

INSIGHTS INTO AUTISM

Study identifies key risk factors

Page 2

REBIRTH OF THE HOOVER PAVILION

Old hospital prepped for change

Page 3



REACHING OUT TO THE LOCAL COMMUNITY

Programs aim for healthier eating

Page 4

FALL 2011

Stanford Medicine News

UPDATES
FOR THE
LOCAL
COMMUNITY

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

Study finds an objective way to measure pain

Stanford School of Medicine researchers have taken a first step toward developing a diagnostic tool that tracks patterns of brain activity to detect whether someone is in pain.

"People have been looking for a pain detector for a very long time," said Sean Mackey, MD, PhD, chief of the Division of Pain Management. "We're hopeful that we can eventually use this technology for better detection and better treatment of chronic pain."

Currently doctors rely on patients to tell them whether or not they are in pain. But some patients may not be able to accurately report their symptoms, leading to a long search for some way to objectively measure it.

Researchers looked at subjects' brain patterns with and without pain, which were interpreted by advanced computer algorithms. The computer was successful 81 percent of the time in modeling what pain looked like, an early step in devising a "painometer."

Mackey cautioned that future studies are needed to confirm whether these methods will work to measure various kinds of pain, such as chronic pain, and whether they can accurately distinguish between pain and other emotional states, such as anxiety and depression.



PHOTO: NORBERT VON DER GROEBEN

Stanford Hospital's kitchens were renovated, and new chefs were hired to accommodate the new system of custom-preparing all meals for patients.

At Your Request

New food program provides custom service, healthy choices

Breakfast at 11 am? Not a problem. Peanut butter with sourdough toast? Not a problem. Want to order your next day's meals to arrive at a specific time? That's fine, too.

As with room service at a hotel, just about any food now can be delivered between 7 am and 8 pm to patients at Stanford Hospital and Lucile Packard Children's Hospital through a new program called At Your Request.

With its ultra-customized and varied menu, this type of hospital bed dining is a much-needed departure from traditional hospital food service, which industry-wide had developed a notorious reputation. At Your Request represents the gold standard in an era of individualized treatment protocols and medication regimens.

The taste test

Stanford's program was crafted with input from patients, who seem very pleased with the result.

"Ah, that looks good," said patient Bob McMaster as food technician Drexell Libed carefully placed a breakfast tray before him on the program's debut day in September. A resident of Napa, Calif., McMaster has diabetes and has traveled to Stanford for treatment several times in the last few years.

McMaster lifted the lid on his entrée—an omelet with strips of sweet red pepper and sautéed mushrooms, accompanied by whole wheat toast and a dish of fresh squares of cantaloupe. The omelet and toast were still warm, and McMaster quickly put his fork to work.

"We come here because the doctors have the expertise to handle the complexity of his problems," said his wife, Shelley. "Now the food is like going to a restaurant."

Meals made to order

At Your Request is designed like a restaurant service, with each meal prepared according to a patient's specific order. Some food items, such as diced fresh fruit, are pre-made, but meals are prepared to each patient's specific request as much as possible. No longer will batches of 500 meals be cooked and then held for delivery three times a day, mass-production style. Now meals will be cooked and served only as ordered.

"Everything will be à la carte, and everything is fresh," said Sergio Herrera, a head cook at Stanford Hospital.

The meals are marked with a barcode that is scanned at three points in the process to make sure the meal is on track. The goal is to send a meal to a patient within

SEE FOOD PROGRAM ON PAGE 7

Scan the Quick Response Code with your mobile device to go to this issue's website.



New insights into the environmental influences of autism

► Los Angeles Times

“Before the current notion of PTSD, we tended to think that those who developed it were people with character disorders—there was a sort of ‘blame the victim’ quality to our thinking.”

—DAVID SPIEGEL, on how the abundance of 9/11 sufferers has prompted psychiatrists to broaden their criteria for diagnosing the disorder. Sept. 5

► The New York Times

“Take a risk, step into the unknown. Don’t be afraid to fail. I’ve made plenty of mistakes and had plenty of disappointments.”

—WENDEYE ROBBINS, MD, clinical instructor of anesthesia, advises new entrepreneurs as a growing number of physicians head to business school. Sept. 6

► San Francisco Chronicle

“Many neurological diseases that I treat are considered hopeless by patients and families and physicians. Until recently, we didn’t have any chance of recovering function. This is, in many ways, initiating a new era.”

—GARY STEINBERG, MD, PhD, professor of neurosurgery, regarding a landmark clinical trial using stem cells to treat spinal cord injury. Sept. 21

► The New York Times

“We are able to look at the master blueprint of a microbe. It is like being given the operating manual for your car after you have been trying to troubleshoot a problem with it for some time.”

