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FALL 2009

Stanford Medicine News

UPDATES
FOR THE
LOCAL
COMMUNITY

STANFORD HOSPITAL & CLINICS | LUCILE PACKARD CHILDREN'S HOSPITAL | STANFORD UNIVERSITY SCHOOL OF MEDICINE

Faculty consulting work on public view

Stanford University School of Medicine has joined a small cadre of medical schools in publicly disclosing information about the consulting activities of its 1,400 affiliated faculty. The academic profiles on the school's Web site now include a section about faculty members' consulting relationships with specific companies.

"I have tremendous respect for the integrity of our faculty at Stanford and for the collaborative work they do to advance knowledge and, where appropriate, to engage in effective interactions with industry," said Philip Pizzo, MD, dean of the School of Medicine. "Because perceptions about such interactions can sometimes be misleading, we have come to the conclusion that public disclosure serves the best interests of our faculty, Stanford University and the public we serve."

The information can be accessed at med.stanford.edu/profiles/. For background on Stanford's policies on collaborations with industry, go to med.stanford.edu/coi/.

Did you know?

Every person has a unique tongue print.

Culinary partnership

Organic cuisine on hospital's new healthy menu



Jesse Cool (left), a noted chef and restaurateur, worked closely with Beni Velazquez, Stanford Hospital's executive chef, to develop the Farm Fresh menu.

Stanford Hospital patients now have the choice of a new lunch and dinner menu featuring organic, local and sustainably grown ingredients. The hospital's Farm Fresh program was developed in collaboration with Jesse Cool, a nationally recognized Northern California chef, restaurateur and food writer who has been a leading advocate of healthy eating for more than 30 years.

The new menu puts Stanford Hospital at the forefront of an emerging nationwide recognition that fresh, healthy food is a vital part of the healing process. It debuts as major health-concerned organizations, including the American Medical Association and the American Nurses Association, have begun to establish policies that recognize the special value to patients of meals made with ecologically sustainable, natural foods of high nutritional quality. The American Public Health Association has endorsed a similar policy.

"Stanford is known for providing our patients with the latest medical advances and treatments in an environment that promotes healing," said Stanford Hospital CEO Martha Marsh. "This exciting new approach to the food we serve our patients is not just an amenity. It is part of our commitment to help patients heal as quickly as possible and to feel comfortable and cared for while they are here."

The first seasonal options feature seven vegetable soups, including corn with smoked cheddar, roasted tomato and basil, carrot ginger with curry, and red bell pepper with goat cheese. A chicken noodle soup with vegetables,

SEE FARM FRESH ON PAGE 7

► **CNN.com**

“We’ve been focused on fat because there’s just so much of it. Unfortunately, it’s a great resource in America.”

—MICHAEL LONGAKER, MD, PhD, a plastic surgeon and stem cell biologist, commenting on a Stanford study that found that millions of fat cells removed during liposuction can be easily turned into induced pluripotent stem cells. Sept. 7

► **San Francisco Chronicle**

“For some people, adding exercise is going to be a significant benefit to their weight-loss program; for others, not so much. To get substantial weight loss you need to do the dieting thing, and do that well.”

—ABBY KING, PhD, acting director of the Stanford Prevention Research Center, on approaches to weight loss. Aug. 27

► **The New York Times**

“It’s different from a car accident or an assault, where you get a single trauma and it’s over and you have to deal with it. With a premie, every time you see your baby, the experience comes up again.”

—RICHARD J. SHAW, MD, an associate professor of child psychiatry, on a Packard study that found that parents with children in the neonatal intensive care unit experience posttraumatic stress disorder. Aug. 24

► **UPI.com**

“There’s an inherent tendency to assume that newer and more expensive means better, although this is often not the case.”

—RANDALL STAFFORD, PhD, associate professor of medicine, issuing a call for drug labels that disclose how a new medication compares with existing drugs. Aug. 20

Fetal center helps parents prepare for complications

Complex fetal diagnoses bring extraordinary strain to pregnant women and their families. Learning that an eagerly awaited child will be born with a medical problem is often the worst crisis that expectant parents have faced.

To support families through complicated fetal diagnoses, Lucile Packard Children’s Hospital recently opened the Center for Comprehensive Fetal Health & Maternal and Family Care. Its goal is to provide comprehensive, coordinated, family-centered care for mothers and infants with difficult diagnoses, before and after birth.

