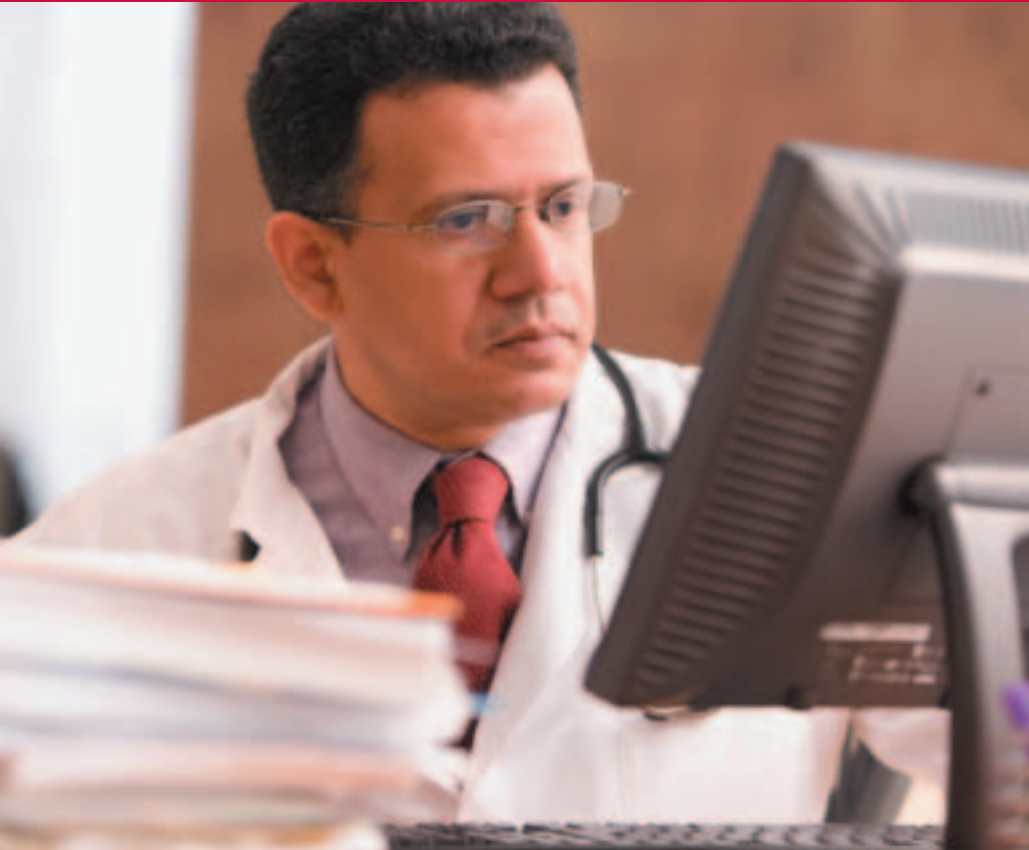




Stanford ACCESS



system since 1999. The project officially began August 14, 2006 after several years of planning, which included countless interviews with referring and in-house physicians to assess how the system could ensure that their “real world” needs were met, explains Joseph Hopkins, MD, Associate Chief of Staff and Director of Primary Care for SHC.

One of the tools every referring physician needs and wants is timely, accurate, and comprehensive information on patients he or she has entrusted to a multispecialty clinic for part of their care.

Spheris, a Franklin, Tennessee, provider of medical transcription technology and services serving more than 450 medical centers and practices in the United States, was the

(continued on page 2)

New Dictation & Transcription Service Provides Another Key Tool for Referring Physician Communications

One of the tools every referring physician needs and wants is timely, accurate, and comprehensive information on patients he or she has entrusted to a multispecialty clinic for part of their care.

Now, thanks to a new dictation and transcription (D&T) service

being implemented this summer, Stanford Hospital & Clinics will bring referring physicians – and themselves – up to speed better than ever before. Once this service is implemented, referring physicians can expect to consistently receive a clear and comprehensive letter regarding their patients within a week of the patient’s visit to Stanford, says Jerry Shefren, MD, Vice President, Ambulatory Care.