—DAVID RELMAN, MD, professor of infectious diseases, on how bacterial genome sequencing is revolutionizing the field of microbiology. Aug. 30

Autism research has focused heavily on the possible genetic roots of the condition. But a new Stanford School of Medicine study of twins suggests that environmental factors play an unexpectedly large role in determining autism risk. The study—the largest ever of twins in which at least one twin in each pair had autism—represents a significant shift in scientists’ understanding of the potential cause of this common developmental disorder. Prior research attributed 90 percent of autism risk to genes; in contrast, the new study found that genes account for about 40 percent of autism risk, with environmental factors explaining the other 60 percent.

Research leader **Joachim Hallmayer, MD**, an associate professor of psychiatry and behavioral sciences, answers questions about the work with his co-author **Linda Lotspeich, MD**, a clinical professor of psychiatry and behavioral sciences. Lotspeich is also a child and adolescent psychiatrist who treats children at the Stanford Autism Center at Lucile Packard Children’s Hospital.

What is the impact of your new research?

HALLMAYER: The role of environmental factors in determining autism risk has been underestimated. It took me a bit by surprise that the heritability of autism was so much lower than we previously thought. Prior research is much stronger in the other direction.

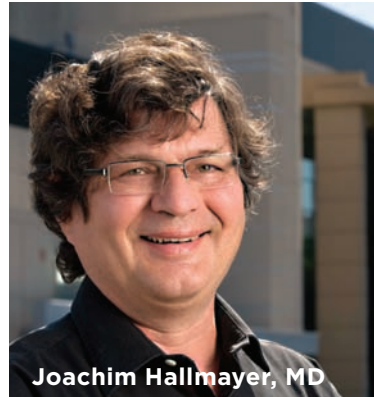
LOTSPEICH: This work will guide researchers in where to focus their efforts to understand the causes of autism. Based on these results, we need to look for environmental factors—but that doesn’t take away the fact that autism also has a genetic component and is still caused by unknown genes.

Why the big difference between your results and the earlier findings?

HALLMAYER: We examined a much larger, more diverse population of twins with autism than many of the earlier studies. We linked two state-wide California databases—the database that tracks children’s use of state services for autism treatment and the state’s birth records. That allowed us to find all the twin pairs in California in which at least one twin has a diagnosis of autism and invite them to join the research. The result was that we had a much larger, better-categorized and more diverse sample of subjects than previous studies, which were conducted in the United Kingdom and Northern Europe.

Have previous studies led researchers in the wrong direction when looking for the causes of autism?

HALLMAYER: No, I don’t think so. It is important to emphasize that, based on our study, genetic factors play a significant role. Genes depend on their environment. Understanding genetic factors will



Joachim Hallmayer, MD



Linda Lotspeich, MD

help to better understand the role of environmental factors. The reverse is also true. None of these factors can be studied in isolation. Research needs to take both sides into account.

LOTSPEICH: Research on the underlying causes of autism now needs to focus on looking for the environmental factors that increase autism risk and understanding how they relate to genetic factors that cause autism. It’s essential that we look at genes and environment together.

What potential environmental causes of autism should scientists investigate now?


HALLMAYER: That’s the multi-million dollar question. There is excellent evidence that children with autism differ from typi-

“It took me a bit by surprise that the heritability of autism was so much lower than we previously thought.”

—**Joachim Hallmayer, MD**
Associate professor of psychiatry and behavioral sciences

cally developing children starting quite early in life. Our study specifically points toward environmental factors that are shared between twin individuals. Scientists should look for something that happens early in life and affects both twin individuals—possibly events during pregnancy. For instance, a study by researchers at Kaiser Permanente found a modest increase in autism risk among children whose mothers took antidepressant drugs during pregnancy. That kind of risk factor needs to be investigated further.

What is the message in this research for parents of children with autism?

LOTSPEICH: Parents should take heart that we are moving closer to understanding the causes of autism, although our investigation is still at an early stage and doesn’t alter the current thinking on diagnosis or treatment. It’s worth noting that in 5 to 10 percent of children diagnosed with autism there will be a known genetic disorder such as Fragile X syndrome underlying the condition. Any child with autism spectrum disorder should have a genetic assessment. However, 90 to 95 percent of kids with autism don’t have an underlying known genetic disorder. These are the children that the new study examined, and they’re the ones for whom we now need to investigate the joint contributions of genes and environment to autism risk. 

The study was published in the Archives of General Psychiatry in July.