“The new center is a unique collaborative effort among many disciplines at Packard Children’s and Stanford Hospital & Clinics,” said Susan Hintz, MD, the center’s medical director and an associate professor in neonatal and developmental medicine at Packard Children’s. “Our aim is to provide outstanding care to women carrying fetuses with complex anomalies starting before their infants are born.”

The center works to ensure that each patient receives excellent, cohesive care from all subspecialties appropriate to her case.

“This new center brings together all of Packard’s very sophisticated medicine, counseling and social care with clear leadership and a streamlined approach to getting a patient through a complex system,” said Yasser El-Sayed, MD, associate chief of maternal-fetal medicine at Packard Children’s. With better prenatal imaging and maternal-fetal medicine dramatically improving survival for high-risk neonates, the demand for advanced fetal care is greater than ever.

Subspecialty collaborations

All families referred to the Center for Fetal Health will receive care from services such as maternal-fetal medicine, perinatal radiology, neonatology, genetic counseling and social work. In addition, patients will be referred to appropriate specialists from such fields as cardiovascular surgery, cardiology, general surgery, neurosurgery, urology and nephrology.

“We can handle a broad range of cases, from early delivery for a fetal emergency to referring a patient back to her community for delivery closer to home,” Hintz said. The entire multidisciplinary team meets twice each month to review active cases, and subspecialists communicate frequently outside of these meetings to facilitate coordinated care plans.

For life-threatening diagnoses such as severe cardiac defects, the Packard Children’s team can provide surgical or other interventional care from

the moment of birth. “Some infants go directly from our delivery room to the operating room or to the interventional catheterization lab,” Hintz said.

At the other end of the spectrum, the team will work with families expecting babies with mild to moderate problems to decide where to deliver the infant. In some cases, Hintz said, it is perfectly safe and less stressful for the family to deliver at its home hospital and then receive follow-up care as a Packard Children’s outpatient with appropriate subspecialists.



Enabling research

Enhanced interdisciplinary collaboration at the center will benefit both current patients and physician-scientists studying fetal, neonatal and pediatric medicine and surgery. As infants survive increasingly complex fetal anomalies, physicians need more information about the natural history of congenital defects.

Pediatric surgeon Karl Sylvester, MD, anticipates that the new center will enable Packard Children’s to contribute to research in brain abnormalities, cardiac malformations and clinical genetics. “In the past, our tools have limited us to identifying structural abnormalities via ultrasound and MRI,” Sylvester said. “But the tools of molecular medicine are quickly becoming applicable to pre- and postnatal care.” These new tools will help the center’s team to counsel families and obtain data to share with the broader medical community, he added.

“Packard Children’s has fantastic resources for families facing complex fetal diagnoses,” Hintz said. “The new center’s coordinated efforts will help families prepare for challenges they’ll face during pregnancy, after delivery and, in some cases, for years to come.”

For information about the Center for Comprehensive Fetal Health & Maternal and Family Care, contact 650-724-2221.

Packard expansion focused on family-centered care

Lucile Packard Children's Hospital has moved a step closer to realizing plans for its coming expansion. The project will add 521,000 square feet of space and 104 pediatric hospital beds in a new five-story building at the corner of Welch and Quarry roads, connected to the current Packard Children's facility. Architectural renderings for the project were unveiled in August.

"Lucile Packard Children's Hospital has an acute shortage of beds and needs to expand in order to further our mission of providing family-centered care for our patients," said Mark Tortorich, vice president for planning design and construction at Stanford Hospital & Clinics and Packard Children's.

Because routine pediatric injuries and illnesses are increasingly treated on an outpatient basis, a greater number of Packard Children's patients now require long hospital stays for serious medical problems, Tortorich explained. The expansion also will help accommodate the needs of the growing local population, including pregnant women who seek out the hospital's world-class obstetric care.

Response to feedback

The new architectural renderings depict the evolution of a hospital design unveiled in April. In response to feedback from hospital and community stakeholders, the design has been modified to incorporate more environmentally friendly features, more garden space and a change from curved to rectangular building shapes to better reflect the look and feel of the original Packard Children's building. The new five-story design takes up less land and will facilitate faster, more comfortable transport of patients through the hospital. In total, the changes will save approximately \$15 million in construction costs and make the facility more efficient to operate.

