

PHYSICIAN Update



Lucile Packard Children's Hospital
STANFORD UNIVERSITY MEDICAL CENTER

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LPCH's Comprehensive Eating Disorders Program Relocates to Expanded Facility at El Camino Hospital

THE NEW HOME OF LUCILE PACKARD CHILDREN'S HOSPITAL'S COMPREHENSIVE EATING DISORDERS PROGRAM SPORTS THE HOSPITAL'S TRADEMARK FRIENDLY STYLE: a bright and sunny facility that features colors and design elements handpicked by the program's nurses, staff and physicians.

The surprise? The facility is actually based at El Camino Hospital in Mountain View, site of a recent relocation. The change is more than geographic: the new expanded digs include a school room for hospitalized patients to continue their studies, a group eating room, a room devoted to physical and occupational therapy and the opportunity to grow.

"Throughout all these years, we—like everybody else—have been constrained by space limitations," says chief of the division of adolescent medicine Iris Litt, MD. "We now have the opportunity to grow the program and better meet the needs of a wider range of teens." The division has been helping teens and their parents meet the unique physical and emotional challenges of adolescence for 26 years.

"The new unit is configured well for our patient population," concurs James Lock, MD, PhD, associate professor of psychiatry and behavioral sciences. Lock and Litt co-direct the program.

The expanded program will

continue to specialize in the treatment of adolescents with anorexia nervosa, bulimia and other eating disorders in a customized space that will eventually include 15 beds for inpatients—nearly twice the number that existed at Packard Children's Hospital. Treatment is also available on an outpatient or partial hospitalization basis. The new space will also allow the program to admit and treat morbidly obese teens.

Telemedicine technology, including interactive video conferencing, will bridge the distance between the two hospitals, allowing subspecialists at Packard Children's Hospital to consult with patients at El Camino and permitting Litt and her colleagues to host pediatric grand rounds at the new facility.

Although the program's location has changed, acutely ill eating disorder patients will continue to receive the same uniquely coordinated medical and psychiatric treatment from Packard Children's Hospital physicians and staff members that has made the program stand out during the past two decades. Jointly directed by the divisions of adolescent medicine and child and adolescent psychiatry, it is the only comprehensive eating disorder treatment program of its kind in Northern California.

"We are one of the few, if not the only, eating disorders program in the country with a coordinated medical

and psychological treatment approach and an interdisciplinary team," says Litt. "But we are not a long-term treatment program for kids with chronic eating disorders."

The program will not hospitalize

"We now have the opportunity to grow the program and better meet the needs of a wider range of teens," says Litt.

teens who need only psychiatric care, and patients are discharged when medically stable. Program staff helps patients and their families find and utilize community resources after discharge and works with patients' primary physicians to craft individual treatment plans. The program has also expanded the outpatient capacity to treat patients after discharge.

"We are now able to conduct cognitive behavioral therapy, interpersonal therapy for bulimia and family treatment for anorexia on an outpatient basis," says Lock.

"We are a seamless program staffed by pediatricians specializing in adolescent medicine, child psychologists and psychiatrists, nutritionists, nurses, and social workers," says Litt. "We've seen

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thousands of kids with eating disorders, and we have an excellent track record because of our coordinated care. We've also been responsible for basic research that improves care."

That research includes an investigation into the long-term effects of extreme malnourishment, including osteopenia. Litt and pediatric endocrinologist Laura Bachrach, MD, found that this weakening of the bones can be reversed with proper treatment—unlike osteoporosis. Other studies by Litt and her colleagues have shown that the average inpatient stay can be reduced from six weeks to about 18 days with no loss of safety and effectiveness.

The move of the Comprehensive Eating Disorders Program is part of Packard Children's Hospital's long-term plan to create an Adolescent Medicine Service at El Camino Hospital. Although physicians at Stanford Hospital and Clinics and Packard Children's Hospital have been treating adolescents for more than two decades, adolescent medicine became a board-certified subspecialty only in 1994.

"There is a general misconception that—other than emotional issues—adolescents are basically healthy," says Litt. "But virtually every organ system in the body is impacted by changes during puberty, and there are many things that can go wrong."