Hoover Pavilion

The 'good old hospital' gets prepped for the next generation

Eighty years ago, Palo Alto Hospital opened its doors to its first patients and soon became a major care provider for the growing communities on the Peninsula. Many local women today look back fondly on the “good old hospital,” now known as the Hoover Pavilion, where they experienced some of the most miraculous moments of their lives.

“I thought it was great,” said Joyce Israel, 78, who delivered her three children there in the 1950s. Visiting hours were limited, and stays could be a week or more, so she passed the time socializing with the other new mothers who shared her five-bed room. “We all sat there and chatted and had a gay old time. The babies were all brought in at the same time and were taken away at the same time, and we’d get back to chatting. I would have been bored as hell in a room all by myself.”

Israel savored the daily back rubs from her nurse, a valuable comfort at a time when pain care in obstetrics was still evolving. The epidural was introduced in the early 1940s, and many women were still fearful of the new anesthetic procedure.

The way things were

Some, like Betty Ledoyen, opted for complete anesthesia that made her miss not only her baby’s birth but much of what happened afterward as well.

“When I woke up the next morning I didn’t

know where I was,” recalled Ledoyen, who delivered her first baby in 1947. “I looked around and there was a lady in the bed next to me. I said, ‘Do you know if I had my baby? Was it a boy or girl?’ She told me, ‘It was a little girl.’ I asked her if anyone had come to visit, and she said yes, a few people had come and gone.”

Mary Anne Simpson was a new Stanford graduate when she gave birth to her first child at the hospital in 1954. Simpson took it upon herself to learn everything she could about nutrition, stages of labor, methods for relaxation and childbirth without pain medication.

“My doctor didn’t like me asking questions.

When Mary Anne Simpson had her first baby in 1954, birth was considered the province of the doctor, who advised her to “go home and knit.”



He shouted, ‘Having a baby is not an intellectual project. My prescription for you is to go home and knit.’”

Geri Stewart, now 91, recalled paying a small fee when she was admitted to the hospital in December 1945. A week later, on Christmas Eve, she and her husband were preparing to bring their new baby boy home. “We did not have health insurance then at all. Nobody did,” Stewart said. “And you could not leave the hospital until you paid your bill. My husband wrote a check for \$125. Back then that was about a week’s salary.”

New perspectives

The first chief resident in obstetrics and gynecology at the hospital was Davis Baldwin, MD, who traveled to the hospital from San Francisco, where Stanford’s

School of Medicine was located until 1959. He remembers the old Palo Alto facility, then owned by the city, as “a unique little suburban hospital.”

His new position was just one marker of a major turning point for community medical care: Stanford University had confirmed its plan to move the medical school’s clinical program to the Palo Alto campus. Times were about to change, and so was obstetrical care.

The innovative care that Baldwin helped usher in was dramatically different from traditional obstetrics. “For starters, I let the husbands stay in the room,” said Baldwin, who believed that separating couples at this important moment in their lives was “inhuman.”

“People who wanted to be together couldn’t be,” he said. “Husbands were made to wait in the hallway by the elevators, an area we called the *heir-port*.”

Baldwin—and the academic care teams that followed him—brought many medical innovations but never let go of the emphasis on the family experience. “I was always trying to look for ways to make things better for families,” Baldwin said. “I tried to make the experience as pleasant and rewarding as it could be, so parents could say, ‘That was the most extraordinary experience of my life.’ And the beneficiary of that was the baby.”

While Stanford University Medical Center continues to grow and evolve, that philosophy of keeping patients and families at the center of care delivery remains a core value of the hospitals today. ■

To view video interviews of people featured in this article or to learn more about the Medical Center Renewal Project, visit the project’s website at SUMCRenewal.org.



Hoover Pavilion, the original Palo Alto Hospital, will undergo renovations to enhance its role in modern medicine. Design plans retain the landmark building’s architectural style.

A new role for Hoover Pavilion

Hoover Pavilion, the original Palo Alto Hospital, is being renovated to accommodate modern medicine. Once completed, the improved facility will house community physicians and Stanford Hospital clinics. It will also serve as the new home of the Stanford Health Library.

Through the restoration and reuse of the historic 1931 facade and building, the project reflects the landmark structure’s legacy of caring at Stanford and solidifies its future as part of the next generation of medicine.

The Hoover Pavilion is being integrated into the surrounding site through extensive landscaping and gardens; the construction of a new parking garage for employees, patients and staff; and the flexibility to expand the campus with a new medical office building on the northwest portion of the site.

Site preparation and internal construction for the modernization project was launched in August. The renovated Hoover Pavilion is scheduled to be completed in October 2012, and the new parking structure is scheduled to be completed in summer 2013.