Packard Children's expansion is part of the Stanford University Medical Center Renewal Project. The project, which also involves construction of a new Stanford Hospital and the replacement of outdated medical facilities at Stanford University School of Medicine, currently is going through the entitlement process with the City of Palo Alto.

Plans for cutting the carbon footprint of the new Packard Children's building include photovoltaic solar panels to generate electricity and a solar water-heating system to help meet the



The redesigned Packard Children's Hospital expansion features extensive gardens and energy-efficient systems in a layout that reflects the look and feel of the original building.

"We believe our new design will do a great job of meeting the needs of our patients and the local community, and will help Packard Children's continue to contribute to medical research that improves the lives of patients here and around the world."

—Mark Tortorich, VP for planning design and construction

hospital's significant demands for hot water. The building layout and materials will maximize heating and cooling efficiency; for instance, the south and west sides of the building are shaded, and an energy-efficient displacement ventilation system will control building temperatures.

"We're proud to be incorporating these forward-thinking elements of 'green' design into our plans," Tortorich said.

All patient areas will be accessible to natural light, and the garden space around the hospital and at the corner of Welch and Quarry roads will be landscaped with drought-resistant California native plants. Linked gardens will connect the current hospital to the new structure to provide ample outdoor space for patients and their families to enjoy.

With families in mind

The large expansion also will enable Packard Children's to accommodate the new national standard of single-patient rooms, a change that

improves patient privacy and infection control, and makes it easier for family members to stay with their children overnight. The extra space will foster families' involvement in all aspects of treatment and recovery, a practice known as family-centered care.

Larger patient rooms also provide the space needed for sophisticated modern medical equipment. And the new building will include more clinic space; additional surgical, diagnostic and treatment rooms; and larger facilities for nursing, support and administrative offices.

After the expansion, both pediatric and adult patients will benefit from a significantly enlarged Emergency Department that will jointly serve Packard Children's and Stanford Hospital. Last year, due to Emergency Department overcrowding, 950 emergency patients left before they could be seen, and many more had to be routed to other hospitals. Because the Stanford/Packard Emergency Department is the only location between San Francisco and San Jose to offer Level 1 trauma care, the expansion will greatly improve the local community's ability to obtain top-notch care for severe injuries.

"Planning a new hospital is a very complex undertaking," said Tortorich. "We believe our new design will do a great job of meeting the needs of our patients and the local community, and will help Packard Children's continue to contribute to medical research that improves the lives of patients here and around the world." ■

For more information about the expansion at Packard Children's and the plans for the medical center, please see the project's Web site, stanfordpackard.org.

Health-care reform

Medical school dean discusses concerns of a flawed system

Philip Pizzo, MD, dean of Stanford University School of Medicine, shares his perspective on health-care reform in this recent interview with **Paul Costello,** executive director of the Office of Communication & Public Affairs.

Q: Should having decent health care be considered a right in America?

A: It depends a lot on what you think is the purpose of government in our society. From my perspective, in addition to protecting its citizens, government should help provide or ensure the opportunity of its citizens to receive health care. We frequently hear that the United States should not ration health care. Unfortunately, there already is a “have and have-not” system of health care in this country, which, to a degree, rations health care on socioeconomic status. This is not appropriate for a great nation like ours.

Q: Well, if health care is a right, is it a moral issue for you?

A: Yes. I believe that it is very much part of our obligation as members of the community to care for each other and help those who become ill, to do our best to prevent illness and to do our very best to provide care to those in need.

Q: Currently, a major plan, proposed by Sen. Max Baucus, is being debated in the Senate. This summer we saw what I'd call an odd display of democracy. Are you optimistic about what you see?

A: “Concerned” is perhaps a better word to express how I feel. I think that the debate has almost moved away from health-care reform to ideology to a large degree. I don't want to engage in becoming personally politicized over this except to say that the focus of the discussion has been lost. What's really at risk is the health care of individuals in this nation and the health care of our nation as a whole.

What we are talking about in reform is trying to measure the quality of the care that we give, the evidence that supports its administration, the cost for the care that is rendered, the impact on individuals who do and don't have health-care insurance, and how we could actually move as a great nation to having a health-care system we can be proud of. It's somewhat amazing to me to listen to a variety of arguments that are made against reform. One is an assumption that things are OK, and they're not. The status quo is not an option.

