On April 11, 2013, “Partners in Medicine,” Stanford Medicine’s new leadership society, hosted a reception for our annual donors to Stanford Hospital & Clinics, Stanford University School of Medicine, and the Stanford Cancer Institute at Rosewood Sand Hill in Menlo Park. The focus of the evening was on Stanford’s Aging and Elderly Care Program and Stanford’s Palliative Care Program.

Welcoming guests, Amir Dan Rubin, president and CEO of Stanford Hospital & Clinics (SHC), said, “Many of you are incredible supporters of Stanford in our different venues and arenas—our research, our education, our cancer program, our hospital—and we can’t thank you enough.”

Rubin proceeded to discuss the topic of aging and the groundbreaking research going on at Stanford. “We have a whole field of research focused on regenerative medicine and stem cells. After a heart attack or stroke, the conventional wisdom is that when brain or heart cells die, they can’t be regenerated. One of our researchers, Joe Wu, has been able to take skin cells and grow heart cells in a Petri dish. Gary Steinberg, our chairman of neurosurgery, has done the first trials anywhere in the world with paralyzed patients, seeing if we can use stem cell transplantation to try to regrow nerves. Maybe we actually can make a dent in the question of aging.”

“At Stanford, our vision statement is: healing humanity through science and compassion, one patient at a time. We do this through our mission to care, to educate, and to discover. Part of that mission is to deliver leading-edge, coordinated care.” Rubin described the work of Stanford Nobel Prize winners who have been having an impact in this effort, as well as other faculty members who have made major discoveries and medical innovations that have then been propagated around the world.

“We want to deliver a great patient experience. When I arrived at Stanford two years ago, our patient satisfaction scores were about at the 50th percentile. I’m proud to report that we’re now in the 92nd percentile level for the United States. We’re changing how we hire and train people. We’re focused on communication and processes. Our emergency department is an example. We’re the only Level I trauma center in the region, the only helicopter program, but we were treating our trauma patients and our low-acuity patients the same way. We have decided we need different pathways for low-acuity patients and another for trauma patients. Our low-acuity patients are now in and out in 60 minutes. When patients go to an emergency department, what they really want is to see the doctor quickly, so at Stanford, we put a faculty attending, a professor, in the waiting room. Now our emergency department satisfaction scores are in the 90th percentile for the United States. Our fast track is literally in the 99th percentile, because the faculty is amazing—these are great clinicians.”

Another thing Rubin described as part of patient-oriented design was multidisciplinary care, redesigning ways to access care, and lifelong health, providing supportive services including end-of-life and palliative care.

Introducing Mehrdad Ayati, MD, Rubin said, “There’s nobody who provides leading-edge care more completely and holistically than Mehrdad Ayati.”
Describing the dramatic rise in the proportion of persons over age 65 to those younger, notably in the United States, and, leading all other states, in California, Dr. Ayati said that the storm of aging is a real storm. Even in countries in which, traditionally, the younger generation has cared for its parents at home, those younger people are now working outside the home and are unable to provide that care. This is a global problem.

Another challenge is that patients end up on too many prescriptions, which interact and cause adverse reactions. “Pharmacogenomics,” Ayati said, “is the future of elderly care. Every person has a different genetic background in terms of enzymes for metabolizing medications. If you don’t have a particular enzyme, you won’t respond to a medication, but you might have an adverse reaction to it. To change this dynamic in the future, you will have a genetic analysis, and before doctors even give you a prescription, they will put it in the computer and see if it will have adverse effects on you.”

Older patients may be frail, with bodies that are very sensitive to a stressor like moving between home and the hospital, which may happen multiple times. “It makes me very happy,” said Ayati, “that Stanford is going to be a geriatric-friendly hospital, with the lighting designed not to disrupt sleep and the way patients are managed designed to minimize frequent awakenings that can contribute to confusion and delirium.” Ayati spoke of the need to have a person coordinating care in order to minimize complications. Notably, families of patients with dementia need support, and caregivers need support. At the time of discharge, with Stanford’s program of care for the elderly, the next step will be following the patient, when he or she gets home, with a call.

Stanford is also providing end-of-life care and palliative care. Palliative care is relieving suffering and the burden of disease. It’s not just for the end of life. Part of relieving suffering is managing pain and improving the quality of care for patients and families when they’re facing a serious illness. Ayati stated, “Palliative care providers ask who you are, how you’re going to deal with this illness, how you want to be treated, how you will deal day by day, starting from primary care and going through end-of-life hospice care.”

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Hospital Partners, SHC’s annual fund, recently has provided significant funds for our Palliative Care Program at Stanford Hospital & Clinics.

Rubin then opened the floor for questions from the participants, which focused largely on the Affordable Care Act (ACA) and on how the changing health insurance landscape will affect geriatric care.

Rubin concluded the event by thanking our guests again for their wonderful support and for joining us for the evening’s program.

For a more details about this evening, please contact Maria Burns, Director of Annual Giving at 650.736.9719 or maria.burns@stanford.edu.