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country, Stanford offers the longest-running program in the world. The CyberKnife was conceptualized by a team led by Stanford's John Adler, professor of neurosurgery, in 1989, and Adler continues to serve as a resource to programs launched at Stanford and elsewhere. In addition to Drs. Chang, Gibbs, and Adler, CyberKnife physician team members include Drs. Griffith Harsh and Michael Edwards of the Department of Neurosurgery and Drs. Scott Soltys, Steven Hancock, Quynh Le, Karyn Goodman, Dan Kapp, Chris King, and Albert Koong from the Department of Radiation Oncology.

(Continued on page 2)

THE REFERRING PHYSICIAN RESOURCE CENTER CAN HELP!

If you or your office staff needs help with:

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- Referral facilitation
- Scheduling your patients
- Contacting a Stanford faculty member

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Call the Referring Physician Resource Center at (866) 742-4811 where a resource nurse can assist you with any Stanford Hospital and Clinics access questions or documentation requests. The RPRC is open Monday through Friday from 8:00 a.m. to 5:00 p.m. Pacific time. We look forward to providing the assistance you need!

CyberKnife® Team Offers Noninvasive Tumor Treatments

Neurosurgeon Steven D. Chang, M.D., and radiation oncologist Iris C. Gibbs, M.D. are enthusiastic about the benefits of Stanford's noninvasive CyberKnife, but their real satisfaction, both say, comes from working in an environment where they are able to present the widest range of treatment options for their cancer patients.

Originally limited to brain surgery, where the CyberKnife's computer guidance system eliminated the need for screw-mounted head braces, the technology is gradually expanding to extracranial procedures, explain the two Stanford faculty members, who serve as co-directors of the **CyberKnife Radiosurgery Program**.

"When we can save a patient's eyesight because of our precision approach, or when we see a tumor patient get up from the treatment table and go out for lunch instead of to the ICU, we are grateful that we were able to offer the CyberKnife," says Gibbs. "But it's important to ask first, 'Have we offered the best choice to our patient right now?' Fortunately, we are not constrained in our thinking because we have a full range of treatment options to present in a coherent way," Gibbs adds.

The pair began a collaboration in 2000, only a year after the CyberKnife was approved by the FDA for brain tumor interventions.

While the CyberKnife, which combines the precision of surgery with the noninvasive safety and comfort benefits of radiotherapy, is increasingly available at medical centers across the

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Specifically, the CyberKnife technology offers noninvasive image-guided localization and robotic delivery that provides treatments for tumors with sub-millimeter accuracy using a high energy (6mv) radiation beam. Unlike earlier or alternative systems, patients are not tethered by a rigid metal frame affixed to the skull for head immobilization and target localization. Those frame-based alternatives, besides causing considerable patient discomfort and anxiety, restrict the angles of radiation delivery and prevent multiple-day sessions when called for. Most treatments for brain tumors are completed in a single treatment session,

RIS C. GIBBS, MD, is Assistant Professor of Radiation Oncology and Co-Director of CyberKnife® Radio-surgery at Stanford Hospital and Clinics. Dr. Gibbs received her MD from Stanford University School of Medicine in 1995. She is a **board-certified radiation oncologist** who specializes in the treatment of CNS tumors. Stanford's Radiation Oncology Department is committed to providing high quality, full-service radiation oncology care in an interdisciplinary setting and cutting-edge care in selected clinical areas. Dr. Gibbs' research focuses on developing new radiation techniques to manage brain and spinal tumors in adults and children.

STEVEN D. CHANG, MD, received his MD from the Stanford University School of Medicine in 1993, and is Assistant Professor of Neurosurgery and Director of CyberKnife Radio-surgery. The Department of Neuro-surgery is strongly committed to cross-disciplinary research that brings current medical developments into clinical practice. Dr. Chang, a **board-certified neurosurgeon**, specializes in the treatment of vascular disorders and tumors of the brain and spinal cord.



History of the Stanford CyberKnife

The original CyberKnife was developed at Stanford, where the first patient was treated in 1994. The prototype unit was used between 1994 and 2001. The CyberKnife was approved by the FDA (U.S. Food and Drug Administration) in 2001, and the first FDA approved CyberKnife was installed at Stanford in October, 2001.