PHOTO: NORBERT VON DER GROEBEN

Community Collaborations

It's just a third of a mile from the East Palo Alto farmers' market to Runnymede Garden Apartments—the city's only housing facility for seniors and adults with disabilities—but to the building's residents, it might as well be a trek up Mount Everest.

Conditions can be challenging for those using wheelchairs or walkers, with a trip to the market requiring residents to travel down a busy street and to navigate around sidewalks blocked by parked cars, poorly lit streets and a crosswalk light too brief for them to cross the four-lane intersection.

These physical barriers to fresh-food sources are often overlooked by city planners, said Matthew Buman, PhD, a postdoctoral scholar, and Sandra Jane Winter, PhD, a research associate at the Stanford Prevention Research Center, who reviewed an audit of 40 senior living centers in Northern California.

Their work inspired the team to find a better way to alert city officials about these obstacles. One answer to the problem is the Stanford Healthy Neighborhood Tool, a software application that allows community advocates wielding smart phones and tablet computers to document impediments to walkability, safety and access to healthful food.

Residents as advocates

It is one of several healthy-aging studies being spearheaded by Abby King, PhD, professor of health research and policy and of medicine. She is bringing together experts in community health, psychology, design and engineering to explore how mobile devices and communication technologies can be used to get seniors off the couch and into their community to exercise, shop, garden and socialize.

The new Stanford app allows community health advocates to walk around a neighborhood, take a picture of a hazard using a mobile device's built-in camera, and make a voice recording explaining the hazard. Once a picture is taken, the app records the hazard's precise location using

Stanford programs help residents improve healthy options

Norma Taylor of East Palo Alto is working to make fresh produce from the local farmers' market available to more residents.



the built-in GPS. All the hazard photos and locations can be downloaded instantly to a map on a website so that they can be shared with researchers, city planners or policy makers.

"It's all about empowering seniors to improve their own neighborhoods and to educate city officials about what's important to them," said Buman. "Having concerned residents talking about these problems adds urgency to the changes that need to be made."

The first phase of the project focused on using the tool to encourage more healthful eating and exercise among seniors living in communal housing facilities in San Mateo County, including Runnymede Garden Apartments. San Mateo County Health System representatives, who have been important collaborators in this and other Stanford healthy-aging projects, helped select the site and community partners.

Challenges and solutions

Buman and his colleagues began by assembling volunteers at each facility to join a Neighborhood Eating and Activity Advocacy Team (called NEAAT for short). Initially the Stanford group acted as facilitators at the meetings and had participants document neighborhood hazards and assess access to fresh produce. This auditing process gave residents the chance to see their neighborhoods in a new light, enabling them to identify challenges and possible solutions.

In East Palo Alto, residents discovered three major challenges to eating healthier foods—accessibility, cost and education. After a few brainstorming sessions and a little research on how their local government works, the residents came up with a plan.

Norma Taylor, a retired licensed vocational nurse and one of the NEAAT team's most ardent

Health Library branches out

The Stanford Hospital Health Library opened its newest branch in East Palo Alto's Ravenswood Family Health Center, offering free access to the library's nationally recognized, multilingual and multimedia health information collection.

"This is a project we have wanted for many years," said Nora Cain, the library director. "This is an opportunity to reach an underserved community and provide access to the best and most complete information available."

The branch library is just over 250 square feet, but its patrons are able to use the library's full collection, which includes 8,000 cataloged books, 700 health-related videos, a database of nearly 400 medical journals, thousands of articles from general-interest publications and e-books. The librarian can also prepare information packets customized to each patron's needs. In addition, the bilingual medical librarian at the library is collaborating with Ravenswood clinic physicians to create multicultural programs, classes and lectures for the community's specific needs, including materials in Spanish and Tongan. All of the library's services are free.

The Ravenswood Family Health Center, which serves an average of 10,000 people a year in East Palo Alto, East Menlo Park and Redwood City's North Fair Oaks neighborhood, offers primary medical and preventive health care services to underserved families, regardless of their ability to pay.

"When we decided to build a Center for Health Promotion, I knew it was the opportunity to invite the Stanford Hospital Health Library to join us," said Luisa Buada, CEO of Ravenswood Family Health Center. "Our two organizations create access to health resources for patients and residents of the community."

The Health Library's Ravenswood branch is located at 1807 Bay Road in East Palo Alto. For more information about the Stanford Hospital Health Library, please visit healthlibrary.stanford.edu. For directions or more information about Ravenswood Family Health Center, please visit ravenswoodfhc.org.