The communications enhancement project is a partnership with the multidisciplinary D&T project – and is the first major technical upgrade to Stanford’s venerable D&T

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Stanford Hospital & Clinics Achieves Magnet Designation in Nursing



The American Nurses Credentialing Center (ANCC) honored Stanford Hospital & Clinics with the prestigious Magnet designation for excellence in nursing services and quality patient care, one of ten hospitals in California to receive this designation. Nationwide, just over 4% of hospitals have earned the distinction. The Magnet Recognition Program is accepted nationally as the gold standard in nursing excellence.

Hospitals that achieve Magnet status:

- Consistently outperform other facilities in recruiting and retaining quality nurses
- Demonstrate increased quality in patient care and patient satisfaction
- Experience lower mortality rates and shorter lengths of stay among patients
- Inspire more confidence in the overall quality of care among healthcare consumers

vendor chosen after a rigorous competition among the nation's leading information management companies. The sequential rollout of the system will begin this summer and is expected to be completed by this fall, says Diane Christ, Director of Ancillary Systems Planning for SHC's Information Technology Department.

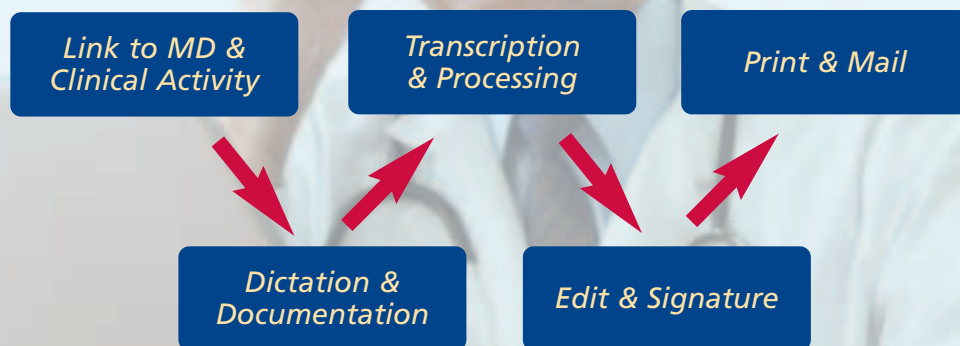
The upgrade is far more than technology, "and supports a partnership with referring physicians and our own caregivers," explains Dr. Hopkins. The plan was to make dictation and transcription as seamless as possible for Stanford physicians and their staff to more easily, accurately, and efficiently maintain timely and consistent contact with the thousands of physicians throughout the United States and the world who entrust their patients to care at Stanford, Shefren explains.

So far more than 11,000 actively referring physicians from the west, nation, and world have already taken

a concrete step in this partnership by confirming or updating their contact information. They did this in response to a questionnaire sent by Stanford's Medical Staff Office to the 21,000 physicians currently included in our database, explains Cheri Lewis, Director of Patient Access and Intake, a veteran operations director. To ensure records are as up-to-date as possible, there will be a second mailing to physicians who did not initially respond. **(Physicians who haven't yet updated or confirmed their contact information may do so by emailing providerupdates@stanfordmed.org.)**

To make the process work most effectively, Stanford physicians will be requested to dictate their clinic chart notes within 24 hours of seeing the patient. Transcribed notes will be returned to the physician for review in 24 hours or less – or 2 hours for stat requests. Notes and letters will be edited and signed online, greatly shortening the time to completion of the document. Physicians are requested to e-sign their dictations

Dictation & Transcription Process Flow



7 Day Turnaround

within 72 hours to support this improved communication. Roderick Madamba, Director of Health Information Management Services, and his team are responsible for making sure those letters, e-signed

So far more than 11,000 actively referring physicians from the west, nation, and world have already taken a concrete step in this partnership by confirming or updating their contact information.

by Stanford physicians, are sent to referring physicians no more than 12 hours after signature.

Chart notes and referral letters will immediately become part of the patient's online record.

While the standard is to e-sign all letters within 72 hours of transcription, "the ease of the system will allow most doctors to complete that task much sooner," says Hopkins.

"The single vendor system for transcriptionists replaces multiple transcription services formerly used by various clinical services," says Shefren, who notes that the transcriptionists, grouped into roughly 85 clinical specialty pools, will help ensure quality reports in a format that is clear to both in-house clinical users and the physicians who will receive the reports.

"Stanford physicians will be able to sign off on dictated documents anywhere we have a secure Internet connection, including homes or private offices, further streamlining the D&T process."

The D&T project is designed to become fully integrated with Stanford's comprehensive medical information system reconfiguration, Epic,

currently under development and on track to be fully implemented by October 2009.

