



A PUBLICATION FOR REFERRING PHYSICIANS FALL 2010

In This Issue



Rendering of 321 Middlefield Rd.

New Home for Outpatient Rehabilitation Services

**PATIENT CAPACITY WILL DOUBLE, THANKS TO INCREASED SPACE,
NEW SERVICES AND EXPANDED HOURS**

The Wii games are unpacked in the gym; the biofeedback equipment is ready next door. Soon there will be tasty snacks in the feeding-therapy kitchen and bright new toys in the speech-therapy rooms. On Dec. 1, Lucile Packard Children's Hospital Outpatient Rehabilitative Services will open a state-of-the-art new clinic at 321 Middlefield Rd. in Menlo Park.

"We're very excited," said Jody Winzelberg, AuD, director of rehabilitation services at Packard Children's. "We're going to be reaching more kids and gaining the space to offer several new services that will really benefit our patients."

The new clinic will consolidate outpatient rehabilitation services now offered in four locations: 2345 Yale St., 1000 Welch Rd., the Motion & Gait Analysis Lab at 1101 Welch Rd. and the hospital itself. At 6,200 square feet, the new facility is significantly larger than the current clinics and will accommodate a much wider range of therapies. The expansion will allow the team to greatly reduce waiting lists for popular services such as speech therapy and reintroduce offerings such as sensory integration therapy for children with autism.

The expansion will also relieve pressure on inpatient rehabilitation services at Packard Children's. With all outpatient services relocated to the new clinic, the hospital's rehabilitation clinic will

be devoted solely to inpatients. The new outpatient clinic will be equipped to function as a day hospital for children who no longer require hospitalization but still need rehabilitation to aid their recovery from complex procedures such as cardiac surgery and solid organ transplant.

And the new clinic will enable Packard Children's rehabilitation team to help several groups of patients it has previously not had resources to serve, such as teens with sports injuries and children who need ongoing rehabilitation for chronic pain.

"With this move, we'll gain the space and resources we need to excel at our jobs," said Richard Gee, MS, PT, physical therapy supervisor. "We'll add therapists in all services, and we will have a lot more opportunities for patients and members of the community to benefit from our offerings."

Top-notch Facilities

All three divisions of outpatient rehabilitation services will have plenty of room to grow in the new space.

Speech-language pathology will move into four new treatment rooms, as well as a larger room for augmentative communication, the form of therapy in which children who cannot speak learn to

communicate via devices such as computers and communication boards. The team will also have space to supplement their current offerings with several forms of group therapy, such as parent-child groups for early language learners who show signs of delayed speech, a group for school-age students with fluency disorders and groups for preschool-age children with speech disorders.

"Research has clearly shown that the earlier we can provide intervention and the earlier parents know what to do, the better the child does in the long run," said Maria Morgan, MA, CCC-SLP, speech-language pathology supervisor.

Occupational therapy will gain two standard treatment rooms and a full feeding-therapy kitchen for treating problems such as food aversions, dysphagia, difficulty transitioning off a G-tube and diagnosed eating disorders. The team will also offer a parent-to-parent support group for families whose infants and toddlers have feeding problems. "Having an infant or child who doesn't eat, has weight issues or is on tube feedings affects the entire family," said Marianna Thorn, OT supervisor. "This support is much needed."

The team will also have a specialized treatment room for children who need sensory integration therapy, which is designed to help children who have autism-spectrum disorders or difficulty with attention and activities of daily living become more adept at processing information from their environments.

The rehabilitation team is gaining a biofeedback room and top-notch gym with several brand-new pieces of treatment equipment, including elliptical trainers, stationary bicycles and treadmills. They'll have a fluidotherapy machine, which uses dry heat for progressive desensitization massage in patients with chronic limb pain. Two treadmill-type machines that can bear part or all of a patient's weight – a Lite-Gait and an Alter-G – will give the physical therapists different ways to rehabilitate patients who need help walking or running. Two Wii machines will be hooked up to big-screen TVs, loaded with games that help children improve physical skills such as balancing. And there will be plenty of space for treating children with developmental problems such as torticollis, hypotonia and delayed walking.

In addition, Winzelberg is currently seeking a sponsor for the construction of a proposed outdoor play area at the clinic that could be used for many different types of therapy.