PHOTO: NORBERT VON DER GROEBEN

fresh-food crusaders, focused on accessibility. “I worked through the city to find an unused shuttle bus to take residents to the Saturday farmers’ market, and now I’m looking for a driver,” she said. She also began spreading the word to Runnymede residents about coupons for free produce at the farmers’ market, made available with the help of Collective Roots, a local nonprofit.

Dominique Cohen, the Midpen Housing service manager for Runnymede Gardens, and building resident Bobby Hamilton worked on lowering the cost of fresh vegetables by revitalizing the fallow garden behind the facility. They assigned raised beds to residents who wanted a plot, and then enlisted Collective Roots to educate them on organic gardening techniques.

Another educational component involved teaching residents how to cook with fresh produce. They called in Cooking Matters, a nonprofit that educates families in how to prepare nutritious and affordable meals. Cooking Matters now runs regular classes for Runnymede residents.

Joining forces

The project was also designed to work with East Palo Alto officials to fix the environmental hazards affecting senior and disabled residents. Through the neighborhood audits, the NEAAT team identified the need for a new crosswalk near the local market, longer crosswalk lights and speed bumps to discourage drivers from speeding. While implementing these changes in a cash-strapped city takes time, the collaboration resulted in a senior citizens’ advisory panel that is working with the transportation and public works commissions to advocate for these types of improvements.

East Palo Alto’s city planner, Brent Butler, is an enthusiastic supporter of the project. “The farmers’ market and the NEAAT program at Stanford are examples of collaborations that are really essential, especially given the recession and challenges that a city such as ours is currently facing,” he said. [SM](#)

To see a YouTube video about this program, go to tinyurl.com/3po49vb.



Seth Ammerman, MD, founded the Packard Children’s Adolescent Health Van to provide at-risk youth with accessible and confidential health care.

Mobile medicine

Bringing health care to at-risk youth

In its 15 years of delivering health care to disadvantaged Bay Area youth, the Packard Children’s Adolescent Health Van has become a safe haven for more than 3,500 impoverished young people.

The van, which celebrated its 15th anniversary in September, provides high-risk youth with free, confidential help in a welcoming setting.

“When we started the Health Van, our idea was that we would target uninsured youth and provide easily accessible, comprehensive care,” said Seth Ammerman, MD, medical director and founder of the program. The 8-by-36-foot rolling clinic uses a one-stop shopping approach in which patients aged 10 to 25 receive primary health care, specialty care, medications, laboratory work, nutrition counseling, mental health care and social work services. The van includes two fully equipped exam rooms and is outfitted with preteens, teens and young adults in mind.

Since patients often lack transportation, the van comes to them, making regular visits to seven Bay Area schools and community agencies, including an East Palo Alto branch of the Boys and Girls Club. The goal is continuity so that patients can build trusting relationships with their caregivers.

“Most important, we have a staff that likes to work with this age group,” Ammerman said. “They’re caring and helpful regardless of a young person’s situation.” About 40 percent of the van’s patients are homeless, he said.

On an initial visit, patients meet the entire team, including a nurse practitioner, physician assistant, nutritionist and social worker. The staff members address the full gamut of adolescent health concerns—from asthma, acne and body-weight worries to sports injuries, sexual health questions and mental health issues.

Every dollar of the van’s \$650,000 annual budget, which is funded primarily by the Lucile Packard Foundation for Children’s Health and the nonprofit Children’s Health Fund, averts \$10 in expenses such as emergency room visits, said Ammerman. Three-quarters of the van’s patients return for follow-up care.

“Unfortunately, the need for our program is greater than ever,” Ammerman said, noting that the economic downturn has brought in many kids whose parents have lost jobs and health insurance.

Ammerman is proud of the van’s mission. “When kids start taking care of their health, they can really turn their lives around,” he said. “Some people write off these kids, especially the more marginalized. We’ve shown you shouldn’t—they can do really well.”

To make a tax-deductible donation to support the Health Van, visit the Lucile Packard Foundation for Children’s Health website at supportlpch.org. The van’s current schedule can be viewed at adolescenthealthvan.lpch.org.

“When kids start taking care of their health, they can really turn their lives around.”

—Seth Ammerman, MD
Health Van medical director

LEARN MORE ABOUT YOUR HEALTH

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

Living Better with COPD

Presented by Stanford Health Library

SPEAKER: Daya Upadhyay, MD
Assistant Professor of Pulmonary and
Critical Care Medicine

DATE: Thursday, Nov. 3, at 7 pm

LOCATION: Stanford Health Library,
Oshman Family Jewish Community Center,
3921 Fabian Way, Room G106

To register, call 650-498-7826.