A major component, not often discussed, of the D&T upgrade, says Lewis, involves the training of 250 clinic and hospital front desk staff and schedulers to properly capture and record patient's referring and PCP information, ensuring timely feedback to appropriate referring physicians.

"While we do our utmost to capture referring physician information prior to the patient arriving at the registration desk, it is helpful for the referring physician to remind the patient before the appointment that s/he should be named as the referrer. In this way, we are certain to send the referral report to the correct physician," Lewis says.

And what about old fashioned personal contact, including phone calls from Stanford back to colleagues?

"Technology is a tool, not an alternative. We would never want technol-

"Technology is a tool, not an alternative. We would never want technology to trump the personal touch. We are committed to improving communications with our referral partners and with this new D&T system we believe we can further enhance that process"

ogy to trump the personal touch," says Hopkins. "We are committed to improving communications with our referral partners, and with this new D&T system we believe we can further enhance that process," says Lewis. Hopkins and Shefren emphatically agree. ■

STANFORD HOSPITAL AND CLINICS' REFERRING PHYSICIAN RESOURCE CENTER – WE CAN HELP!

- The Referring Physician Resource Center (RPRC) can provide you a single point of entry to all clinics.
- The RPRC can access patient medical records and fax them to your office.
- The RPRC can assist you in navigating your patient referrals to the appropriate provider and clinic.
- The RPRC can facilitate your communications with Stanford faculty.
- The RPRC can provide issue resolution and service recovery.

Call the RPRC at **(866) 742-4811** to speak with a resource nurse who can assist you with all Stanford Hospital and Clinics access or documentation requests. The resource nurse is available Monday through Friday, 8 AM to 5 PM.

Additional Referral Resources at Stanford

- For your patients: Stanford Consumer HELP Line (800) 756-9000
- Cancer Care Referral: (877) 668-7535
- **Fax All Referrals To:** (650) 320-9443
- Email Inquiries: referral@stanfordmed.org
- Physician Directory Online: www.stanfordhospital.com



At the outpatient center groundbreaking ceremony are Norman Rizk, MD; Helen Wilmot, VP of Clinic Operations; Mark Tortorich, VP of Planning, Design & Construction; Barbara Pierce, Redwood City Mayor; Martha Marsh, Stanford Hospital & Clinics President & CEO; and Gerald Shefren, MD, VP Ambulatory Care.

Stanford Hospital & Clinics Begins Construction of First-Ever Comprehensive Offsite Outpatient Center

Stanford Hospital & Clinics has begun construction of an outpatient center in Redwood City. This is the first time that Stanford Hospital & Clinics has opened a comprehensive outpatient center away from the Palo Alto campus. Doors are scheduled to open in late 2008 and services will include, but are not limited to, centers encompassing Orthopaedics, Sports Medicine, Orthopaedic Spine, Neurosurgery Spine, Dermatology, Aesthetic Dermatology, Pain Management, Ambulatory Surgery, one of the largest free-standing Imaging

Centers in Northern California, and the largest Sleep Study Center on the West Coast. The new Stanford University Medicine Outpatient Center is conveniently located on Broadway near U.S. Hwy 101 (Woodside Road exit).

“This new site will give patients additional access to the unique and

This shift to outpatient care provides relief to the overcrowding currently being experienced in the emergency departments and hospitals throughout the Peninsula.

excellent state-of-the-art care that we provide,” said Martha Marsh, president and CEO of Stanford Hospital & Clinics. “The population of our

area continues to grow and as time passes our communities will have more residents, particularly seniors, who are in need of locally accessible, leading-edge medical services. Stanford University Medicine Outpatient Center will help to meet that growing need while allowing us to maintain the expertise and quality of care on which our patients rely.”

As medical technology advances, patient care can be provided outside the hospital and in the doctor’s office or in advanced technology outpatient settings like this new center. This

“Stanford University Medicine Outpatient Center will provide the most technologically advanced and up-to-date outpatient care and will help allow us to continue to deliver the highest quality patient care.”

shift to outpatient care provides relief to the overcrowding currently being experienced in the emergency departments and hospitals throughout the Peninsula.