The Packard Children's Hospital adolescent clinic offers consultation on the health and psychological issues faced by teenagers and regular health maintenance for adolescents, including pregnancy prevention, the treatment of sexually transmitted

diseases and appropriate immunizations.

"We've done so well educating the parents of young children about the importance of immunizations that they may feel that once their child has gotten their shots and is in school, it's over. In fact some of the greatest need occurs during high school and college," says Litt, emphasizing that teenagers need immunizations against hepatitis A and B, tetanus and measles, and they should be tested for tuberculosis.

In addition to treating teens who come to the clinic, the division of adolescent medicine also reaches out to those in the surrounding communities. Natividad Medical Center in Salinas hosts an adolescent medicine clinic started by Litt and her colleagues for rural Mexican and Mexican-American teens. It is attended weekly by Packard Children's Hospital adolescent medicine specialists.

Another outreach effort, the Teen Van, is the only mobile medical clinic in the country that provides comprehensive health care exclusively for teens in Santa Clara County and San Francisco.

Finally, Packard Children's Hospital adolescent medicine specialists also address the psychosocial issues arising during the physical changes of puberty, particularly in children with chronic illnesses.

"These kids may have many more problems in their teen years," says Litt. "They don't want to be different from their peers, so they may stop taking their medication or appropriately restricting their activities."

Program Information

Lucile Packard Children's Hospital's **Comprehensive Eating Disorders Program** treats adolescents with anorexia nervosa, bulimia or other eating problems. Specific, innovative treatments—coordinated with school schedules—available for both inpatients and outpatients include:

- Medical and psychiatric diagnostic evaluation
- Medical management to prevent or detect complications
- Nutritional assessment and management
- Evaluation of growth
- Psychiatric medication evaluation and monitoring
- Cognitive behavioral, interpersonal, psychodynamic and family therapy

In addition, inpatients will be evaluated for psychiatric conditions such as depression, obsessive compulsive disorder and anxiety disorders that are often coupled with eating disorders. Inpatients may also receive group and milieu treatment.

The LPCH inpatient Comprehensive Care Program is located at El Camino Hospital, 2500 Grant Road in Mountain View. Outpatient clinic medical services will remain at 770 Welch Road; outpatient psychiatry services will remain at 401 Quarry Road.

For more information about the programs, please call **(650) 498-4468** or visit **www.lpch.org**.

Pamela Carlton, MD, Spearheads Education Campaign for Parents of Eating Disorder Inpatients



Pamela Carlton, MD

Parents of children with eating disorders have a difficult and frightening job. Recent research by Pamela Carlton, MD, indicates that they often feel overwhelmed and confused when their critically ill child is hospitalized. They may not understand the severity of the threat to their child's health, and they are often anxious about their own ability to care for their child after discharge.

"Parents are extraordinarily frustrated that they can't get their kid to eat," says Carlton, a staff physician at Lucile Packard Children's Hospital's eating disorders program. "We've found that, although we're taking care of their kids, they're not learning what they can do in the hospital and at home to help their children."

Carlton is spearheading a new effort to teach parents the how and why of the medical, psychiatric and nutritional treatment their child will receive as an inpatient of Lucile Packard Children's Hospital's Comprehensive Eating Disorders Program. The eating disorders staff will also help parents manage their child's condition at home after discharge and will organize weekly support groups for parents of children with eating disorders, a first for the area. The support groups will be led by a social worker and may invite occasional speakers to address common parental questions.

The plan sprang from two focus groups Carlton conducted a year ago, as well as a recent survey of 97

families of Packard Children's Hospital eating disorder inpatients. She asked the parents of children who had been hospitalized for anorexia, bulimia and other eating disorders to list concerns they had about their child's disorder and its treatment.

"What was very interesting to us," says Carlton, "was that hospitalization was the first time the parents realized how sick their kids actually were. We want parents to realize how serious the situation is and why we are taking it seriously. They may think, 'She seemed fine when I brought her into the clinic, so it can't really be that bad.'"

"One thing that really frustrates parents is that they have no idea how to feed their child at home," says Carlton.

Carlton also found that parents are often confused about the rationale and enactment of their child's treatment plan. Participants of the focus groups were unanimous in their desire to have more information about all aspects of their child's disease and treatment, and both groups asked to stay behind after the session to compare notes with each other about their experiences.