Understanding Hepatitis B and Liver Cancer

Presented by Stanford Health Library

SPEAKER: Stephanie Chao, MD, Senior Resident,
Department of Surgery

DATE: Saturday, Nov. 5, at 10 am

LOCATION: Clark Center Auditorium,
318 Campus Drive, Stanford University campus

To register, call 650-498-7826.

Medicare Changes for 2012

Presented by HICAP and Stanford Health Library

SPEAKER: Don Rush, Santa Clara County Health
Insurance Counseling and Advocacy Program
Counselor

DATE: Thursday, Nov. 10, at 7 pm

LOCATION: Stanford Health Library,
G-2B Stanford Shopping Center

To register, call 650-498-7826.



Childbirth Class at the Beach

Presented by Packard Children's Hospital

An oceanfront childbirth class taught by a Packard
Children's instructor; overnight accommodations
are available at a discounted rate.

DATE: Sunday, Nov. 13

LOCATION: Beach House Hotel, Half Moon Bay

**Registration fee. Space is limited and
registration is required. Visit calendar.lpch.org
for more information.**

Pediatric Food Allergies: The Latest in Diagnosis, Treatments and Trials

Presented by Packard Children's Hospital

SPEAKER: Grace Yu, MD, Pediatric Allergist

DATE: Thursday, Nov. 17, at 7 pm

LOCATION: Packard Children's Auditorium,
725 Welch Road, Palo Alto

**Registration required. Register online at
calendar.lpch.org.**

Dads of Daughters

Presented by Packard Children's Hospital

A class for fathers of preteen and teen girls

SPEAKER: Julie Metzger, RN

Founder, Great Conversations and Heart to Heart

DATE: Wednesday, Dec. 7, at 7 pm

LOCATION: Packard Children's Auditorium,
725 Welch Road, Palo Alto

Registration fee. Register online at calendar.lpch.org.

Biomedical blog posts news and insights



Updates on the
newest discov-
eries at Stanford,
commentary on
public health is-
sues and insights
into developments
affecting health

care are just a small sample of the news
and conversation available from Scope,
an award-winning blog published by the
School of Medicine's Office of Communica-
tion & Public Affairs.

Scope was introduced in October 2009
to provide high-quality, timely discussions
about research, clinical care and health-care
policy. The blog has been recognized as a
leading voice in the biomedical blogosphere
and received a 2010 Excellence in New
Communication Award from the Society
for New Communications Research, among
other awards.

Scope is one of several ways the medical
school's Office of Communication & Public
Affairs is using social media to enhance
discussion about biomedical research and
engage the public. Other initiatives include
its "1:2:1" podcast, Flickr photo stream,
YouTube brand channel, Twitter feeds and
Facebook fan page.

Links to these resources can be found
at mednews.stanford.edu. Scope can be
viewed at scopeblog.stanford.edu.

Stanford Hospital, Packard Children's receive top rankings

Both Stanford Hospital & Clinics and Lucile
Packard Children's Hospital have been
named top hospitals in the nation and the
region by *U.S. News & World Report*.

In August, the magazine evaluated 4,825
U.S. hospitals in 16 medical specialties for its
2011-12 "best hospitals" survey. Only 140 hos-
pitals performed well enough to rank in even
one specialty. Stanford Hospital & Clinics was
No. 17 on the magazine's honor roll, which
recognizes hospitals that rank at or near the
top in at least six specialties, demonstrating a
breadth of excellence.

"This distinction reflects the outstand-
ing efforts of our doctors, nurses, clinicians,
researchers, educators, support staff and
managers," said Amir Dan Rubin, president
and CEO of Stanford Hospital & Clinics.

Stanford Hospital ranked among the top
25 in 10 specialties: cancer; cardiology and
heart surgery; neurology and neurosurgery;
nephrology; urology; orthopaedics; ear, nose
and throat; rheumatology; gynecology; and
psychiatry. *U.S. News* also ranked Stanford
No. 1 among all hospitals in the San Jose met-
ropolitan area.

Earlier in the year, in a ranking of children's
hospitals nationwide, the magazine placed
three of Packard's Children's specialties in the
nation's top 10: cardiology/heart surgery (#5);
neonatology (#6); and nephrology (#7). These
rankings make Packard Children's the only

Bay Area
children's
hospital with
programs in
the nation's
top 10.

"This
distinction
is a wonder-
ful salute to
our entire faculty and staff," said Christopher
G. Dawes, president and CEO of Packard
Children's. "They're pioneers in pediatric and
obstetric medicine, and it's through their
passion and innovation that we've built one
of the nation's best children's hospitals."