- The "old" Stanford CyberKnife treated 348 patients from 1994 to June 2001.
- The "new" CyberKnife treated 1640 patients from November 2001 to October 2005.
- The 1,000th CyberKnife patient at Stanford was treated in October 2003.
- The 2,000th CyberKnife patient was treated in November 2005.
- The 2,500th CyberKnife patient is expected to undergo CyberKnife treatment in the Summer of 2006.
- Stanford is widely regarded as the most experienced CyberKnife treatment center in the world.

although two to five sessions of treatment are used in selected cases using the precisely targeted high-powered beam, say Chang and Gibbs.

Since 2001 the CyberKnife has been approved by the FDA for whole body treatment and has shown promise for a variety of extracranial tumors, most notably for spine and lung lesions, where invasive surgery poses special risks. For lung surgery, the CyberKnife's space age tracking system is a unique synchronous modality that compensates for the patient's breathing movement during treatment. This allows greater comfort, accuracy and even speed, because the procedure doesn't have to stop for a breath; the patient breathes normally.

This summer will bring the latest generation CyberKnife G4 System to

Stanford, which in addition to offering the latest refinements to treat brain tumors offers technical enhancements to streamline treatment of extracranial tumors. An existing G3 system will also remain at Stanford.

"The CyberKnife...combines the precision of surgery with the noninvasive safety and comfort benefits of radiotherapy"

The accuracy of the tracking technology in both the G3 and G4 units makes higher doses shorter and safer, often allowing doctors to reduce the number of required treatments and visits. Gibbs and Chang explain that the greater accuracy reduces the amount of healthy tissue potentially affected by radiation.

Chang says the team often uses both surgical and CyberKnife modalities to treat larger tumors or metastasized cancers.

For metastasized cancers, the CyberKnife team coordinates closely with the patient's oncologist.

Chang, Gibbs and the CyberKnife program may be reached through Stanford's Physician Portal (<https://mdportal.stanfordhospital.com>), or physicians may call (800) 756-5000. Chang's e-mail address is sdchang@stanford.edu; Gibbs may be reached at iris.gibbs@stanford.edu.

Dermatology Services at Stanford

The Dermatology Clinic at Stanford provides specialized care for patients with severe skin disease as well as general skin problems. Phone consultation is available for physicians with questions about clinical matters and patient referrals.

Along with general and specialized dermatology services, the Stanford Division of Dermatologic Surgery offers **Mohs Micrographic Surgery**, a less invasive method of removing selected skin cancers under local anesthesia that offers the highest cure rate for skin cancers compared to other therapies. With precise mapping of the tumor, the minimum amount of normal skin is removed, lessening the potential for scarring or disfigurement.

Dr. Alfred Lane, Dr. Hayes Gladstone, and the dermatology clinic team are available for your consultation Monday through Friday from 8:30 a.m.-5:00 p.m. by calling the Referring Physician Resource Center nurse at (866) 742-4811.

For additional information, visit www.dermatology.stanfordhospital.com.

Partnering with physicians in our communities to provide exceptional care and service.

New Arrhythmia Service Brings the Future to Stanford

To better meet the needs of referring physicians and their patients, the Stanford Arrhythmia Service provides state-of-the-art care for cardiovascular conditions and symptoms ranging from atrial fibrillation and palpitations to life-threatening arrhythmias.

Led by Paul Wang, MD, specialists have been recruited from around the country to form the new service. Dr. Amin Al-Ahmad (Tufts University), Dr. Paul Zei (Brigham & Women's Hospital), and Dr. Henry Hsia (University of Pennsylvania) make up the cutting-edge team.

The new Stanford Arrhythmia Service performed the first clinical cryoab-

lation of arrhythmias on the west coast and the first human real-time three-dimensional CT reconstruction of the pulmonary veins and left atrium for atrial fibrillation ablation in the world. Additionally, they published a robotic, catheter-based ablation system and hosted the first Biodesign New Arrhythmia Technologies meeting in the country, held at Stanford in April, 2006.

Focus on Catheter Ablation

"Stanford offers a broad range of possible catheter ablation procedures. Recent advances make catheter ablation feasible in previously unsuccessful cases," states Wang, "and we are working on new techniques that we hope will revolutionize treatment for patients with recurrent arrhythmias, such as patients with atrial fibrillation

TABLE 1: ROLE OF CATHETER ABLATION

Arrhythmia	Role of Catheter Ablation
Atrial Fibrillation	Treatment for patients that remain symptomatic despite antiarrhythmic drug therapy
Supraventricular Tachycardia	Treatment as alternative to A-V nodal blocking agents Patients with failed prior ablations may have improved success. Patients with SVT close to A-V node may be candidates for cryoablation
Atrial Flutter	Treatment with high success rate and does not require left sided access
Ventricular Tachycardia	Treatment for patients with recurrent ICD shocks. VT ablation is now feasible even in some patients with VT too rapid to map