Q: Many people believe we have the best health care system in the world. Do we?

A: I guess I'd have to ask, by what standard? We have outstanding health care in selected instances, but we have so many problems within the system that it's hard to put it on a pedestal of being the best. I think many people have lost sight of the fact that their own insurance is vulnerable. I'd bet we all know someone who has lost their health insurance because of either a pre-existing illness or perceived utilization costs. It's hard to say our system works well when health-care dollars consume 16 percent of our gross domestic product and will soon grow to 20 percent unless some significant alteration takes place.



Q: In a recent survey of physicians by the New England Journal of Medicine, a strong majority said they believed it is their professional responsibility to address societal health policy issues. Were you surprised by that?

A: Interestingly, when physicians have been queried about their views of health care, usually between 60 to 70 percent favor significant health-care reform. In fact, in a number of physician surveys, 70 percent have been in favor of a single-payer system and up to 70 percent favor the public option.

So it is ironic to me when I hear the President referring to the AMA as if it represented a majority of physicians, which it doesn't. The vast majority have a different point of view than the AMA. They believe there needs to be significant alteration in the way insurance is constructed and see a public option as a way to change significantly the way competition works in our current insurance system.



PHOTO: LESLIE WILLIAMSON

“We need health-care reform independent of cost because the way we deliver health care today is not optimized in terms of what we know, and how we deliver it with quality and effectiveness that impact outcomes.”

Q: It seems that the public option is now dead. How do you see it?

A: I have felt from the beginning that the public option was a very important part of health-care reform—that it drives the health-care reform agenda in a more serious way. I think taking the public option off the table means that the opportunities for serious changes in health insurance reform are significantly reduced.

Q: Cost-effectiveness analysis is strongly supported in Washington, yet surveys show that many physicians are wary of it. What's your take?

A: It's a very important question. My view is that it has a lot to do with the sense among physicians that we have the right, the obligation and the knowledge to make individual decisions and that we shouldn't allow rules and regulations to get in the way between what one believes as a physician is the best care of her or his patient. At the same time, I also think that there are ways of coming up with guidelines and guideposts that can make a difference for patients in an effective way.

Q: The most contentious issues are, how large is the reform package and how do you pay for it? Some have offered new taxes, for instance. One proposal is to tax sugar drinks so you address obesity and make some revenue at the same time. What do you think of that approach?

A: I'm not convinced we should be taxing those products to make up the shortfall or to pay for health care. As a matter of public policy, I do think we should be doing a lot more as a nation to advocate for safer health in general, and no question that there's an epidemic of obesity in the country. I'd rather see us incentivizing positive behavior.

Q: What impact will health-care reform have in general on teaching hospitals, medical schools and medical education?

A: Well, I think the clear consequence of health-care reform is going to be a reduction in payments that come to institutions, hospitals, clinics, providers, physicians and communities. Otherwise, there is no economic benefit. You might argue, well, is that really just what health-care reform is about? Is it just about cost reduction?

We need health-care reform independent of cost because the way we deliver health care today is not optimized in terms of what we know, and how we deliver it with quality and effectiveness that impact outcomes. So we have to consider, for instance, whether how we conduct education is economically sound and reasonably exercised. We may have to rethink the whole compensation and motivation schedule for how tests are done, how costs are rendered within our clinical enterprise. These are all important parts of the dialogue.

Q: You may not be a betting man, what but is your guess now on the chances for passage of significant reform?

A: I guess if immediate history is a predictor to where we might wind up, it doesn't look very promising that we're going to reach a very strong resolution. I hope that at a minimum, we can come out of this with some very effective measures for health insurance reform. At least that would be a start. [SMH](#)

To hear a podcast of the entire interview, go to bit.ly/deanpizzo.

LEARN MORE ABOUT YOUR HEALTH

EVENTS ARE FREE UNLESS OTHERWISE NOTED. SPACE MAY BE LIMITED, SO PLEASE CALL TO REGISTER IN ADVANCE.