Stanford University Medicine Outpatient Center at Redwood City will make use of the facilities originally occupied by Excite@Home during the dot com boom. The project does not require additional development and is an interior-walls tenant improvement remodel. “Stanford University Medicine Outpatient Center will provide the most technologically advanced and up-to-date outpatient care and will help allow us to continue to deliver the highest quality patient care,” said Marsh. “We are very excited to provide Stanford’s state-of-the-art medical care on the Peninsula.” ■

Stanford Radiation Oncology Care Available in Turlock

As of March 19, Stanford radiation oncology care is available in Turlock, California at a new 15,000-square-foot facility – Stanford Emanuel Radiation Oncology Center (SEROC) – operated in partnership with Emanuel Medical Center and Stanford University Medical Center.

“We are extremely pleased and proud to bring Stanford treatment protocols, faculty, and physicists to provide our services with Emanuel Medical Center in Central California,” says Steven A. Leibel, a radiation oncologist and the Ann and John Doerr Medical Director of the Stanford Comprehensive Cancer Center.

“Providing Stanford radiation oncology care at sites more convenient for patients was a goal of mine since coming to Stanford in 2004,” says Leibel. “Emanuel’s leadership



Radiation Therapist console at Stanford Emanuel Radiation Oncology Center

was visionary in its willingness and foresight to forge this partnership agreement with us and make this service available in Turlock.”

“Patients receiving radiation therapy must make daily trips for up to 45 days to receive life-saving radiation oncology treatments. Many of our patients, facing a long commute home or the expense of temporary housing in Palo Alto, have told us they espe-

cially welcome Stanford care at an attractive location closer to home in the Central Valley,” says Leibel.

“We see a clear need to reach out and provide our service closer to the homes of our patients,” adds Jerry Shefren, Vice President, Ambulatory Care for Stanford Hospital & Clinics.

Longtime faculty member and radiation oncologist Don R. Goffinet is setting up the Stanford radiation oncology program and protocols and expects to be succeeded by another full-time faculty member at the site in the coming months, Leibel explains.

SEROC opened with a Varian Trilogy linear accelerator (a second accelerator is planned) and a GE 16-slice CT scanner, representing the latest, most advanced equipment available.

The ambience at SEROC is modeled closely on the Advanced Medicine Center at Stanford, “which has achieved praise from patients, the medical community, and interior designers for its welcoming, pleasant, and comfortable ambience since opening in 2004,” says Leibel.

While the SEROC facility is designed to offer a comprehensive range of services utilizing the same protocols and clinical trial opportunities available in Palo Alto, some

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2nd Annual Complex Cardiovascular Patient Management

May 21-23, 2007
Ritz-Carlton Kapalua, Maui
Updates on the management of complex cardiovascular cases.

Morbid Obesity: A Call to Action

August 2-4, 2007
Oahu, Hawaii

Advanced Lung Disease & Lung Transplantation

September 17 & 18, 2007
The Platinum Hotel, Las Vegas
This symposium will provide physicians and other health care professionals the most current treatment guidelines for the adult patient facing advanced lung disease or lung transplantation.

GI Cancers

October 18-20, 2007
Mauna Lani Resort, Kohala Coast, Big Island of Hawaii
This program is designed to improve diagnosis, management, and treatment of gastrointestinal cancers.

Electrophysiology in the West Summit

November 30-December 2, 2007
Carmel, California
Premier West Coast cardiac electrophysiology meeting.

patients requiring extremely complex protocols may still need to come to the main Stanford campus for at least some of their treatment, Leibel notes. "But for most of our patients, we're waiting for them or their physician to make an appointment to come see us in Turlock."

SEROC is located in the Emanuel Medical Plaza at 880 E. Tuolumne Road in Turlock. For general information or to have a staff member or patient initiate a call, phone (209) 664-5030. Faculty radiation oncologist Don Goffinet may be contacted by physicians directly at (209) 664-5040. ■

New Faculty Appointments

WALID AYOUB, MD

Clinical Assistant Professor of Medicine



Dr. Ayoub joined the Department of Gastroenterology and the Liver Transplant Program at Stanford Hospital & Clinics in August of 2005.

Dr. Ayoub received a BS in biochemistry from UCLA and his medical degree from Creighton University. He finished a residency in internal medicine and a fellowship in gastroenterology at UCLA, and a liver transplant and hepatology fellowship at Cedars-Sinai Medical Center in Los Angeles.

His research interests include management of chronic viral hepatitis, management of hepatic encephalopathy, liver transplantation, and recurrent hepatitis C post liver transplantation.