TABLE 2: ADVANCES IN CATHETER ABLATION

Technique	Advantage
3-Dimensional Computerized Mapping	Provides localization of arrhythmia circuit and catheter position
Import of 3-D MRI or CT Image	Provides patient-specific anatomic information to guide ablation
Intracardiac Echocardiography	Provides real-time imaging; guides transseptal catheterization and catheter positioning
Larger Tip and Cooled Radiofrequency Ablation	Creates larger and deeper lesions for atrial flutter, atrial fibrillation and ventricular tachycardia ablation
Cryoablation	Provides reversible mapping ablation to minimize significantly risk of A-V block



PAUL J. WANG, MD, received his BA in biochemical sciences from Harvard, and his MD from Columbia University. He is Professor of Medicine at Stanford University School of Medicine and Director of the Cardiac Arrhythmia Service and Cardiac Electrophysiology Laboratory at Stanford University Medical Center.

Dr. Wang received his medical degree from Columbia University, New York. His residency in internal medicine was completed at Presbyterian Hospital in New York, and he completed a fellowship in Cardiovascular Diseases at

Brigham and Women's Hospital in Boston. He joined the Stanford Hospital & Clinics faculty in 2003.

Dr. Wang's research centers on the development of innovative approaches to the treatment of arrhythmias, including catheter ablation, implantable devices, and diagnostic techniques.

Paul Wang can be reached at 650-724-9609 or pwang@cvmed.stanford.edu.



HENRY H. HSIA, MD, is Associate Director of the Stanford Cardiac Arrhythmia Service and Cardiac Electrophysiology Laboratory. Dr. Hsia joined Stanford from the University of Pennsylvania, having received both his undergraduate and medical degrees from Tufts University. Dr. Hsia has over 13 years of experience as an attending electrophysiologist, six of those on the faculty of the University of Pennsylvania, one of the most outstanding electrophysiologic programs in the country. He has written numerous articles on implantable defibrillators,

ventricular tachycardia, atrial fibrillation, and catheter ablation.

Dr. Hsia has a particular interest in the catheter ablation of complex arrhythmias including atrial fibrillation, atrial tachycardias, supraventricular tachycardias, and ventricular tachycardia. He continues to be involved in a number of clinical trials involving implantable defibrillators, catheter ablation, and resynchronization therapy.

Dr. Hsia would be pleased to discuss specific cases with physician colleagues, and can be reached at 650-723-7111 or hhsia@cvmed.stanford.edu.



PAUL C. ZEI, MD, PHD, received his undergraduate degree from Johns Hopkins University and his MD and PhD degrees from Stanford University. His medical residency training, cardiovascular training, and cardiac electrophysiology training were at Brigham and Women's Hospital, a major teaching hospital of Harvard Medical School. Prior to Stanford, Dr. Zei served as Instructor of Medicine at Brigham and Women's Hospital and Harvard Medical School. He has a particular interest in mechanisms of ventricular tachycardia and ablation of complex

arrhythmias, including ventricular tachycardia, atrial fibrillation and atrial tachycardias.

Paul Zei can be reached at (650) 723-7111 or pzei@cvmed.stanford.edu, and would be pleased to discuss specific patients with physician colleagues.

who remain symptomatic despite anti-arrhythmic drug therapy and patients with ventricular tachycardias previously considered too rapid or unstable for successful treatment.

"We utilize the latest techniques for three-dimensional computerized mapping, importation of 3-D MRI and CT images, intracardiac echocardiography, larger tipped and cooled radiofrequency ablation, and catheter cryoablation."

In addition to these clinical approaches, Wang states that Stanford is making great strides in advancing new diagnostic and therapeutic approaches including robotic approaches for treatment of atrial fibrillation, and is considering several clinical studies for new approaches to atrial fibrillation ablation.

The Stanford team also has expertise in the treatment of failed prior biventricular implants. "Our hypertrophic cardiomyopathy program combines heart failure management, arrhythmia management, septal ablation, and myomectomy with imaging and analysis of genetic profile to provide a complete management program," comments Wang. "A syncope and autonomic evaluation program is being developed."