Childbirth Prep Class

Presented by Packard Children's Hospital

DATES:

Tuesdays, Oct. 20, Oct. 27 and
Nov. 3, 6:30-8:30 pm

Saturday, Oct. 31, 9 am-5 pm

Sundays, Nov. 8 and 15, 1-5 pm

Saturday, Nov. 14, 9 am-5 pm

Saturday, Dec. 5, 9 am-5 pm

Saturdays, Dec. 12 and 19, 9 am-1 pm

LOCATION: Room P140, Page Mill Center, 1520 Page Mill Road, Palo Alto

Attendance fee. To register, visit birthclasses.lpch.org or call 650-724-4601.

Strong for Life

Presented by Aging Adults Services

A 16-week muscle strengthening exercise program for older adults.

DATE: Mondays through Feb. 22, 2010,
10:30-11:45 am

Location: Oshman Family Jewish Community Center, 3921 Fabian Way, Palo Alto

To register, call 650-498-7826.

Successful Aging

Presented by Stanford Graduate School of Business

Learn the success factors for aging and how to apply them to your life.

SPEAKER: Esther Koch, MBA

Founder, Encore Management

DATE: Friday, Oct. 23, 11:30 am-12:30 pm

LOCATION: Bishop Auditorium, Stanford Graduate School of Business, Stanford University

No registration necessary.

Heart to Heart: A Seminar on Growing Up for Parents and Kids

Presented by Packard Children's Hospital

For Girls Only (ages 10-12)

Mondays, Oct. 26 and Nov. 2, 6:30-8:30 pm

Saturdays, Nov. 7 and 14, 6:30-8:30 pm

Mondays, Nov. 30 and Dec. 7, 6:30-8:30 pm

For Boys Only (ages 10-12)

Fridays, Oct. 16 and 23, 6:30-8:30 pm

Tuesdays, Nov. 3 and 10, 6:30-8:30 pm

Mondays, Nov. 9 and 16, 3:30-5 pm (Roosevelt Room, Campbell Community Center, 1 W. Campbell Ave., Campbell)

Tuesdays, Dec. 1 and 8, 6:30-8:30 pm

LOCATION (except where otherwise noted): Packard Children's Hospital Auditorium, 725 Welch Road, Palo Alto

Attendance fee. To register, visit hearttoheart.lpch.org or call 650-724-3783.

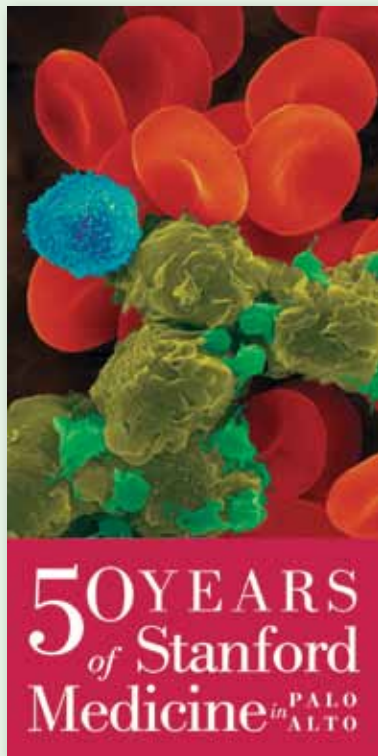
New health library and resource center opens

A new branch of the nationally recognized Stanford Hospital Health Library will open in the coming months at the Taube Koret Campus for Jewish Life in Palo Alto. The new Stanford Hospital Health Library and Resource Center is being developed in collaboration with the Oshman Family Jewish Community Center and will be open to the entire community.

The Stanford Hospital Health Library, founded in 1989, is celebrating its 20th anniversary with this new location and expanded program. In addition to providing scientifically based health education and information for adults of all ages, the new center will offer classes, lectures and activities with older adults in mind. Classes at the new location will be taught by medical and professional staff from Stanford Hospital & Clinics.

The new location, next to the Moldaw Family Residences at 899 Charleston Road, and the library's three other branches at Stanford Shopping Center, Stanford Hospital and the Stanford Cancer Center, all offer extensive online resources that are available worldwide.

To learn more, visit paloaltojcc.org or healthlibrary.stanford.edu.