"One thing that really frustrates parents is that they have no idea how to feed their child at home," says Carlton. "They're looking at the nutritional guidelines and asking 'What does this mean? What is a serving?'"

As part of the new education campaign, every parent will receive a

binder of information about eating disorders and the types of treatment their child can expect to receive. After reviewing the information, the parents will meet weekly with Carlton for two hours to discuss the material.

Parents will learn, for example, that children who are less than 75 percent of their ideal body weight, or whose hearts beat less than 50 times each minute, have a drastically increased risk of sudden cardiac death even though they may look fine. They will be instructed to watch out for subtle danger signs, including fainting and blue hands or feet, which may signal a medical emergency.

And they will meet Anna, an alternate personality evoked in an essay by a recovering patient describing how it feels to be 'inhabited' by an eating disorder. Finally, the binder includes basic information about food groups and menus for balanced, nutritionally complete meals to feed their child.

In addition to the written information and the weekly question-and-answer sessions, Carlton hopes to set up a resource room for parents at the eating disorder program's new home at El Camino Hospital. When completed, the room will likely offer educational materials for check-out and computer terminals with lists of suggested reputable websites about eating disorders.

Carlton plans to evaluate the effectiveness of the new educational program by surveying parents upon admission and again when their child is discharged.

"If their knowledge and comfort levels about eating disorders and their treatment don't increase, then we'll adjust the program to better meet their needs," she says.

Center for Advanced Pediatric Education (CAPE) Provides Realistic Simulated Environment for Intense Medical Training

The world's first dedicated pediatric and obstetric medical simulation center has opened at the Johnson Center at Lucile Packard Children's Hospital. The center allows physicians and nurses responsible for the health of critically ill newborns, children and their mothers to hone their skills in a simulated medical environment.

The center will offer training programs in a room that can be transformed into a fully stocked replica of a high-risk delivery room, operating room or doctor's office—right down to the locations of electrical outlets and phones.

In addition to health care providers from Packard Children's Hospital, trainees will include physicians, nurses, nurse practitioners and allied health care personnel throughout the country who want to sharpen their skills in life-saving techniques for newborns, children and their mothers.

"Not every hospital has pediatric specialists, and yet there are sick kids who go to those hospitals," says Lou Halamek, MD, director of the Center for Advanced Pediatric Education, or CAPE. "CAPE creates unique training opportunities for neonatal, pediatric and obstetric medicine."

The center offers the opportunity for participants to practice skills in neonatal resuscitation, preparing a sick newborn for transport, handling obstetrical emergencies and trouble shooting problems with life-support systems like ECMO. They will also work on their team skills, including communication and appropriately delegating tasks among team members. Trainees who complete the daylong program will be eligible for

continuing medical education credits.

The simulated 20- to 30-minute neonatal resuscitation scenarios designed by Halamek and his colleagues challenge participants to respond to unexpected yet realistic examples of deliveries gone disastrously wrong.

As the team scrambles to save the patient—played by a medical mannequin—Halamek monitors proceedings through a one-way mirror in an adjacent control room laden with computers, recording equipment and monitors that capture images and sound from each of the eight cameras and several microphones embedded in the ceiling. He can manipulate the mannequin's heart rate, blood pressure and other vital signs at a touch of a button to give immediate feedback in response to the team's actions.

For the participants, the experience is both valuable and harrowing, as the tension in the room escalates and they learn from their successes and mistakes.

"I was sweating," says recent participant Glenn DeSandre, MD, neonatology fellow at Packard

Children's Hospital, commenting that the experience was as real to him as treating a live patient. "Even though the odds of seeing a particular situation again might be low, at least you now have experience with it." The participants also value the debriefing that occurs immediately after each scenario.

"Your view of what happened is so skewed," says JoDee Anderson, MD, neonatology fellow at Packard Children's Hospital, "that you can be too hard on yourself. And you might not have the tools to talk to other members of your team to see what you do well and what you don't do well." Watching the digital video and discussing their performance gives participants valuable feedback in a supportive, non-threatening environment.

CAPE's new facility was made possible by a generous gift from an anonymous donor in the community to the Lucile Packard Foundation for Children's Health. In addition to neonatal resuscitation and transport,

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Louis P. Halamek, MD

Louis P. Halamek, MD, earned his medical degree from Creighton University School of Medicine. He completed his residency and chief residency in pediatrics at the University of Nebraska Medical Center, followed by a fellowship in neonatal-perinatal medicine at Stanford University.