New Therapeutic Offerings

The new facility will give the team enough room to greatly broaden their offerings. Here's a sampling of treatments they plan to add or expand:

Autism treatment—In addition to the new sensory integration treatment room, speech pathologists will offer differential diagnosis for a variety of communication disorders, as well as parent training to teach social-communication skills to children on the autism spectrum. The

Save the Date

Mark your calendar for a special open house for physicians and their families. Tour the new facilities, meet our staff and participate in interactive demonstrations.

**Saturday,
January 22, 2011
10 am – 3 pm**

Invitations to follow under separate cover.

speech pathologists will also offer peer training for siblings of children with autism spectrum disorders.

Sports medicine—Adolescent patients with sports injuries will benefit from top-of-the-line rehabilitation equipment equivalent to that available to professional sports teams. Physical therapists will also begin offering late-afternoon and early-evening appointments to fit teens' schedules.

Biofeedback therapy—Will be used to treat children with chronic pain or gastrointestinal problems such as encopresis.

Cardiac rehabilitation—Will be available for children recovering from cardiac surgery.

Food aversions—From picky eating to diagnosed eating disorders, the occupational therapy team will provide hands-on help to children and parents who struggle with food.

Community reintegration—Will help children who have been hospitalized for long periods prepare to return home after treatments such as neurosurgery and solid-organ transplant.

Handwriting groups—Will supplement individualized treatment for children already receiving occupational therapy for poor handwriting.

Phonology and fluency groups—Children with disorders of speech intelligibility such as phonological disorders, or with fluency disorders such as stuttering, will benefit from receiving therapy with peers who have similar speech difficulties.

Convenient Referrals

Community physicians can direct all referrals for Packard Children's Rehabilitation Services through the hospital's physician referral center at (800) 995-LPCH (5724). The referral center also provides a complete list of authorization codes for rehabilitation services. The rehabilitation team sends regular progress notes back to referring physicians to keep them updated on their patients' progress. Referring physicians who have access to Cerner can also log in directly to patients' electronic medical records.

The entire outpatient rehabilitation team anticipates that the new clinic will greatly enhance Packard Children's ability to reach patients who need physical therapy, occupational therapy and speech-language pathology services.

"We've always delivered excellent service," Winzelberg said. "Our challenge has been how to get more service to more children in a timely manner. The new clinic will be just what we need to reach that goal."

For more information about outpatient rehabilitation services at Packard Children's, visit www.rehab.lpch.org.



Fetal Echocardiograms Key in Diagnosis of Congenital Heart Disease

EARLY DETECTION IMPROVES OUTCOMES AFTER DELIVERY

Lurking in far too many keepsake images of baby's first ultrasound is something pediatric cardiac specialists at Lucile Packard Children's Hospital want to stop: undiagnosed congenital heart disease that, thanks to fetal echocardiograms, can be managed before birth.

"We are the fetus's cardiologist," said Theresa A. Tacy, MD, director of echocardiography at Packard Children's. "Our role is to present an up-to-date, clear view of what a family will be facing with an infant born with heart disease. We're much more than just reporters of information. We are that family's resource."

But before more families can take advantage of Packard Children's world-renowned cardiology care, front-line screeners at community hospitals, clinics and physicians' offices need better training in cardiac imaging to identify heart disease in at-risk patients. Cardiac disease affects about eight in every 1,000 fetuses, and even fetal heart conditions that could be seen in a basic (level 1) screening ultrasound—a missing heart chamber or transposition of the great vessels—are too often missed, Tacy said.

According to a recent study that pooled a year's data from three large Northern California referral centers—Packard Children's, the University of California San Francisco, and the University of California Davis—only 28 percent of 309 infants and fetuses with congenital heart disease were prenatally diagnosed before they arrived at tertiary hospitals. This was despite the fact that 99 percent of the patients received at least one prenatal screening ultrasound.