Stanford's Arrhythmia Service is dedicated to the highest standards of service to referring physicians. Doctors Paul Wang, Amin Al-Ahmad, Henry Hsia, and Paul Zei are readily available for consultation and may be reached directly via the Referring Physician line **24 hours, 7 days** a week by calling (650)724-9509, or through their administrative office (650) 723-7111. New patient appointments may be made at (650)736-1384. Email contact information:

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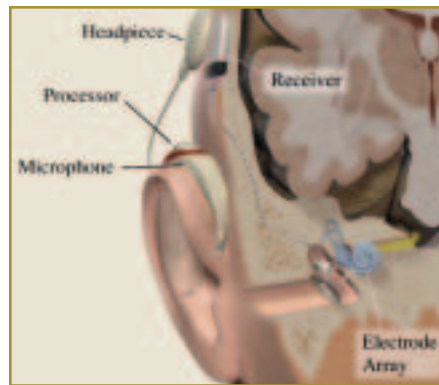
From Hearing Aids to Cochlear Implants – Stanford Program Can Help

The 12 million Americans age 55 and older with age-related hearing loss suffer and wait an average of seven years before seeking treatment. Why?

Mainly vanity, agree leaders of a Stanford team vowing to correct the unfortunate delay that often results in needless silence – or at least the embarrassment of missing out on conversation.

Of course hearing loss affects not only seniors, but also millions more adults of all ages, children and even infants. Many of these sufferers benefit from the space age interventions, such as cochlear implants, for which Stanford has forged a reputation. But many others, if they put aside their vanity, can benefit from more basic interventions – also available from Stanford.

“People may not immediately think of Stanford when they think ‘hearing



aids;” concedes Gerald R. Popelka, PhD, professor and chief of audiology. “Nevertheless, we have one of the most comprehensive programs around.

On the high tech side, Stanford has been a driving force in the development of implantable hearing prostheses since 1964, when it became the first center to restore speech awareness with a cochlear implant. **The Stanford Cochlear Implant Center** continues to restore hearing through cochlear implants to people who receive little or no benefit from conventional hearing aids or to infants identified with severe to profound bilateral hearing loss. An electrode implanted into the

inner ear converts mechanical sound vibrations into electrical nerve impulses via a small receiver worn like a conventional hearing aid. Two leaders of the cochlear implant program, Medical Director Nikolas H. Blevins, M.D., Assistant Professor Otolaryngology, and Audiology Director Jan Larky, M.A., have more than 30 years combined experience in cochlear implantation.

But Blevins, Larky, Popelka, and their colleagues emphasize that Stanford’s **Audiology and Advanced Hearing Devices Program** provides a full range of hearing aids and other assistive listening devices, including models which are more comfortable, less noticeable and generally far clearer and more flexible than models of even a few years ago.

While a cochlear implant may be a first option for infants or for some adults, most people will start at Stanford with a hearing aid. Newer models have made quantum leaps in the past few years, offering innovative technologies and designs that improve performance and comfort and can be custom adapted to meet the specific hearing needs and habits of users.

Newer models offer such features as:

- Adaptive directional microphones to help users screen out background or extraneous sounds
- Automatic feedback reduction
- More settings to fine-tune performance in different environments, such as crowds
- Automatic and coordinated adjustment of settings in both ears to account for changing conditions in the listening environment
- Controls linked to other devices, such as the user’s wristwatch, allowing the owner to change settings more easily and discreetly
- Improved integration with cell phones and other personal listening devices



NIKOLAS H. BLEVINS, MD

Assistant Professor (Otology & Neurotology) Stanford University School of Medicine

Nikolas Blevins specializes in disorders of the middle ear, inner ear, facial nerve, and skull base. He is the Director of the Stanford Cochlear Implant Center, which is dedicated to the application of the most advanced technology to hearing restoration.

Dr. Blevins received his bachelor’s degree in biology from Stanford University before traveling to Boston to

complete his medical training at Harvard. Dr. Blevins then completed his residency in Otolaryngology at the University of California at San Francisco, and remained at UCSF for additional fellowship training in otology/neurotology. After a stint as director of the Division of Otology and Neurotology at the Tufts Medical Center in Boston, Dr. Blevins returned to California in 2003 to join the Stanford Department of Otolaryngology.

The Stanford Cochlear Implant Center is conveniently located at 801 Welch Road, Stanford, and can be reached at 650-736-4351, or cochlearimplant@stanford.edu. Nikolas Blevins is available to answer questions or for phone consultations about your patients through the Cochlear Implant Center at 650-736-4351, through the Otolaryngology academic office at 650-725-6500, or via email at nblevins@stanford.edu.