Dr. Ayoub can be reached at (650) 498-5691 or wayoub@stanford.edu.

SABINE GIROD, MD, DDS, PHD

Assistant Professor, Oral & Maxillofacial Surgery



Dr. Girod joined the Division of Plastic & Reconstructive Surgery at Stanford Hospital & Clinics as an Assistant

Professor in 2000. She received her DDS from the University of Bonn, Germany; her MD from the University of Hannover Germany; and her PhD from the University of Cologne, Germany. She trained in oral and maxillofacial surgery in Germany and completed a postdoctoral fellowship at Harvard Medical School in Boston. She has published extensively in oral and maxillofacial surgery and is an internationally renowned scholar in the field.

Dr. Girod's special interests include:

- Bone grafting and dental implants
- Removal, transplantation and exposure of teeth
- Craniofacial injuries
- Maxillofacial deformities e.g. orthognathic surgery, distraction osteogenesis
- Maxillofacial tumors

For adult appointments, call new patient coordinator Vivian Caringal at (650) 724-9105.

For children's appointments, call (650) 497-8201 or (800) 381-2155.

Through the Stanford Hospital and Clinics CME department, Dr. Girod is offering a local CME symposium entitled *Craniofacial Reconstructive Surgery: Clinical Update*, on Saturday, November 3. For further information contact the CME department at (650) 724-7166 or shc-cme@stanfordhospital.org.

LAWRENCE "RUSTY" HOFMANN, MD

Associate Professor of Radiology, Chief of Interventional Radiology



In January of 2006, Dr. Hofmann joined Stanford Hospital & Clinics from Johns Hopkins Hospital, where

he was Assistant Professor of The Johns Hopkins Hospital in Radiology and Surgery.

He received his MD degree from The Ohio State University, and his BS in biology from the University of Illinois. Dr. Hofmann completed his interventional radiology fellowship at Stanford Hospital & Clinics, and a residency in diagnostic radiology at The Johns Hopkins Hospital, where he was Chief Resident. He is a member of the Society of Cardiovascular and Interventional Radiology and the American Roentgen Ray Society as well as numerous other medical affiliations.

Dr. Hofmann's interests include minimally invasive and innovative treatment of peripheral vascular disease and deep venous thrombosis. He can be reached at (650) 725-5202.

NISHITA N. KOTHARY, MD

Assistant Professor of Radiology, Division of Interventional Radiology Education, and Fellowship Director for Interventional Radiology



Dr. Nishita Kothary is a member of the Interventional Radiology team and has been on staff since April 2006. Prior

to coming to Stanford, Dr. Kothary was an Assistant Professor at Columbia University in New York. Dr. Kothary completed her residency in diagnostic radiology at The George

Washington University in Washington, DC, following which she did a year of fellowship in neuroradiology at New York University Medical Center and a second fellowship in Interventional Radiology at University of Pennsylvania, Philadelphia.

Her clinical and research interests lie in image-guided oncologic interventions, spine interventions, and women's health. She is also actively involved in mentoring medical students, residents, and fellows, and is the Education and Fellowship Director for the Division of Interventional Radiology.

She can be reached at (650) 725-5202 or nkothary@stanfordmed.org.

WILLIAM T. KUO, MD

*Assistant Professor of Radiology,
Division of Interventional Radiology*



Dr. William T. Kuo received a BS degree from Duke University and an MD degree in radiology from Wake Forest Uni-

versity School of Medicine. His surgical internship was accomplished at the Virginia Mason Hospital in Seattle, WA. He then trained in a combined interventional and diagnostic radiology residency program at the University of Rochester Medical Center where he served as Chief Resident and became one of the first physicians in the nation to complete the Clinical Pathway in Vascular and Interventional Radiology. Following residency, Dr. Kuo received additional endovascular training by completing his fellowship at Stanford Hospital & Clinics.

Dr. Kuo's interests include embolotherapy for the treatment of gastrointestinal hemorrhage, uterine

artery embolization, chemoembolization for hepatic malignancies, occlusion of pulmonary AVMs, treatment of peripheral vascular disease, endovenous laser ablation of varicose veins, and retrieval of difficult inferior vena cava filters.

Dr. Kuo's research has been published in the *Journal of Vascular and Interventional Radiology* and *Techniques in Vascular and Interventional Radiology*.