The move's golden anniversary

This year marks the 50th anniversary of the move of the School of Medicine from San Francisco to Palo Alto, an event that set the school on the path to becoming a world-recognized, research-intensive enterprise. The same year marked the opening of Stanford Hospital & Clinics in Palo Alto, setting the stage for wide-ranging innovations in patient care. The medical center is marking its anniversary with a number of events, including its first Mini Med School class, an introduction to the world of health and medicine that is being offered through the university's Continuing Studies program. Community members may have also noticed the medical center's commemorative banners being flown over El Camino Real this fall.

To learn more about the next Mini Med School, visit continuingstudies.stanford.edu.

Lifestyle and Safety Management

Presented by Aging Adults Services

Heart failure and falls are the leading causes for hospital admissions in people 65 and older. What can one do to stay out of the hospital?

DATE: Wednesday, Oct. 28, at 6 pm

Location: Oshman Family Jewish Community Center, 3921 Fabian Way, Palo Alto

To register, call 650-498-7826.

Navigating Adults through the Health Care System

Presented by Aging Adults Services

SPEAKER: Rita Ghatak, PhD
Director, Aging Adults Services,
Stanford Hospital & Clinics

DATE: Thursday, Oct. 29, at 6 pm

Location: Oshman Family Jewish Community Center, 3921 Fabian Way, Palo Alto

To register, call 650-498-7826.

Pediatric Weight Control Program

Presented by Packard Children's Hospital

A family-based, group behavioral and educational program that promotes lifelong healthy eating and exercise habits for overweight children, adolescents and their families. This six-month program is offered to children ages 8-12 and adolescents ages 13-15.

To learn more, join us for an open house on Tuesday, Nov. 3, at 7 pm.

To register, call 650-725-4424.

Rhinoplasty 2009 and Beyond: Aesthetic and Functional Surgery of the Nose

Presented by Stanford Hospital Health Library

SPEAKER: Sam Most, MD

Associate Professor, Otolaryngology-Head and Neck Surgery

Date: Thursday, Nov. 5, at 7 pm

Location: Cypress Room, Tresidder Student Union, Stanford University

To register, call 650-498-7826.

Medicare, Medigaps, HMOs and the New Prescription Benefits for Seniors: How They Work, the Choices and the Penalties

Presented by Stanford Hospital Health Library

SPEAKER: Don Rush

Counselor, Health Insurance Counseling and Advocacy Program

DATE: Thursday, Nov. 12, at 7 pm

Location: Stanford Hospital Health Library, G2-B Stanford Shopping Center

To register, call 650-498-7826.

Attendance is limited to 25.

Improve Your Cholesterol Profile without Drugs

Presented by Stanford Hospital Health Library

SPEAKER: Yann Meunier, MD

Director, Stanford Health Promotion Network

DATE: Tuesday, Nov. 17, at 3 pm

Location: Oshman Family Jewish Community Center, 3921 Fabian Way, Palo Alto

To register, call 650-498-7826.

Stress Fitness for Seniors

Presented by Stanford Hospital Health Library

SPEAKER: Joan Vernikos, PhD

Emeritus Director of NASA's Life Sciences

DATE: Thursday, Nov. 19, at 7 pm

Location: Stanford Hospital Health Library, G2-B Stanford Shopping Center

To register, call 650-498-7826.

Attendance is limited to 25.

made with a long-simmered broth, will always be on the menu. For patients who need extra protein, the vegetable soups can be bolstered with the addition of tofu, poached chicken or meatballs made from grass-fed beef. All of the menu choices will be low in fat, salt and sugar, and are available to any patient on an unrestricted diet.

The soups inaugurate an innovative approach to patient food unusual in most American hospitals. “Institutional food has unfortunately not been as good as it should be,” Cool said. “Fortunately, in the last few years, people have made the connection between food and well-being. Stanford is now a part of that shift toward a hospital cuisine that’s soulfully appealing and makes one feel good.”

Menu with a message

Keeping in mind the traditionally bland look of food in hospitals, Cool worked with the hospital to enhance the selections’ visual appeal. The carrot ginger soup with curry, for instance, is a brilliant gold; the baked apple has a caramel-like burnish. The tray liners feature bold photographic images that evoke Stanford’s farm heritage.

The new Cool soup recipes are printed on the menus, so that patients can make them at home. And the menu offers the type of descriptions more commonly found in restaurants than in hospitals. For example, the menu says the chicken noodle soup is “made from scratch, simmering organic ingredients for hours in our kitchen. The rich broth is poured over tiny noodles, bits of poached vegetables and tender, moist organic chicken. Just like mom’s, with nurturing care in every spoonful.”