He is currently an associate professor of pediatrics in the division of neonatal and developmental medicine, department of pediatrics, and the division of maternal-fetal medicine, department of gynecology and obstetrics (by courtesy) at Stanford University.

Halamek is also the director of the fellowship training program in neonatal-perinatal medicine. As the director of the Center for Advanced Pediatric Education, he is committed to the incorporation of technology into medical education.

and neonatal and obstetrical team training, Halamek hopes to expand the training to include scenarios set in the pediatric intensive care and cardiovascular intensive care units, including some designed to teach medical professionals to talk with parents about a sick or dying newborn.

Halamek eventually plans to make videos of the scenarios and debriefing sessions available as learning tools for those unable to attend a course at CAPE. And he hopes that the new first-of-its-kind facility will inspire others. "If we're still the only dedicated pediatric training center in ten years, then we will have failed," he says.

But if planned studies comparing simulated vs. traditional classroom training show improvements in clinical practice and team communication, then that outcome may be unlikely. Halamek's concern isn't just for the success of the center, however.

"As long as the care of kids steadily improves, we're doing our job," says Halamek.

The Center for Advanced Pediatric Education, or CAPE, grew out of a long-term collaboration with School of Medicine faculty Dave Gaba, MD,

professor of anesthesiology; Steve Howard, MD, associate professor of anesthesiology; and Yasser Sowb, Ph.D., of the Simulation Center for Crisis Management Training in Health Care at the Veteran Affairs Palo Alto Health Care System.

Current course offerings at CAPE include:

Neonatal resuscitation in the simulated delivery room (NeoSim)

Designed to train health care personnel in resuscitation of the newborn.

Team training in the simulated delivery room (SimDR)

Includes team-training issues involving all who care for the pregnant woman and her baby.

Training for neonatal transport (SimTrans)

Prepares physicians, nurses and allied health care personnel for the responsibility of caring for newborns transported between facilities.

Participants who complete any of the above courses are eligible for 11 credit units of continuing medical education. For more information or to schedule a course, visit the CAPE web site, cape.lpch.org. For pricing information call center coordinator Mary Coyle at (650) 724-5307. Introductory group offers available for a limited time.

"Hotline" Offers Immediate Access to LPCH Services and Information

Need a quick consult? Want to order an X-ray? Tired of talking to the page operator? If you need ready access to Lucile Packard Children's Hospital's doctors, services or information, there's a service just for you.

The **Physician Hotline for Referral and Consultation** was established 10 years ago to help community and referring physicians cut through the red tape that can sometimes snarl phone consults, admissions procedures and ordering diagnostic tests.

The hotline—designed to address urgent and not-so-urgent matters—is available 24 hours per day, seven days a week to make referring physicians' lives easier. Just call **1-800-995-LPCH**.

"It's designed to increase the ease of access for referring physicians to call and speak physician to physician," says Terry O'Grady, RN, director of community and physician relations. "The hotline can decrease the amount of time spent waiting on the phone or getting voice mail and eliminate blockages that may occur when calling a department or clinic directly."

The hotline is staffed by a dedicated bank of operators Monday through Friday from 8 a.m. to 5 p.m. After hours

and on weekends the hotline is answered by the Stanford Hospital switchboard, assuring that calls will be answered any time of the day or night.

"The hotline is usually quite effective if you're having trouble reaching someone," says regular user Michael Taymor, MD, a Palo Alto pediatrician. "Sometimes I have a patient in my office, and I would like to have a phone consult about the best way to manage their condition. When I can't get through by calling either the page operator or the department, the hotline can almost always get a person who can help me."

Despite its name, the hotline is not reserved only for urgent matters. Taymor also uses the hotline to order X-rays and diagnostic tests for patients, and other physicians turn to the hotline with questions about admission procedures. O'Grady is considering a name change to better reflect the line's wide variety of uses.

"We'd like to encourage more community physicians and their office staff to make use of the service," says O'Grady. "Our goal is to facilitate whatever communication needs the community physician may have."

