Thank you for putting children first

FALL 2020
CHILDREN’S FUND IMPACT REPORT

Packard Children’s is there when families need it most.
Your generosity changes lives. 

THANK YOU!

In 2019, Lucile Packard Children’s Fund donors like you contributed more than $7.4 million in support of our hospital’s highest priorities in pediatric and obstetric research, family and community programs, and care for all. Thank you!

- $7.4 million from Children’s Fund donors fueled our hospital’s highest priorities.
- The Maternal & Child Health Research Institute at Stanford awarded 110 new grants for maternal and child health research across Stanford University.
- With your support, over 40% of patients benefited from financial assistance.
- We welcomed over 4,423 babies into the world.
- The Teen Health Van served 867 young adults in our community.
- Care-A-Van for Kids provided rides to patients and their families to and from our hospital.
- 941 students enrolled at the Hospital School, which provides the opportunity to keep up with their studies.
- Hospital chaplains provided spiritual and emotional support through 7,435 visits with patients and family members.
- Stanford Children’s Health has 65 locations throughout Northern California, expanding access for high-quality care for more families and children.
My Packard Children’s Story

My journey with Packard Children’s began in 2014. I had just finished my junior year in high school and went in for a yearly physical. My doctor called to tell me that something was wrong with my blood count, and I had no idea what this was about. That morning, I had played basketball with my friends and felt fine.

When the doctor met with me and my family, we received news we never expected or wanted to hear. They told me I had acute myeloid leukemia. When I heard the word “cancer,” it felt like a death sentence.

The doctors told me that I had to start treatment right away and it would be around a six-month process. This news made me feel even worse because I was looking forward to my senior year.

When treatment began, my confidence hit rock bottom. My hair started falling out. I was losing weight. And for the most part, I dreaded leaving my room because of my appearance.

At this point in my life, I had little to no control over my health or my treatment. It was all out of my hands. However, there were other things I could control: my attitude, my mentality, and who I was throughout treatment. Cancer could take my hair, my weight, my looks, even my life, but it can never, nor will it ever, take away who I am.

After this realization, I was more social and managed to get out of my room when I was feeling up to it. I befriended other patients and became more acquainted with the Packard Children’s staff. I can speak about the wonders of the hospital staff top to bottom: from the people who cleaned my room, the nurses and the doctors. But I want to highlight a care team that I find very close to my heart: the child life specialists.

What people who have never faced cancer don’t understand is that a lot of the time nurses, doctors, family members, and friends just ask you about your health and nothing more. It’s mentally draining and depressing talking about your health, especially when treatment isn’t going so well. When I was in the hospital, I met a child life specialist named Nick. Nick made my time in the hospital a lot easier.

Nick always talked to me about things going on in the sports world, my social life at school, our favorite foods. He would even play video games with me. This was vital because it distracted me from a reality that was so dark at the time.

Something that always bothered me about cancer was how abnormal my life was compared to everybody else’s. Nick did a great job at making me feel that I was not just a sick person, but that I was just like everybody else.

No one deserves to fight cancer alone, even for a single day. That’s why the Child Life team is crucial. They create events where patients can meet others in similar circumstances, ensure patient’s needs are met, and provide an overall sense of normalcy, reminding every patient that they matter.

Once I made it through my medical journey and had an opportunity to look ahead at what was next for me, my experience at Packard Children’s played a huge role in where I want my life to go. I am proud to say that all the observations and lessons that I learned have motivated me to pursue a career as a child life specialist. My dream is to one day be back at Packard Children’s helping kids just beginning their medical journey.

Child life specialists can change a person’s experience in the hospital, and most importantly, a person’s life. I know it changed mine.

Drew
Research Spotlight Q&A
Gaining New Ground

Interview with Catherine Blish, MD, PhD
Associate Professor of Medicine in the Division of Infectious Diseases & Geographic Medicine
Tashia and John Morgridge Postdoctoral Faculty Scholar in Pediatric Translational Medicine

Dr. Blish’s research interest is the immune response to viral infections in pregnant women. However, when the COVID-19 pandemic hit, she immediately pivoted her laboratory’s focus. Fortuitously, their prior work with tuberculosis (TB) and Natural Killer (NK) cells positioned them to quickly adapt to handle the new virus and work in the only biosafety level 3 (BSL-3) facility on the Stanford campus.

“My goal is that we will be able to harness Natural Killer cells to generate new vaccines to prevent and cure infections.”

Q: How did you respond to the emerging needs for COVID-19 research?
We diverted more resources to the Stanford COVID-19 biobank. This is a collaborative effort to store samples from patients in order to inform research that will lead to new COVID-19 treatments, vaccines, or other preventive measures.
I took the lead in processing samples because my lab had the training to work with blood samples from virus-infected patients. We were in a great position to start immediately.

Q: Why is it important to have a COVID-19 biobank?
The biobank allows investigators from throughout the university to request samples from patients to dissect why some become severely ill while others are only mildly ill. A lot of the early research focused on critically ill patients. It is equally important to understand the immune response in mild cases because this may be a model for the type of response we want to generate with a vaccine.