All of the serving implements and printed materials have been produced with resource conservation in mind. The tray liners, bowls, cups and utensils are all made from materials that are reusable, compostable or recyclable.

The health benefits of the new menu options are obvious, Marsh said. “And delicious comfort food like a beautiful basil corn soup can also lift your spirits—that’s another way to promote healing. Not only are we feeding people well when



“Not only are we feeding people well when they are in our care, we are encouraging them to go home and think of cooking differently. That’s an important message in this program.”

—Martha Marsh, Stanford Hospital CEO

they are in our care, we are encouraging them to go home and think of cooking differently. That’s an important message in this program.”

Taste tests

At a special tasting set up for patients, hospital employees and media this summer, all the soups on the new menu were ladled out for their official debut. The samples disappeared quickly. A few sips of one particular soup persuaded one hospital employee to change her mind about a certain vegetable. “This is the best cauliflower soup I’ve ever had,” said Hospital Chaplain, the Rev. Susan Scott, “and I don’t even like cauliflower!”

“We all know how integral healthy food is to the healing process. This will help people talk about health and nutrition throughout their lives,” said Chief Medical Officer Kevin Tabb, who joined Marsh to kick off the tasting.

The hospital’s registered dietitians were especially interested in testing out the soups. “Our patients want to eat healthy,” said Helen Hong, who came with two of her colleagues to sample the offerings. “And anyone can understand soup. Plus, it sits in the stomach well.”

Cool told the assembled tasters that she was inspired to think about hospital food after her father and mother were hospitalized and asked her to bring soup from her restaurant.

Cuisine teamwork

To fine-tune the new menu, Cool worked with Stanford Hospital’s executive chef, Beni Velazquez, who joined the hospital in December 2008. Velazquez is a certified chef instructor with the Culinary Institute of America, is a former chef at the Ritz Carlton, and he previously owned restaurants in Los Angeles and Las Vegas.

Although Velazquez’s experience is with larger-scale food services than Cool has known, the two chefs immediately “spoke the same language,” Cool said.

Velazquez is delighted with this step for the hospital. “I would never have thought of doing hospital food,” he said, “but Stanford has a vision, and this is a very cutting-edge program. We may not be cooking just like your mom did, but we are doing something to help patients feel better.”

Marsh championed the program’s development after a conversation over dinner with Cool and Robert Robbins, MD, the hospital’s chief of cardiovascular surgery. Robbins met Cool at her Menlo Park restaurant, the Flea St. Café, whose menu features fresh organic ingredients. Robbins had not needed much convincing after hearing Cool’s idea. “Once people are in the hospital, especially when they have major surgeries, their digestive systems do not work quite as well,” Robbins said. “This kind of food is perfect.”

The program’s Farm Fresh name recalls Stanford University’s origins as a stock farm for the thoroughbreds of its founder, Leland Stanford. A century ago, visitors to the more than 8,000-acre Stanford farm could see acres of vegetable and grain crops, orchards and vineyards planted by Jane and Leland Stanford.

“If Stanford Hospital can play a leadership role in this area and be an advocate for organic, local and sustainable foods for patients, we’re proud to take that responsibility,” Marsh said. [SMN](#)

Learn more about Stanford Hospital’s Farm Fresh program and check out the soup recipes at stanfordhospital.org/farmfresh.

Corn with Basil and Smoked Cheddar Soup

- 4 ears corn (2 pounds kernels)
- 8 cups water
- 10 ounces onions, chopped coarsely
- 8 ounces potatoes, peeled, roughly chopped
- 1 cup basil, packed
- 1 teaspoon salt
- 1/4 teaspoon white pepper
- 8 ounces smoked cheddar cheese, grated

Remove kernels from cobs. **Break** cobs in half and put in a large pot with the water, onions, and potatoes. **Cover and simmer** for 45 minutes.

Remove cobs. **Add** corn kernels, basil, salt and pepper. **Purée.** **Add** the cheese and **stir.** Serves 6–8.



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Ramping up for flu season

Stanford refines its drive-through triage approach

Is it a cold or the flu?

You're under the weather with a runny nose or fever, and the news is full of warnings about H1N1 "swine" flu. How do you know if you have the new flu or a garden-variety cold?