Vaccine Program Focuses on Improving Outcomes

Although parents occasionally question the safety and long-term benefit of vaccination for their child, their fears can usually be assuaged by the knowledge that behind each painful jab are years of research devoted to vaccine development, testing and monitoring.

The Stanford-Lucile Packard Children's Hospital Vaccine Program has been part of that effort for five years, investigating the immune response of children and adults newly infected with one of a smorgasbord of viruses—the first leg in the race to develop effective vaccines.

Now four new grants and a freshly minted consortium between the Stanford-LPCH Vaccine Program, Vanderbilt University and Northern California Kaiser Vaccine Center will allow the program to evaluate possible adverse side-effects of vaccines, study post-vaccination immune responses and breakthrough illness and assess the effectiveness and safety of new vaccines and vaccine combinations.

"This is a very important accomplishment for the Vaccine Program," says program co-founder Ann Arvin, MD. "We now have the capacity to deal with all aspects of vaccine-related research." Arvin is the Lucile Salter Packard Professor of Pediatrics and chief of pediatric infectious diseases at Packard Children's Hospital.

The vaccine program bridges basic biology and vaccine development, says Arvin, translating research findings about individual diseases into new vaccines for children worldwide. Arvin and Harry Greenberg, MD, professor of medicine and senior associate dean for research, co-founded the program in 1997.

Safety Assessment Center

Currently, physicians report adverse events like fevers or seizures cropping up after vaccination to the Vaccine Adverse Event Reporting System. VAERS serves as a first alert for potential problems with vaccines after licensure, recording rare events after vaccination to see whether further investigation is necessary.

"The problem with VAERS is that it doesn't distinguish if there's a causal relationship between the event and the vaccination," says Cornelia Dekker, MD, associate professor of pediatrics and the program's medical director.

To better understand vaccine safety in patients, the Centers for Disease Control and Prevention has named the Vaccine Program, in partnership with Kaiser Permanente Vaccine Center and Vanderbilt University, as one of four Clinical Immunization Safety Assessment Centers.

"The centers are meant to provide vaccine experts who serve as consultants to the CDC," says Dekker. The researchers will craft guidelines for local pediatricians and health care workers to assess unusual symptoms in newly vaccinated children and adults, evaluate reported events and flag individual patients for further study.

The new arrangement has the added benefit of potentially identifying other medically important causes of a patient's symptoms. "We may be able to say 'Here's what the problem may actually be,'" says Arvin.

Evaluation and Research Grants

The program also recently received two grants from the National Institute of Allergy and Infectious Diseases. One designates the vaccine

program, as part of the consortium, as one of seven Vaccine Treatment Evaluation Units nationwide. The other provides funding to the consortium to conduct phase-II and -IV clinical vaccine trials. The program also has received a grant from the National Institutes of Health to function as a Vaccine Immunology Research Center.

Together, the new designations and accompanying funding give researchers the resources to serve as a trial site to answer questions about the safety and efficacy of vaccine combinations; study the use of biological molecules such as monoclonal antibodies to enhance immunity to disease or cancer; and conduct basic pre-licensure immunology research on new vaccines.

"We have the facilities and the expertise to answer questions about vaccine immunity," says Arvin. "Is there breakthrough disease? If so, why?" The consortium's large pool of potential study subjects also allows the study of very rare reactions and the speedy recruitment of trial participants for urgent studies.

The program will also be strengthening its ties to industry and building international collaborations with developing countries in need of cost-effective, dependable vaccines. "Vaccines are for everybody," says Greenberg.

For more information about the Vaccine Program, including lists of current clinical trials and links to national vaccination recommendations, visit the website at vaccines.stanford.edu or call (650) 498-6227.

Faculty Update



Iris Litt, MD

Iris Litt, MD, the Marron and Mary Elizabeth Kendrick Professor in Pediatrics, has been appointed the national

director of the Robert Wood Johnson Foundation's Clinical Scholars Program. The program sponsors young physicians during two- and three-year post-residency fellowships in the non-biological aspects of medical care. Participants complete independent study and research of

topics including health care delivery and financing, biomedical ethics and clinical decision making.

"The program is designed to train future leaders in health and health care," says Litt, who is also the chief of the division of adolescent medicine at Lucile Packard Children's Hospital. "It has a long and distinguished history." The program has recently received \$64 million from the foundation as support for the next 10 years. Litt's first task as the national director will be to develop a core curriculum, which will include leadership training and community-based research for each of the seven

training sites nationwide.