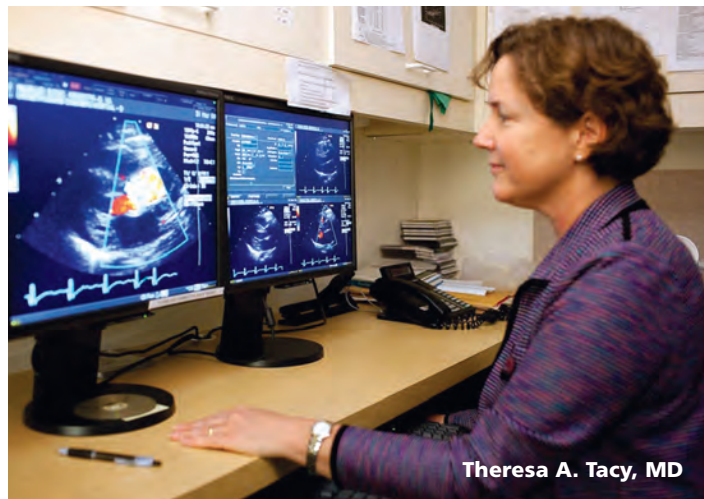
That's why Packard Children's offers training sessions for community medical personnel that focus on cardiac scanning in obstetrical ultrasound. These sessions include lectures and scanning on live models.

Daniel Bernstein, MD, director of Packard Children's Heart Center, said prenatal detection of heart disease allows families to adjust to the diagnosis, become educated about the specifics of their child's illness and plan accordingly.

"And some congenital heart conditions are potentially life-threatening in the first few hours of life," he said. "If you don't have a prenatal diagnosis, the baby will be born at a community facility and then require emergency transport by Life Flight to a tertiary care hospital like Packard Children's, which is potentially dangerous for the child, stressful for the family and can delay treatment."

A much better alternative for the infant in need of immediate cardiac care, Bernstein said, is for the mother to give birth at Packard Children's, home of the Children's Heart Center, the highest-ranked pediatric cardiology program in the Western United States.

"This way, care is more immediate, mother and child are not



separated, and ultimately, it is much safer and even more cost-effective," he said.

Tacy said that by as early as 15 weeks' gestation, Packard Children's physicians can detect some heart defects in the womb. Ninety percent of the cases her fetal echocardiography team reviews do not require extraordinary measures before birth, she noted, adding that most of those patients deliver at their home hospitals.

"But a lot of heart disease is very subtle on a scan, so you really need an expert to review it and decide what, if anything, needs to be done," said Tacy.

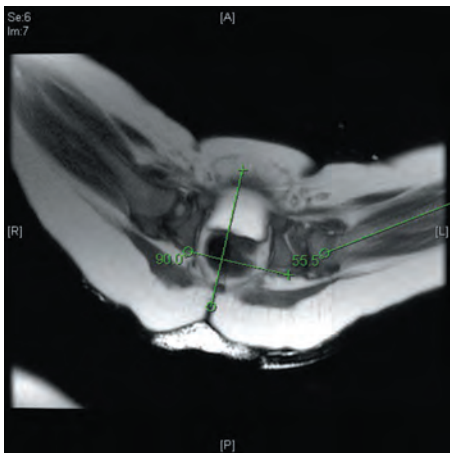
And what maternal conditions should alert community physicians to the potential for fetal heart disease? According to a 2004 Packard Children's study, these include family history of congenital heart disease, maternal diabetes, an obstetrical scan suspicious for congenital heart disease, arrhythmia, maternal rheumatologic disease, extracardiac congenital anomalies, chromosomal anomaly and exposure to a potential fetal teratogen. Recent practice guidelines from the American Institute of Ultrasound Medicine have expanded this list to include pregnancies resulting from in vitro fertilization, increased nuchal thickness on screening ultrasound and monozygotic twins.

"What we want to do is develop a stronger partnership and increased two-way communication with community doctors," Tacy concluded. "When patients are referred here for congenital heart disease, we lay out the full spectrum of the baby's future. We work with the family; we work with the primary doctor. Our interests are the same: We all want the highest and best level of care for the family."

For more information about echocardiography at Packard Children's, visit www.heartcenter.lpch.org or call (650) 721-2121.

Faster MRI Scans Cut Radiation Exposure for Infants with Dislocated Hips

NEW MRI PROTOCOL CIRCUMVENTS NEED FOR ANESTHESIA



MRI scans of infants' hip joints obtained with new technique. Lower image shows measurements made on casted hip.

We're maintaining our quality of treatment at a lower radiation dose.

In an unusual application of magnetic resonance imaging technology, fast MRI scans are reducing radiation exposure for Packard Children's patients with dislocated hips. That's great news for babies and young children with developmental dysplasia of the hip, a condition in which the joint may be dislocated or poorly formed.