"If you wake up and feel like you don't want to go to work, that's a cold," said Yvonne Maldonado, MD, a professor of pediatrics and chief of infectious disease at Packard Children's Hospital. "If you wake up and feel like you're going to die, that's flu."

Influenza infection causes a sudden-onset high fever (100° to 102° F or higher) with severe, all-over aches and pains; headache; severe exhaustion and weakness; and dry coughing and chest discomfort, Maldonado said. "It's systemic—your whole body is involved."

Influenza patients sometimes suffer from a sore throat, a stuffy or runny nose, or sneezing, but these symptoms are less common.

Colds, in contrast, tend to come on slowly, often starting with a day or two of sore throat. Colds typically cause nasal congestion and a hacking, productive cough, but not the fever or extreme exhaustion of influenza.

And since influenza vaccines don't protect against colds, you can get a cold after receiving a flu vaccination, Maldonado said. Influenza is a high-priority vaccine target because it can cause serious complications or death, whereas colds are rarely dangerous. In addition, some cold- and flu-infected individuals may spread the viruses without showing symptoms themselves, which is why everyone should be vigilant about hand-washing and covering coughs and sneezes.

Dozens of doctors, nurses and volunteers at Stanford Hospital tested out a singular drive-through approach this summer to handle the kind of patient surge that the novel H1N1 flu virus could produce this fall.

During the exercise—the first of its kind in the country—pretend patients remained in their cars, driving through a series of checkpoints in which they were examined by health care workers wearing protective gloves, masks and gowns. The goal was to do a quick and accurate diagnosis of large numbers of people and to control infection in a way that is not possible in a crowded emergency room. It's part of the hospital's overall plan to manage a potential H1N1 epidemic locally.

Though there is much yet to be learned about the virus, "What we do know is that it's important to maintain social distancing among patients," said Eric Weiss, MD, the hospital's medical director for disaster planning. He noted that hospitals need alternatives to long patient waits in emergency rooms, where "rapid cross-infection can occur, particularly with airborne disease."

Keeping track

In the post-drill analysis, the planners pinpointed important changes to be tested in the next practice session this fall. They will have paper forms on hand in case of computer failure, will add more lanes for cars, and will designate more workers to talk to waiting motorists about the process and to identify the sickest patients so that they can be triaged immediately, among other changes.

The hospital also has established a surge plan to free beds to accommodate more than 100 extra patients, if necessary, said Per Schenk, the hospital's coordinator of disaster management. Voluntary surgeries, for example, would be delayed, which would open up some preoperative and recovery area spaces.

The hospital is now using a data observation system as an alert, with benchmarks that would trigger the opening of the novel H1N1 unit and the drive-through system, Weiss said. These benchmarks include weekly figures on the number of adults and children arriving with flulike illnesses at the Emergency Department and clinics. These figures can be compared with patient volumes during a normal week.

Simple measures

But infection control experts at the hospital say the best flu prevention tactics involve simple behaviors: hand-washing; coughing into a tissue or sleeve, rather than into the hand; and staying away from work for those who have flulike symptoms.



Emergency medical staff prepare to treat patients during an experimental drive-through assessment of the H1N1 flu virus.

This year, without a novel H1N1 vaccine widely available, "We have to depend much more on the resolve of people to maintain hand hygiene and cough etiquette," said Sasha Madison, manager of the hospital's Infection Control and Epidemiology Department. "If you have a cough, don't go into large groups of people. Don't come to work if you have a fever and a cough, sore throat and runny nose."

She noted that people may be contagious 24 hours before they exhibit symptoms. They should not return to work for seven days if they do develop the flu, according to guidelines of the federal Centers for Disease Control and Prevention.

Mask protection

To help prevent spread of infection, Madison said the hospital might ask patients to wear masks, both for their own protection and for the protection of others. Visitors will be offered masks as well, and treatment teams might wear gowns, gloves and masks.

"Masking doesn't indicate any judgment or have a negative connotation," she said. "It's just part of the way in which we protect our patients and our visitors. Wearing a mask needs to become socially acceptable." [SM](#)

For more information on Stanford's programs in preparing for H1N1, visit stanfordmedicine.org/flu. You can also learn more about H1N1 and other types of flu at flu.gov.