“It’s important that people seeking hearing improvement be realistic and understand that most hearing loss involves some permanent sensory loss, unlike loss of visual focusing which often can be totally corrected with glasses,” says Blevins.

“Nevertheless,” says Popelka, “I believe most people will find that the improvements to be gained have minimized or eliminated any cosmetic or

comfort issues that may have been a deterrent in the recent past. For most people, the visual vanity of wearing a device is trumped by the social and life-enhancing ability to respond appropriately to conversation and the sounds around them.”

The Stanford Audiology and Advanced Hearing Devices Program and the **Cochlear Implant Center** can be contacted at (650) 736-4351, or cochlearimplant@stanford.edu. The fax number is (650) 725-6685. The program and center is located at 801 Welch Road, Stanford, CA 94305-5739.

Mark Your Calendar...

Upcoming CME Symposia

Urogynecology & Pelvic Floor Disorders

August 18, 2006, Stanford, CA

*Perspectives on Pain & Palliative Care**

October 2-4, 2006 Kohala Coast, HI

Pediatric Otolaryngology

October 27 & 28, 2006 Palo Alto, CA

Cardiology for the Internist: A Clinical Update

October 28, 2006, Palo Alto, CA

Otology & Neurotology Update 2006

November 2-4, 2006 San Francisco, CA

*Perspectives on Pain & Palliative Care**

December 8 & 9, 2006, Palo Alto, CA

Hand Surgery at Squaw – A Symposium For Surgeons and Therapists

January 19-21, 2007, Squaw Valley, CA

*AB 487, signed into law in 2001, requires most physicians to complete 12 units of continuing medical education on “pain management” and/or “the appropriate treatment of the terminally ill” by December 31, 2006. These courses meet this requirement.

For more information and a schedule of current CME courses, please visit

www.cme.stanfordhospital.com, email shc-cme@stanfordmed.org, or contact Yolanda Cervantes at

650-724-9549.

The Transfer Center Connects Patients – and Their Referring Doctors – to Appropriate Resources

A regional scarcity of hospital beds – especially those in high acuity or uniquely specialized services – has triggered some possibly surprising, even counterintuitive, advice for those doctors seeking to transfer a patient to the services Stanford offers:

“When you as a physician need to transfer your patient to Stanford, call the Transfer Center first. You’ll get a live person 24 hours a day who will initiate the request and get things started,” says Transfer Center Medical Director Stephen J. Ruoss, M.D., Associate Professor of Medicine (Pulmonary and Critical Care).

“The Transfer Center can coordinate the entire patient transfer, including putting the referring MD in touch with the proper Stanford physician, checking on bed availability in real time and arranging the transport,” says Neurosurgery Chair Gary Steinberg, whose service is the largest single recipient of transfers to SHC.

“Patient transfer depends on accurate, meaningful communication



between the referring physician and a physician, usually an attending, in the Stanford specialty service where we expect an incoming patient to be served,” says Nancy Sowers, director of the **Lifelight Transfer Center**, and **Communications Center** programs. A crucial step in the transfer process, she says, occurs when the referring physician talks with a Stanford colleague. Typically joining the physicians on the line is one of five Transfer Center nurses, all RNs with a critical care or emergency department background, who can assess in real time the criteria that make for a successful transfer – bed availability, patient condition, availability of specialized Stanford services, transportation logistics and financial information.

“We can begin transport arrangements as early as five minutes from the start of a call, but we need to get information here in the Transfer Center to make that possible,” says Michelle Coffman, Lead Transfer Center RN, who constantly monitors bed and resource availability.

The Transfer Center receives about 400 transfer requests each month from throughout the region by ground ambulance (basic and advanced life support and critical care transport),

(Continued on page 8)

Stanford Hospital & Clinics Department of Continuing Medical Education 2006 Needs Assessment

This one-page needs assessment is another step in our action plan to improve access, information, and services to our referring physician community, and serves as a major assessment tool in developing future CME programs at Stanford Hospital and Clinics.