"We're maintaining our quality of treatment at a lower radiation dose," said pediatric orthopedic surgeon Meghan Imrie, MD, who performs a surgical procedure to return infants' dislocated hips to their sockets. Imrie is collaborating with pediatric radiologist Shreyas Vasanaawala, MD, PhD, to substitute radiation-free MRIs for computed tomography scans after the surgery.

Doctors collect many images while treating developmental dysplasia of the hip—an ultrasound for diagnosis, scans during and after surgical reduction, and several follow-up x-rays to monitor the joint as the child grows. Computed tomography scans have traditionally been used to get a quick postsurgical confirmation that the hip joint is properly positioned. But CT delivers a relatively high dose of radiation.

So, for the last year, Packard Children's patients have received a post-surgical MRI instead. In order to make the change, Vasanaawala had to circumvent a big obstacle.

"Traditional MRI is a pretty lengthy procedure, and little ones have a hard time being able to stay still," he said. Patients must stay motionless during traditional MRI to keep the image from blurring. Infants generally require anesthesia.

"The anesthesia takes a procedure that's otherwise noninvasive and turns it into a big deal," Vasanaawala said.

In the new protocol, radiologists avoid

the risks of anesthesia by zeroing in precisely on the relevant hip anatomy and taking several very short MRI scans. Each image of the scan takes less than a second.

"We built on prior work of radiologists at Cincinnati Children's Hospital, incorporating a new technique to take the same image over and over rapidly," Vasanaawala said. "Hopefully, one of those times, the child is still and we get some sharp images."

Thanks to the modification, the total time needed for an MRI of the hip joint has dropped from 45 to 10 minutes. And switching from CT to MRI scans has had multiple advantages, Imrie said, because infants' joints consist mostly of cartilage.

"With a CT, you have to infer the location of the soft tissue from other structures," she said. "MRI shows you directly where the cartilage head of the hip is, so it's a better study for this purpose."

The innovation adds to another effort to reduce radiation exposure during surgical reduction of the hip. Several years ago, Packard Children's orthopedic surgeon James Gamble, MD, PhD, began using a mini-fluoroscanner in the operating room to give a live-action x-ray view of the procedure. The mini-fluoroscanner exposes patients to 90 percent less radiation than the full-sized fluoroscanning device it replaced.

"Our approach is to do what's best for our patients while being as mindful of the risks associated with our treatments as possible," Imrie said. "Anything we can do to minimize radiation exposure is good for the babies."

For more information about pediatric imaging at Packard Children's, visit www.radiology.lpch.org or call (650) 497-8376.



Packard Children's Team Uses Bladder Pacemaker to Relieve a Young Patient's Chronic Pain

UROLOGY AND PAIN MANAGEMENT SPECIALISTS COLLABORATE TO GIVE STATE-OF-THE-ART CARE

When Kalmia Beets first arrived at Lucile Packard Children's Hospital in January 2007, her pelvic pain was so severe that the 11-year-old hadn't been to school in months. She struggled to urinate. And no one knew if the opioid analgesics she was taking were making her condition better or worse.

"We had two priorities in Kalmia's case: provide symptom relief, because she was in a lot of terrible pain, which was limiting her ability to function as a kid, and find and treat the underlying issues," said Elliot Krane, MD, director of the pain management service at Packard Children's.

Kalmia and her mom came to Packard Children's from their home in Hawaii after physicians there were unable to address her condition. Krane assembled a multidisciplinary team, including specialists in urology, radiology, neurology, pediatric gynecology and psychology, to provide a complete diagnostic workup. The team had to consider a wide spectrum of diagnoses, from spinal tumors to multiple sclerosis to emotional disorders.

After ruling out several possible explanations for the pain, the physicians concluded that the opioids and sedatives that Kalmia had been prescribed at home were paralyzing her bladder. As Krane worked to detox her and transition her to better pain medications, pediatric urologist William Kennedy, MD, dealt with the next problem that arose: Kalmia's bladder went from underactive to overactive, spasming and causing a very frequent urge to urinate.

"We did a set of complex urodynamic studies on how her bladder worked," Kennedy said, noting that Packard Children's has one of the few state-of-the-art facilities in northern California for pediatric urodynamic studies.

Several medications for overactive bladder caused undesirable side effects, so Kennedy decided to test an unconventional therapy. He implanted a "bladder pacemaker," a small device that sends regular electrical impulses to Kalmia's spinal nerve roots, to regulate her bladder function.

