

# Stanford Children's CEO talks about \$1.2 billion hospital expansion

By Antoinette Siu | Oct. 10, 2017



Stanford's Lucile Packard Children's Hospital is nearing completion on a [\\$1.2 billion expansion](#) to double the size of the institution. Scheduled to open for patients in December, it will add 149 new patient beds to total 361 and include upgraded labs and diagnostic services, 3.5 acres of garden areas and more operating and imaging rooms.

The project broke ground in 2012, but it's been in the works since 2002, when Stanford

Children's Health [developed a plan](#) for expanding the hospital campus, while adding to its capabilities to adapt to changing technology and needs. The existing hospital has been running at or near capacity every year, said President and CEO Chris Dawes.

Dawes joined the children's hospital in 1991 in a management role before moving up to chief operating officer a few years later. Before Stanford, he held senior positions at Pacific Presbyterian Medical Center and [Santa Clara Valley Medical Center](#).

Since then, he's helped lead the Stanford University Medical Center's Renewal Project to double the size of the children's hospital and add hundreds of jobs to the new campus. The hospital currently staffs about 725 Stanford physicians and sees 500,000 pediatric outpatient visits per year.

## Why is the children's hospital expansion project important to you?

The expansion of our hospital campus is vital to meeting the growing demand of our patient population. Fundamentally, the need for complex care for children has grown significantly in the past 26 years since we opened Lucile Packard Children's Hospital Stanford in 1991. Thanks to advanced medicine and technology we are able to care for children with serious and chronic conditions, like congenital heart disease, cancer and cystic fibrosis, who 20 years ago had fewer care options and shorter life expectancies.

We needed the space and infrastructure to improve operating efficiency and optimize access to specialty care. Therein we've created a facility that empowers our Stanford Medicine providers and staff to deliver care on a level never before seen, with the most advanced medical technology available anywhere. We've set out to transform the hospital experience for our patients and their families by creating a holistically healing environment.

### **What is the biggest innovation at this redesigned campus, and why?**

The vision for the expansion was first developed in 2002. Since that time, a lot has changed in terms of technology, construction costs, advances in medicine, public policy and the overall health care landscape. In looking to the future, we have designed a hospital that is flexible to accommodate new technology and to continue to care for our patients and families.

Ultimately, the benefit of this technology is to deliver the best possible care in ways that are safer, less invasive and shorten patients' stays in the hospital. For example, neuro-hybrid surgical suites will combine surgical and imaging tools in one space, which will enable surgeons to see images of the brain during the surgery. Additionally, we will be one of the only children's hospitals in the country to offer a High Intensity Focused Ultrasound (HIFU) specifically for pediatric patients. The HIFU pairs ultrasound with MRI technology to blast tumors with sound waves to eliminate them without surgery — this works best with bone tumors that previously required amputations.

### **What is unique about this hospital's design?**

The new Lucile Packard Children's Hospital Stanford is exciting because it disrupts what it feels like to be in a hospital. Throughout the design process, we collaborated with our Family Advisory Council and incorporated their feedback into the space to make the building as family-friendly, unintimidating and comfortable as possible.

Packard Children's serves one of the most acute patient populations in the nation, which means families can be in the hospital for long periods of time. To provide a sense of calm during these long stays, nature is present throughout the building, from the signage and interior design, to overlook patios on each patient care floor for families and staff, abundant natural light, open space and planter boxes in the window of every patient's room. Outside, 3.5 acres of gardens and green space surround the campus and provide a space for patients and their families to explore.

### **What are the biggest cost and access challenges on your mind?**

Unlike other building projects, hospitals are complex and expensive undertakings as a result of needing to comply with California's seismic performance criteria, evolving medical technology and strict patient safety standards. We also built during a construction boom in the Bay Area, which has presented challenges, including a shortage of local qualified construction labor. This impacted productivity, which in turn impacted cost and schedule. Looking ahead, we are keenly aware of the impact of politics on health care economics. We are working to prepare financially for uncertainties related to the ongoing discussions surrounding the proposed repeal and replacement of the Affordable Care Act.

### **What concerns you about the potential changes to the ACA and Children's Health Insurance Program?**

These policy decisions will directly impact the success and stability of our state and nation's future, and continuing to protect Medicaid is top priority as we face the next pivotal healthcare decision: the reauthorization of the Children's Health Insurance Program. CHIP and Medicaid are the foundation for accessing pediatric specialty care. All children who require specialty care (even patients who are privately insured) rely on federally funded coverage.

Children have unique health care needs and thus coverage for children must be considered differently than it is for adults. The epidemiology of child illness is the opposite of adults in that overall, children are well, and only a rare subset has serious chronic illness. If healthcare funding is compromised, it not only affects the percentage of families who rely on it for coverage, but it destabilizes the entire children's healthcare system by reducing our ability to provide specialty programs for all chronically ill children and ignoring the critical role of wellness care, early detection and preventative care for all kids.

Programs like CHIP and Medicaid provide vital access to the foundation of primary care. From the pediatric hospital perspective, when children are unable to obtain early detection and preventive care, treatable diagnoses can turn into terminal diagnoses. The recent defeats of the Health Care Freedom Act and Graham Cassidy bill have been a positive step in the fight to protect children's health care, but discussions surrounding the future of our nation's health care policy are far from over.

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