Hospitals were scored on a combination
of factors, including the presence of key cer-
tifications and capabilities, performance on
mortality outcome measures and assessment
of reputation by experts at other medical
centers.

For a full list of the magazine's hospital rank-
ings, visit health.usnews.com. To compare
Stanford Hospital's ranking to others in the
San Jose metro area, go to [health.usnews.com/best-hospitals/area/san-jose-ca/
specialty](http://health.usnews.com/best-hospitals/area/san-jose-ca/specialty). To see Packard Children's rank-
ings, visit [health.usnews.com/best-hospitals/
lucile-packard-childrens-hospital-at-
stanford-6933605](http://health.usnews.com/best-hospitals/lucile-packard-childrens-hospital-at-stanford-6933605).



Making headway on headaches

New clinic combines expertise with innovation

Miriam Edelman spent the last 32 years of her life fighting one serious migraine after another. And she tried over and over again to stop the pain.

"I've had many things done to my body, including IV medication drips," she said. "I did biofeedback. I avoid the sun. I have ice packs. I've been on a horrible path of doctors."

But her life took a different turn in July when she met Robert P. Cowan, MD, director of the new Stanford Headache Clinic. He really listened to her, she said. "He's the first one who put it all together."

This summer, following Cowan's treatment suggestions, Edelman went to the kind of outdoor event that once would have immediately brought on a headache. Amid migraine triggers like music and dancing and bright sun, she did not suffer any pain. "It was the happiest day of my life," she said. "At 70, I'm free at last."

A serious issue

Cowan, a nationally renowned headache specialist, is at the center of a program that's the first of its kind at a West Coast academic medical center. It starts with a panoramic view of headache, drawn with the combined expertise of physicians and nurses who specialize in headache care, as well as a nutritionist, a physical therapist, a psychologist and a sleep specialist who all understand the complexity and difficulty of managing headache pain.

"Only recently has headache been considered a serious issue," Cowan said. "Stanford is bringing its tremendous resources to a problem that affects 60 million Americans and costs the economy \$30 billion a year."

Specialty focus

Headaches are a very common complaint, yet most medical training does not include substantive teaching about them, said Frank Longo, MD, PhD, chair of Stanford's Department of Neurology and Neurological Sciences. "Unless one has specialized training, it's a very intimidating area."

To address the shortage of specialists in the field, the clinic includes another unusual element—a fellowship for physicians in treating headache pain.

Cowan, who was chosen to direct the new clinic after a national search, is board certified in psychiatry and neurology,



PHOTO: NORBERT VON DER GROEBEN

with a subspecialty certification in headache management. He chairs the American Headache Society's section on complementary and alternative medicine and is vice president of the Headache Cooperative of the Pacific. He has written more than 50 journal articles, as well as a best-selling book, on headache pain.

Combined expertise

Cowan will be joined at the new clinic by Meredith Barad, MD, a new faculty member in neurology who has specialized training in pain management. Her focus is on overuse of medication for headaches and multidisciplinary care.

Multidisciplinary treatment will be at the forefront of the clinic's approach, with "physical therapists who understand that people with migraines are sensitive to touch, psychologists who understand that a migraine can be a physical manifestation of stress, nutritionists who understand that it's not just what you eat but when you eat it, and sleep experts who recognize it is more than sleep apnea," Cowan said.

He said migraine is a very complex condition requiring complex care. "We don't have a cure, so the goal is to manage it as a chronic condition. It can become a footnote or it can ruin your life." [SMH](#)

For more information about the Stanford Headache Clinic, visit stanfordhospital.org/headache.

As director of the new Stanford Headache Clinic, Robert Cowan, MD, is taking a multifaceted approach to treating patients' pain symptoms.

FOOD PROGRAM FROM PAGE 1

10 minutes of preparation.

Patients, or a helpful family member, can phone in orders, selecting items from a paper menu. A dietary assistant responds, tracking the patient's name, general medical notes, and dietary allowances and restrictions on a computer screen.

Patients can pre-order several meals at once, to be delivered any time between 7 am and 8 pm.

Diet analysis

Each ordered item is evaluated by a software program that analyzes all ingredients, monitoring carbohydrates, salt, potassium or other dietary restrictions. Patients with glycogen storage disease have their own set of menus, while transplant patients are offered low-microbial foods. The software includes 120 types of

medically dictated dietary requirements and restrictions, as well as 36 of the most common food allergies.

Menu items not allowed on a patient's specific diet will not appear on the active ordering list. When a patient's order reaches a limit for fat or salt, the order is flagged and the dietary assistant works to find an acceptable substitute.