"Dr. Kennedy explained everything in terms that I could understand," said Kalmia's mom, Lisa Muehlstein, recalling the decision to try the bladder pacemaker. "It was just fabulous."

The bladder pacemaker is not yet FDA-approved for children, but Kennedy was able to use it in Kalmia's case under an experimental protocol. "We were quite fortunate that we were able to hit a home run in her therapy using it," he said.

Compassionate care from Packard Children's psychologists was also integral to Kalmia's treatment. "You can't have severe, chronic pain without having psychological ramifications," Krane said. "Psychotherapy is a very important aspect of what we do in the pain management service."

And urologic problems can be psychologically isolating, too.

"I always remind my patients that everyone feels comfortable talking about their tonsils or their broken arm," said



Lisa Muehlstein and Kalmia Beets

Kennedy. "But the fact that people are shy about discussing urologic conditions doesn't mean you're the only young person with this type of problem."

Kalmia is now a 15-year-old high school sophomore. She earned a 4.0 GPA in her freshman year of high school, does hip-hop dancing in her free time and will run the Big Sur half-marathon in central California this fall.

"So much has changed—it's been phenomenal," Kalmia said recently. "I couldn't have asked for better treatment."

For more information about pediatric urology at Packard Children's, visit www.urology.lpch.org or call (650) 497-8156. For more information about pediatric pain management at Packard Children's, visit www.pain.lpch.org or call (650) 497-8977.

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Physician Partner Relations Update

New Ambulance Provider for Packard/Stanford

A new ambulance provider, Integrated Transport Solutions, has been selected to serve the needs of Lucile Packard Children's Hospital and Stanford Hospital & Clinics.

Ambulance Services provides critical care transport as well as Basic Life Support (BLS) transports for less acute needs. They also transfer and discharge many patients daily.

Transition to Integrated Transport Solutions was effective October 5 at 7 am and was seamless, with no major changes or interruptions occurring.

For more information, please contact Andrew Palmquist at apalmquist@lpch.org or (650) 723-6913.

Update on Clinic Operations

Patient Satisfaction

The Lucile Packard Children's Hospital clinics achieved their highest mean score for Keeping Families Informed of Delays on the Press Ganey Survey for third quarter 2010. This improvement is due largely to the efforts of the Service Ambassador team, their co-workers and providers. When the Services Ambassador team started in 2008, the mean score for this question was 72.1. Since then, scores have increased steadily to the current high of 77.1. We are also happy to report that the rate of On-Time Clinic Starts exceeded the 95 percent target for all services. On-time starts was identified by the Service Ambassadors as one of the easiest ways to avoid clinic delays and positively influence families. Congratulations to all physicians and clinic staff who worked so hard on this effort!

Third Next Available New Appointment

This year we set a goal to have 50 percent of our services meet the third next available new appointment target of 10 days or less. We have successfully met and, for some months, exceeded the goal. This year, the goal is set at 80 percent of services meeting the target. We are currently at 72 percent. We now have a quarterly report that informs service chiefs about average demand for new appointments. We plan to help all services meet the new target.

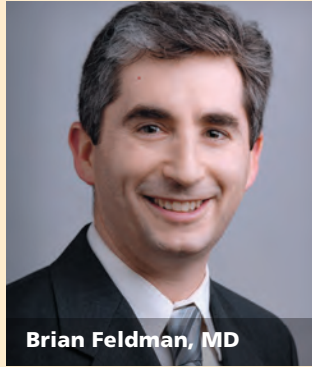
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Faculty Update

BRIAN FELDMAN, MD, assistant professor of pediatric endocrinology in the School of Medicine, has received a \$1.5 million, five-year Director's New Innovator Award from the National Institutes of Health to study how hormones influence the fate of maturing stem cells. His research on the basic biology of this relationship could lead to new therapies for a variety of diseases.



Brian Feldman, MD

ERIC SIBLEY, MD, PHD, associate professor of pediatrics in gastroenterology, has been elected to the American Clinical and Climatological Association, a scientific society established in 1884 that initially concerned itself with treatment of tuberculosis by residence in a suitable climate. The society has expanded its field of interest to multiple disciplines within the broad scope of internal medicine.

