we have been true to the trust Mr. duPont placed in our hands for the care of his home and the finest French gardens in North America. ■



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Nemours Partnership for Children's Health

The stories in this report tell of children who needed, and still need, extraordinary care to live healthy lives, free from disabling conditions. As part of Nemours' commitment to provide the very best health care for these children and thousands of others, the Nemours Partnership for Children's Health creates local and national partnerships with individuals and organizations leading to philanthropic and voluntary support of our mission. In 2006, only the third year in which Nemours has invited charitable participation, donors contributed more than \$1 million to help children through clinical care, biomedical research and prevention initiatives across the Nemours enterprise.

One generous donor, Robison D. Harley, MD, PhD, established a trust through his will to endow the Department of Ophthalmology at the Nemours/Alfred I. duPont Hospital for Children, as well as to provide ongoing support for research in molecular genetics. Sharon S. Lehman, MD, became the first chair holder of the Robison D. Harley, MD, Chair in Pediatric Ophthalmology.

In June, more than 600 guests gathered under a huge tent near the historic Carillon on the campus of the Alfred I. duPont Hospital for Children for "A Night at Nemours," a black-tie dinner dance to benefit the renovation and expansion of the hospital's Newborn Intensive Care Unit. With 50 corporate sponsorships, this first-time fundraising event netted more than \$170,000.

The Nemours Society, recognizing donors contributing \$1,000 or more annually, saw a membership increase that included 25 new community donors at this generous level. Events in Wilmington and Jacksonville paid tribute to their support.

Through its Kohl's Cares for Kids program, Kohl's department stores granted nearly \$85,000 to the duPont Hospital. The gifts funded a colorful new minivan used to take trauma prevention and organ donation awareness programs to children and families.

To the nearly 2,000 individuals and organizations that supported children's health through the Nemours Partnership for Children's Health in 2006, we extend our heartfelt thanks. ■





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Contributors

Christine Barabasz
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Cindy Brodoway
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Garry McElwee

Nemours 2006 Annual Report is produced by the
Nemours Department of Public Relations & Communications
Patrick F. McCabe, Managing Director

We welcome your feedback and suggestions for the Nemours Annual Report: annualreport@nemours.org

Nemours

**Nemours Foundation and Home Office**

4600 Touchton Road East
Suite 2500
Jacksonville, Florida 32246

Nemours/Alfred I. duPont Hospital for Children

1600 Rockland Road
Post Office Box 269
Wilmington, Delaware 19899

Nemours Children's Clinic

Wilmington
1600 Rockland Road
Post Office Box 269
Wilmington, Delaware 19899

Jacksonville
807 Children's Way
Jacksonville, Florida 32207

Orlando
83 West Columbia Street
Orlando, Florida 32806

Pensacola
5153 North Ninth Avenue
Pensacola, Florida 32504

**Nemours Health
& Prevention Services**

252 Chapman Road
Christiana Building, Suite 200
Newark, Delaware 19702

Nemours BrightStart! Dyslexia Initiative

Aetna Building, Suite 1600
841 Prudential Drive
Jacksonville, Florida 32207

**Nemours Center for
Children's Health Media**

1600 Rockland Road
Post Office Box 269
Wilmington, Delaware 19899

Nemours Health Clinic

1801 Rockland Road
Wilmington, DE 19803

Nemours Mansion & Gardens

1600 Rockland Road
Post Office Box 109
Wilmington, Delaware 19899

Partnership for Children's Health

252 Chapman Road
Christiana Building, Suite 100
Newark, Delaware 19702

www.nemours.org

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