Litt received her MD from State University of New York. She came to Stanford in 1976 as an associate professor of pediatrics. In addition to her research and clinical responsibilities, she was director of the Institute of Research on Women and Gender for seven years beginning in 1990. She was elected to the Institute of Medicine of the National Academy of Science in 1995. Litt's current research interests focus on adolescent health behavior and the prevention, diagnosis and treatment of anorexia nervosa to avoid death and long-term disability.

PUBLICATIONS

The following is a sampling of recently published articles by Lucile Packard Children's Hospital physicians.

Dynamic magnetic resonance guided treatment of developmental dysplasia of the hip. Lincoln, Vandevenne, Rinsky, Butts, and Lang. *Journal of Pediatric Orthopaedics B* 2002 Oct; 11(4):279-83

Serial followup of the contralateral renal size in children with multicystic dysplastic kidney. Abidari, Park, Kennedy, and Shortliffe. *Journal of Urology* 2002 Oct; 168(4 Pt 2):1821-5; discussion 1825

Overcoming bladder disease: A strategic plan for research. A report of the bladder research progress review group, chaired by Linda Dairiki Shortliffe, MD. *National Institute of Diabetes & Digestive & Kidney Diseases*. 2002 Aug; http://www.niddk.nih.gov/fund/other/brprg_book.pdf

Tropism of varicella-zoster virus for human tonsillar CD4(+) T lymphocytes that express activation, memory, and skin homing markers. Ku, Padilla, Grose, Butcher, and Arvin. *Journal of Virology* 2002 Nov; 76(22):11425-33

Latent cytomegalovirus down-regulates major histocompatibility complex class II expression on myeloid progenitors. Slobedman, Mocarski, Arvin, Mellins, and Abendroth. *Blood* 2002 Oct 15; 100(8):2867-2873

The role of oxidative stress in the development of pulmonary arteriovenous malformations after cavopulmonary anastomosis. Malhotra, Reddy, Thelitz, He, McMullan, Hanley, and Riemer. *Journal of Thoracic and Cardiovascular Surgery* 2002 Sep; 124(3):479-85

Effects of partial liquid ventilation on cerebral blood flow and cerebral metabolism in neonatal lambs. Dimmitt, Beckman, Halamek, Moss, Mickas, Falco, Chubb, and Skarsgard. *Journal of Pediatric Surgery* 2002 Jun; 37(6):840-4

Limited surgical interventions in children with posterior urethral valves can lead to better outcomes following renal transplantation. Bartsch, Sarwal, Orlandi, Yorgin, and Salvatierra. *Pediatric Transplantation* 2002 Oct; 6(5):400-5

Neuroanatomy of holoprosencephaly as predictor of function: beyond the face predicting the brain. Plawner, Delgado, Miller, Levey, Kinsman, Barkovich, Simon, Clegg, Sweet, Stashinko, and Hahn. *Neurology* 2002 Oct 8; 59(7):1058-66

Older articles that may be of particular interest:

Pediatric uses of valacyclovir, penciclovir and famciclovir. Dekker and Prober. *Pediatric Infectious Disease Journal* 2001 Nov; 20(11):1079-81

Who's teaching neonatal resuscitation to housestaff? Results of a national survey. Halamek and Kaegi. *Pediatrics* 2001 Feb; 107(2):249-55

Time for a new paradigm in pediatric medical education: teaching neonatal resuscitation in a simulated delivery room environment. Halamek, Kaegi, Gaba, Sowb, Smith, Smith, and Howard. *Pediatrics* 2000 Oct; 106(4):E45

Ethnicity and body dissatisfaction: are Hispanic and Asian girls at increased risk for eating disorders? Robinson, Killen, Litt, Hammer, Wilson, Haydel, Hayward and Taylor. *Journal of Adolescent Health* 1996 Dec; 19(6):384-93

Important Contact Information

PHYSICIAN HOTLINE FOR REFERRAL & CONSULTATION

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Physician Update is published as part of an ongoing effort to serve the needs of physicians who refer to Lucile Packard Children's Hospital at Stanford. To share comments or secure more information, contact:

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