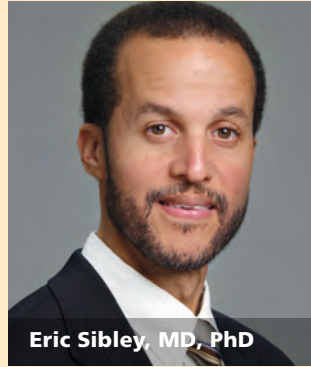
JAMES LOCK, MD, PHD, psychiatric director of the Comprehensive Eating Disorders Program at Lucile Packard Children's Hospital, received the National Eating Disorders Association's Price Family Award for Research Excellence. The award, which recognized his entire body of research on eating disorders, was given Oct. 10 at NEDA's annual conference in New York City.

ELLIOT KRANE, MD, director of the pain management service at Packard Children's, has been selected as a 2010-11 Mayday Fellow. The Mayday Pain & Society Fellowship was established by the Mayday Fund, a foundation dedicated to alleviating the incidence, degree and consequence of human physical pain, and to providing leaders in the field

with tools that will enable them to reach the broader public. Krane will participate in intensive training and five months of coaching in media, policy and leadership.

In September, **RICHARD BARTH, MD**, chief of pediatric radiology at Packard Children's, was named No. 8 on a list of the top 25 most influential people, institutions and events that shaped radiology in 2010 by *rt image* magazine, the national weekly magazine for radiology professionals. Under Barth's leadership, the Packard Children's radiology team has been honored with several awards for research in pediatric imaging.

MICHAEL HSIEH, MD, PHD, assistant professor of urology, won second prize in the basic science category at the 2010 American Academy of Pediatrics, Section on Urology, meeting for his paper titled, "The Bacterial General Stress Response Confers Antibiotic Resistance to Uropathogens in Vivo." The collaborative research effort with Dr. A.C. Matin at Stanford investigated how the bacterial general stress response may confer antibiotic resistance to uropathogens in vitro and in vivo through antioxidant activity. Dr. Yang Wu, associate professor of



Eric Sibley, MD, PhD

urology, won this prize at the 2009 national meeting for his research on brain regulation of voiding.

SHREYAS VASANAWALA, MD, PHD, assistant professor of radiology, received the GE Healthcare 2010 Thought Leader Award for innovation in pediatric MRI at the annual meeting of the International Society for Magnetic Resonance in Medicine in Stockholm, Sweden on May 7.

THOMAS KRUMMEL, MD, professor and chair of the department of surgery at the School of Medicine and Susan B. Ford Surgeon in Chief at Packard Children's, has been elected to two positions in the James IV Association of Surgeons: international vice president and president of the U.S. division. The association, named for a surgically-minded English monarch, sponsors travel fellowships and other activities to improve communication between surgeons in English-speaking countries.

The Innovations in Patient Care Grant Program, administered by Spectrum Child Health at the Stanford Center for Clinical and Translational Education and Research, has announced five new grants for research projects examining patient care at Packard

Children's. The awardees and their project titles are as follows: **KRISTEN BECKLER, CTBS, CCLS**, "Decreasing patient anxiety through PREP during heart transplant evaluation"; **ANNA BRUCKNER, MD**, "An investigational pilot study to evaluate sildenafil for the treatment of lymphatic malformations"; **DEBORAH FRANZON, MD**, "Evaluating the effect of implementation of an electronic medical record (EMR)-linked PICU dashboard: Adherence to patient safety guidelines and the impact on staff communication"; **KEVIN PIERONI, MD**, "Aluminum content of parenteral nutrition solution products"; and **KRISTINE TAYLOR, RN**, "Certification of pediatric nurses improves nursing environment." Each researcher received a maximum of \$25,000 for a one-year project. The funding was made possible by a grant from the Lucile Packard Foundation for Children's Health.

AL LANE, MD, professor of dermatology and of pediatrics, retired in June as chair of the department of dermatology at the Stanford University School of Medicine after 15 years of service. "During his tenure, he helped make the current department one of the jewels of Stanford as well as the nation. In addition to his attention to faculty, resident and student development, Dr. Lane led by example with great personal integrity and excellence. We are all indebted to his many efforts," said Philip Pizzo, MD, dean of the School of Medicine. Lane remains a member of the department's faculty and continues to see patients at Packard Children's.



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Physician Update is published quarterly 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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19th Annual Pediatric Update and Pre-Conference

July 14–16, 2011
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