The new system offers triple the number of choices and many more variations than previous hospital menus. For instance, sandwich possibilities include a deli-style array of choices for bread, meats, cheeses, and extras such as cucumber, avocado, pickle and bacon.

Behind the scenes

Under this system, "patients are likely to eat more of their meal because they can

have more of what they would really like to eat," said Florence Fong, administrative director of hospitality.

Stanford Hospital's kitchens went through a \$1.2 million conversion to prepare for the change. To its roster of 64 full-time jobs, Stanford added the equivalent of 20 more full-time cooks and more food assistants to deliver trays.

"Seven of our cooks are culinary school graduates," Fong said. "They are really on the ball."

Patrick Gonzales, a California Culinary Academy graduate, has been cooking at Stanford for eight years and was more than happy to make the change. "I said, 'How soon?' I think patients will feel less like they're in a hospital, and the people making the meals will have more of a sense of 'I'm cooking for an individual.'" [SMH](#)

Did you know?

About 20 percent of the oxygen you breathe goes to your brain.

Classroom catch-up for expectant grandparents

Weeks before the birth of their first grandchild, Bill and Ann Stark of Los Altos Hills found themselves making their own trip to the hospital, one they hadn't anticipated.

"We found out that my son's mother-in-law had signed up for a class called Becoming Grandparents at Lucile Packard Children's Hospital. She was so excited, so we signed up, too—the pressure of a fellow grandparent!" Ann Stark laughed.

The two-hour seminar is one of the more unique offerings at Packard Children's. The hospital has long been a hub for traditional courses, such as preparation for parents-to-be and for new siblings, infant care and first aid, but some key figures in a baby's life were being left out of the mix. And so Becoming Grandparents was born.

The Starks were not new to dealing with infants, but the class taught them just how much protocol has evolved since they had first hovered over the changing table.

"We had our two kids 30 years ago. Things have changed," Bill Stark said. "We used to put babies to sleep on their stomachs, for example, and we learned that that's not done anymore. There were a number of things like that."

Indeed, child rearing is an ever-changing science, full of small but important revisions. Seminar participants learn about the advent of the five-point harness in car seats and the importance of keeping seats rear-facing for the first two years. They become familiar with obstetrical practices that have shifted in recent years, such as the popularization of epidural anesthesia. And sometimes they get to appreciate an old idea that's come back, as with the resurgence of swaddling.

Nancy Sanchez, community relations manager at Packard Children's, notes that the class isn't just a list of procedures that have been amended over time. The arrival of a new child also comes with complex emotional issues, which new grandparents learn to address and negotiate during the class.

"One thing we've noticed is that grandparents often expect they're going to be right there in the birthing room. We tell them they need to ask,



Bill and Ann Stark updated their babying skills at the Becoming Grandparents seminar at Packard Children's Hospital.

"We had our two kids 30 years ago. Things have changed."

—Bill Stark

to find out the birth plan—a relatively new thing in its own right," Sanchez said. "A lot of folks really appreciate this, so ultimately they're not offended when they learn that perhaps the kids don't want them there for the birth."

The class helps grandparents navigate another potential minefield: advice.

"We learned some great advice of our own: Don't butt in!" Bill Stark said. "With the access that new parents have to information these days, they've already researched things and know what they want to do. So we learned not to volunteer information unless it's specifically requested."

Even cultural shifts make their way into the nursery, as the class discusses.

"The way we talk about fathers has evolved a bit since we first started," Sanchez said. "The research-based importance of

early father involvement is sometimes a surprise to people. Dads need access to their babies, not just for their own enjoyment but for the development of the baby."

The formula for the course seems to be working. Sometimes grandparents sign themselves up, while other times their kids do so. They can attend as individuals or as a couple, and they can be accompanied by the adjoining set of grandparents, step-grandparents and even great-grandparents.

For all the answers the Starks came away with, they say the most profound aspect of the course was in the form of a question.

"It was toward the end of the class when we were asked to talk about our grandparents," Stark recalled. "We all shared what memories we had, if any. It was terrific. Then she said, 'Forty or 50 years from now, if your grandchild was in a course like this, how would you want them to remember you?'"

A few weeks after the seminar, the Starks' grandson Will was born. They see him once or twice a week, and they speak of their visits as particularly fulfilling ones.

"The class imparts a wonderful message to any grandmother or grandfather," Stark said. "To leave those important memories with the child, you need to understand the importance of being a positive influence and to really know how to be involved in the child's life." [SMU](http://www.stanford.edu)

To learn about upcoming Grandparents Seminars, go to lpch.org/newsEvents.