Q: Prior to COVID-19, you were researching Natural Killer cells. What makes this research so promising?
NK cells, as the name implies, can naturally kill virus-infected cells, making them a potent weapon. We want to determine how NK cells know when to kill a bad cell and when to leave a healthy cell behind.

NK cells may also play a role in fighting the bacteria TB. If we can learn what role NK cells play, we can decide if we need to turn up or down certain NK cell activities with therapeutics or vaccines to treat TB.

Q: How has donor support helped further your research?
With the amazing support of donors, we are building a 3,000-square-foot BSL-3 facility, which will allow us to increase our capacity for experiments at least fivefold. One side is for TB research and the other is for COVID-19 research, which is important because the safety procedures are different for these pathogens. This support has been truly remarkable. Thank you!
Using Technology to Improve Care

To stay at the forefront of care, Packard Children’s constantly seeks new ways to deliver better treatments and provide the best experience for our patients and families. Innovative technology plays a critical role in both. When confronted with the challenges of a swiftly changing environment due to the COVID-19 crisis, the hospital continued providing extraordinary care by adopting technological solutions.

NICU iPads
Visitor policies for families with a baby in the neonatal intensive care unit (NICU) adjusted due to health safety concerns surrounding COVID-19. As a result, only one family member could remain crib-side throughout the duration of the baby's stay. The policy protected the health and well-being of the hospital's smallest patients, but was emotionally taxing for families to be separated for weeks at a time while their little one was in the NICU. Highly aware of this stress on the families, the hospital provided iPads—most of them donor-funded—for families to stay virtually connected throughout this difficult time.

Germ-zapping Robots
How do you make sure to clean every nook and cranny of the hospital? Bring in germ-zapping robots! Thanks to the generosity of donors, the hospital secured robots that use high-intensity ultraviolet light to destroy dangerous pathogens. Packard Children’s focuses on providing the safest environment possible for our patients. With immunocompromised kids being especially vulnerable due to COVID-19, Packard Children’s is grateful to add another sentinel in the fight against bad bugs.

Telehealth
Packard Children's uses telehealth as a method of delivering care to those who are unable to physically see a medical professional. Telehealth expands our patients' access to “see” multiple specialists, especially if they are in different locations, during a single visit. Shelter-in-place during COVID-19 accelerated the use of telehealth, increasing the number of virtual medical visits approximately 20 per day to over 700 telehealth visits per day within a matter of weeks. As nephrologist Steven Alexander, MD, notes, “Of course, telehealth can’t completely replace an in-person checkup, but families really seem to like the telehealth visit, especially those who live far away. After we normalize, I would expect to continue to do half to two thirds of all of our visits via telehealth for our long distance patients. For example, if a patient lives somewhere like Redding, there isn’t a need to drive four hours to be seen for a 45-minute visit. This is an unexpected benefit from the COVID crisis.”

allcove
A Dedicated Place for Adolescents

Mental Illness can set in fairly early in life. Among all U.S. cases of mental illness, half begin by age 14 and three quarters begin by age 24. Teens and young adults are more likely to face mental health issues than any other significant physical diagnosis.

Thanks to the generosity of donors like you, Stanford Psychiatry’s Center for Youth Mental Health and Wellbeing is launching allcove, a dedicated place for adolescents to go when they are confronted with mental health challenges, or other needs. The first of its kind in the United States, allcove will be created by youth for youth as a welcoming space to help address the crushing adolescent mental health crisis.

The allcove Youth Advisory Board is a critical component of the program, ensuring that adolescents’ voices are represented and heard. The board is comprised of 30 youth who reflect the culture and population of Santa Clara County. From the start they have been involved in all aspects of the effort, from choosing the allcove name to program selection to even picking the furniture.

In collaboration with Santa Clara County Behavioral Health Services and supported by the California Mental Health Services Oversight and Accountability Commission, two pilot sites, one in Palo Alto and another in San Jose, expect to be ready to open by early next year. Modeled after successful international youth-centric mental health centers, these locally designed sites will appeal to young people and provide them access to the services they so desperately need. Each site expects to serve approximately 1,000 youth annually, averaging four visits per person.

In addition to mental health care, teens can receive medical care, substance abuse treatment, peer support, and help with practical issues like career advice. An allcove center is intended to feel like a comfortable place for “a moment of pause,” where youth might seek any form of guidance.

Steven Adelsheim, MD, is the director of the program and has been a major force behind getting allcove started. Throughout his career, Dr. Adelsheim has developed and implemented early detection and intervention programs for young people in school-based and primary care settings, including programs for depression, anxiety, and early signs of psychosis.

“Allcove will provide an array of mental health services to any youth age 12 to 25 who walks through the door, regardless of ability to pay.”

“Diversity”
Inclusivity
Advocacy
Please contact Eric Smith at (650) 497-0498 or eric.smith@lpch.org with any questions or for more information about this report. Visit us at supportLPCH.org for more stories highlighting the impact of your generosity.

Your gifts to the Children’s Fund empower us to take steps forward in helping our patients and their families. THANK YOU for supporting expert care, innovative research, and family-centered programs and services.