He can be reached at (650) 725-5202 or wkuo@stanford.edu.

Stanford Hospital & Clinics and Lucile Packard Children's Hospital Unveil Plans to Rebuild, Expand Hospitals

Plans Address Seismic Safety, Emergency Room and Community Needs

Stanford Hospital & Clinics (SHC) and Lucile Packard Children's Hospital (LPCH) have announced preliminary plans to rebuild and modernize their hospitals and medical facilities. Plans will also involve some School of Medicine laboratories in Palo Alto. Generally, the plans are designed to meet new hospital seismic safety laws, increase emergency room services, and provide for future community healthcare needs.

State-mandated seismic safety laws, a critical shortage of patient beds, increased patient needs, undersized hospitals and emergency room services, plus the need to adapt to changing technology and new advances in medical care necessitate Stanford's decision to rebuild.

Both SHC and LPCH participated in a January 26 study session with the Palo Alto City Council as the

first step in a process to rebuild their hospitals and healthcare facilities. Stanford University plans to file an application later this year, which will begin a formal public process for approval. The application will require an Environmental Impact Report (EIR), which will address issues such as density, height, and transportation.

Appearing before the Council to present the rebuild plans were Martha Marsh, President and CEO of Stanford Hospital & Clinics, Christopher Dawes, President and CEO of Lucile Packard Children's Hospital, and Philip Pizzo, MD, Dean of the Stanford University School of Medicine.

"Our ability to offer quality patient healthcare, increase patient privacy, and improve emergency room services is dependent on seismically safe, modern facilities," said Martha Marsh, CEO, Stanford Hospital and Clinics. "We are seeking city and community input as part of a planning process to design and build such facilities to continue to serve the healthcare needs of Palo Alto and the community."

California state law requires all acute-care hospitals to meet strict seismic safety standards. Stanford Hospital & Clinics must rebuild and update their medical facilities to meet deadlines in this law beginning in 2013 or risk loss of its license to operate.

Originally built in 1959, SHC's main facilities are dated and cannot be brought up to new seismic standards. A preliminary needs assessment calls for removing approximately 700,000 square feet of the old facilities and building 1.4 million square feet of new facilities, for a net addition of about 700,000 square

feet to the hospital. The new facilities will house 600 patient beds, mostly private patient rooms; a new Emergency Department; new surgical, diagnostic, and treatment rooms; nursing and support offices; and clinics and administrative offices. The current hospital will remain open until the new facility, adjacent to the existing building, is completed.

Lucile Packard Children's Hospital is seeking to address severe capacity issues in its expansion plans. The hospital's preliminary needs assessment calls for building 425,000 square feet of new facilities at the current site. This will add 104 patient beds to further accommodate family-centered care, private labor and delivery rooms, and house new surgical, diagnostic, and treatment rooms.

"Last year alone, our hospital was forced to turn away more than 200 critically ill children and refer them to other healthcare facilities due to our lack of patient beds," said Christopher Dawes, CEO, Lucile Packard Children's Hospital. "Our mission is to serve children and families, but our facilities are limiting our ability to fulfill this mission. We

simply cannot continue to turn away children who need our care."

The children's hospital plays an increasingly important role in the health of the community. Last year LPCH served more than 82 percent of Palo Alto pediatric patients requiring hospitalization. The hospital also delivered more than 5,000 babies.

The Stanford University School of Medicine, part of the Stanford Hospital & Clinics Campus, is also proposing a one-for-one replacement of 415,000 sq ft of existing outdated laboratory facilities with new, modern facilities, according to Philip Pizzo, M.D., Dean of Stanford University School of Medicine.

These are the hospitals' first steps in accommodating the next generation of medical technologies and improving patient care by meeting the needs of the 21st century medicine. The new medical facilities will focus on complying with new medical innovations, increasing privacy for patients, and focusing on family-centered care, along with modernizing the hospitals' buildings to ensure a seismically-sound medical center.



About Stanford Hospital & Clinics

Stanford Hospital & Clinics is a university-owned, non-profit corporation known for advanced patient care. The 456-bed hospital in Northern California consistently ranks among the top in the nation in surveys by consumers and health professionals. Stanford Hospital & Clinics, in cooperation with the Stanford University Medical School, has pioneered medical advances that save lives and protect against disease. For more information, please visit our Web site at

www.stanfordhospital.com

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