

## PEDIATRICS

# 'The Right Thing to Do'

As Golisano Children's Hospital launches its capital campaign, Pediatrician-in-Chief Nina Schor explains what's at stake.

By Kathleen McGarvey

WHAT IS REASSURING TO CHILDREN? Parents beside them. Siblings and loved ones near at hand. A place where they can play. A favorite song.

"Children associate activity with health, and it's a sign to a child and a family that a child is getting better. It's a sign of hope," says Nina Schor, the William H. Eilinger Chair of Pediatrics and pediatrician-in-chief at Golisano Children's Hospital.

In October, the Medical Center launched a campaign—a component of *The Meliora Challenge: The Campaign for the University of Rochester*—to build a new Golisano Children's Hospital, one that will deliver the spaces, the people, and the programs children and their families throughout the region need.

"A space that's designed with a child in mind is a very important thing," Schor says.

"As we've learned more and more about the way a child thinks and processes information, about what makes a family better

able to care for a child at home after an illness, and about what prevents a child from being readmitted to the hospital, we've realized there are some critical things that we can't optimally provide in our current location."

Plans call for a six-story, 200,000-square-foot facility, to be built alongside Strong Memorial Hospital—the largest capital project in University history.

Among the building's highlights are an expanded neonatal intensive care unit, a pediatric intensive care unit and pediatric cardiac intensive care unit, and pediatric imaging facilities. To undergo common tests in the present building, children must travel through adult areas and non-patient-care spaces in the hospital—a journey Schor calls "frightening for a child, and off-putting for a family that already has enough on its mind."

The new hospital will also offer 56 private rooms. The existing hospital has private rooms only for intensive care patients, making it hard for a parent to stay with a

child, hard for families to visit, hard for caregivers, patients, and families to speak confidentially, and hard to operate at capacity while preventing the spread of infection.

"Our current space was state of the art 35 years ago, when it was constructed. It was ahead of its time for the way we practiced medicine 35 years ago," Schor says. "But many of the assumptions we made about what children need when they're hospitalized weren't correct. And even more than that, the way we practice medicine now is so different, and the technologies are so different. We couldn't have anticipated that 35 years ago."

The existing children's hospital contains five units: an intensive care unit, a neonatal intensive care unit, and three units organized by the age of the children. But such an arrangement can be isolating, Schor says.

"To have a four-year-old child just diagnosed with cystic fibrosis on a ward where all the other children are their age but nobody has the same kind of illness they have—usually what goes through the imag-

## MEDICAL CENTER

## Campaign Begins for New Golisano Children's Hospital

Volunteers, physicians, and others join effort to create a state-of-the-art facility.

A new chapter has opened in the history of Golisano Children's Hospital. With the launch of an initiative to raise \$100 million for a new hospital dedicated solely to children, and supporting key pediatric programs, the campaign is the latest step in the Medical Center's plan to bring the Finger Lakes region a new children's hospital.

The effort is a component of the \$650 million goal of the Medical Center's campaign and the larger, University-wide \$1.2 billion campaign, *The Meliora Challenge: The Campaign for the University of Rochester*, which was publicly launched last October.

"This is an aggressive but attainable fundraising goal," says Bradford Berk '81M (MD/PhD), CEO of the Medical Center. "This is an incredibly giving community that

understands that a new children's hospital is critically important, and I thank all those who are contributing both money and effort to this campaign."

In July, hospital namesake B. Thomas Golisano announced a \$20 million gift for the new hospital, a milestone that put the campaign about halfway to its \$100 million goal. Campaign leaders are hopeful that volunteers, physicians, employees, parents, and former patients will step forward to contribute toward the goal.

As part of the campaign, the hospital will focus on enhancing care, research, and education in the priority areas of cancer, neonatology, autism, eating disorders, cardiovascular disease, surgery, and supportive care.

"The power of philanthropy has helped

fuel the extraordinary success of Golisano Children's Hospital," says Mark Siewert, former owner of Siewert Equipment Company and chair of the Golisano Children's Hospital board.

But "we can't be satisfied with our current success. We need to take the next step. Investments large and small are needed to drive Golisano Children's Hospital to even greater heights."

Siewert cochairs the campaign with fellow volunteers Michael Smith, owner of the Cabot Group and a member of the hospital's board, and Elizabeth (Lissa) McAnarney, former pediatrician-in-chief of the children's hospital and professor and chair emerita of the Department of Pediatrics.

—Heather Hare

ination of that child and that family is far worse than what the reality is.” How much better, she says, for the four-year-old and his family to have a room alongside that of a 17-year-old cystic fibrosis patient who’s making plans for her adult life.

“To see the light at the end of the tunnel, to learn from families, to support one another—the thinking now is, that is a lot better.” And grouping patients by condition rather than age brings another critical advantage: the hospital can train a group of nurses, social workers, and therapists in the skills required for that patient population.

While the new hospital will be the most tangible product of the campaign, the fundraising effort also focuses on providing key

**“To see the light at the end of the tunnel, to learn from families, to support one another—the thinking now is, that is a lot better.”**

people and programs to address the needs of children and families in the region. By funding directorships, professorships, and fellowships, as well as innovative projects and programs—throughout the hospital, but particularly in the seven areas of autism spectrum disorder, cancer, cardiovascular disease, eating disorders, neonatology, supportive care, and surgery—the campaign will help the hospital to recruit specialists, advance research, and provide essential services.

Schor gives an imagined, but common, example. A child with a disease that affects multiple organs in her body lives four hours from the Medical Center. When she and her family come to the hospital, they depend on the assistance of supportive services to orchestrate getting them an appointment on the same day in each of the subspecialty clinics. “It’s the right thing to do for families, to coordinate that care,” says Schor. But without an endowment to provide the staff for such services, the hospital must scramble to secure needed funds.

“I have to be able to say to families, whether your child is ill this year, next year, or 10 years from now, we’ll provide the service they need,” says Schor. The hospital serves more than 74,000 children and families each year.



That service extends beyond direct clinical care to encompass the training of the next generation of caregivers and the research that drives improved pediatric standards and better outcomes. A baby born at 23 weeks’ gestation can go home close to his due date and “pretty close to a healthy child,” Schor says, in part because of research produced 20 years ago at Rochester, when scientists led by Robert Notter, professor of pediatrics, administered lung surfactant to premature infants, improving

**▲ LOOKING AHEAD: Pediatrician-in-Chief Nina Schor says a standalone children’s hospital will provide “services that people need every day” and offer continually improving care through research, recruitment of experts, and training for future generations of caregivers.**

the survival rate of babies born more than 12 weeks before term.

As federal funds become scarce—Schor notes that just 8 percent of grant proposals to the National Institutes of Health receive funding—fundraising campaigns play a vital role in supporting research. “We’re not going to make clinical care better 10 years from now unless we do that research right here, where the patients are,” she says.

From the stimulating surroundings of the new hospital—with bright colors, interactive artwork, and playrooms—to the programs and professionals it will provide, Schor sees the campaign as a way to address deeply felt needs in the community.

“I’m passionate about this,” she says.

The new hospital “will say, very loudly and very clearly, to the children and families of this region, ‘This is your space.’” **®**