1. In which of the following location(s) would you prefer to attend CME events:

- | | | | |
|--|---------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> On the Stanford University campus | <input type="checkbox"/> Within State | <input type="checkbox"/> Snow | <input type="checkbox"/> Sun |
| <input type="checkbox"/> Within 25 miles of my office | <input type="checkbox"/> Out of State | <input type="checkbox"/> Golf | <input type="checkbox"/> Cruise |
| <input type="checkbox"/> At my hospital or clinic | | <input type="checkbox"/> Family-friendly | <input type="checkbox"/> Other _____ |

2. What type of CME event do you prefer?

- | <u>DURATION</u> | <u>DAY</u> | <u>STYLE</u> | <u>GEARED TOWARD</u> |
|--|-----------------------------------|---------------------------------------|----------------------------------|
| <input type="checkbox"/> Grand rounds | <input type="checkbox"/> Mid-week | <input type="checkbox"/> Multi-topic | <input type="checkbox"/> MD only |
| <input type="checkbox"/> Case presentation | <input type="checkbox"/> Weekend | <input type="checkbox"/> Single topic | <input type="checkbox"/> RN only |
| <input type="checkbox"/> Half day | | <input type="checkbox"/> Combined | |
| <input type="checkbox"/> Full day | | | |
| <input type="checkbox"/> Multiple day | | | |

3. Please select all content areas that would best suit your continuing medical education needs.

- | | | |
|---|---|---|
| <input type="checkbox"/> Asthma and Allergies | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Plastic Surgery |
| <input type="checkbox"/> Back Pain | <input type="checkbox"/> Headaches | <input type="checkbox"/> Respiratory |
| <input type="checkbox"/> Bariatric | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Sports Injuries |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Infectious Diseases | <input type="checkbox"/> Stroke |
| Specify _____ | <input type="checkbox"/> Immunology | <input type="checkbox"/> Thyroid Disorders |
| <input type="checkbox"/> Cardiology | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Transplant |
| <input type="checkbox"/> Chronic Pain | <input type="checkbox"/> Minimally Invasive Surgery | Specify _____ |
| <input type="checkbox"/> Dermatology | <input type="checkbox"/> Neurosciences | <input type="checkbox"/> Trauma/Critical Care |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Ophthalmology | <input type="checkbox"/> Women's Health |
| <input type="checkbox"/> Eating Disorders | <input type="checkbox"/> Orthopedics | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> End of Life Issues | | |

Preferred subspecialty: _____

Preferred speaker: _____

Please send me notice of Stanford Hospital and Clinics CME events via:

Email _____ US Mail _____

Address

City

State

ZIP

Where is your practice located (city and state)? _____

Thank you for your participation. Please return via facsimile to (650) 497-8585.

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Transfer Center (Continued from page 6) helicopter and fixed wing air ambulance. Specialty transport includes IABP (intra aortic balloon pump) and LVAD (left ventricular assist device), as well as critical care and trauma. While referring hospitals are responsible for arranging transportation to Stanford, “the Transfer Center’s expertise is often brought into play to help make arrangements,” Sowers says.

“It’s best when the referring physician makes the initial contact call so that we can begin matching need to availability,” says Ruoss “However, realistically, we realize that sometimes a case manager or another member of the team must make the first call.”

“The more complete information we have right here in the Transfer Center, the better chance we have of accepting the patient,” says Sowers.

If a transfer is not possible at the time of request, patients can be wait-listed. When appropriate, a Stanford specialty consultant will assist the referring team until a transfer can be arranged, “and we will check the regional network to see if another appropriate institution can provide appropriate care,” Ruoss says.

Referral Services at Stanford



Referring Physician Resource Center 866-742-4811
 Stanford Consumer Referral 800-756-9000
 Cancer Care Referral 877-668-7535
 Fax 650-320-9443
 E-mail Inquiries referral@stanfordmed.org
 Physician Directory Online www.stanfordhospital.com

Transferring a Patient to Stanford Hospital & Clinics:

- Level of care required, medical necessity, and benefit to patient are quickly evaluated.
- Facilities closer to patient are evaluated to determine if the same level of care is available.
- Insurance availability, eligibility and transfer authorization are evaluated and clarified, where appropriate, before transfer is initiated. The exception to this step occurs when transfer requests originate in a hospital Emergency Department, where the federal Emergency Medical Transfer and Labor Act (EMTALA) regulations do not allow potential accepting medical centers to inquire about insurance status of patients when making decisions about transfer for additional care.
- A physician or hospital representative calls the Transfer Center at (650) 723-4696 or (800) 800-1551.
- The Communications Specialist who answers the call will contact the appropriate SHC physician and facilitate a recorded conference call between the referring and accepting doctors to make a preliminary clinical evaluation.
- Emergent patients accepted by a physician will receive a detailed clinical screen and expedited logistic processing under the supervision of a Transfer Center nurse.

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