



Setting the Pace

STANFORD HOSPITAL & CLINICS
NURSING ANNUAL REPORT 2010

A Personal Letter from Nancy J. Lee

Having just completed my first year in this role, it is with great joy and pride that I look back on the year. As a nursing organization we have many outstanding accomplishments, which are directed to our goal of providing the best patient care in the nation. At Stanford Hospital & Clinics, we have always maintained the focus on our patients in regards to quality, service and our caring environment. From the creation of our first Patient Advisory Council to the re-invigoration of our shared governance system we have been pushing the limits, embracing change, thinking in new and creative ways, and finding better solutions.

It has been a year of nursing recognition with the Thomas A. Gonda, MD, Employee of the Year Award and the Thomas A. Gonda, MD, Award for Management both given to nurses. Nationally, Stanford nursing received two prestigious awards. The Beacon Award of Excellence in Critical Care Nursing was awarded to three of our intensive care units and in addition, two of our advanced practice nurses were recognized with prestigious national awards from the Oncology Nursing Society.



The councils at Stanford Hospital & Clinics (SHC) show the strength of Stanford nursing with increased nursing empowerment and shared governance. The new Professional Role-Based Practice Program reflects our higher professional practice; and the updated Practice Model promotes a strong belief in our best practices for nursing excellence.

Nursing is and will always be the fuel that provides the energy for patient care. As a Magnet® hospital, we represent the best our profession has to offer our patients and each other as colleagues. I extend heartfelt thanks to all of the nurses who make SHC one of the premier places to work as a nurse and, most importantly, a provider of the best patient care in the nation.

NANCY J. LEE, RN, MSN, CHIEF NURSING OFFICER
AND VICE PRESIDENT OF PATIENT CARE SERVICES

Professional Role–Based Practice Program COMES TO STANFORD

Compassion is arguably the moral basis of nursing and essential for the delivery of genuine care. The word itself, however, isn't mentioned in California's Nurse Practice Act. Instead we find an emphasis on the functions and procedures that guide nursing practice and a set of standards that together form the foundation of what it means, legally, to be a professional nurse.

Inherent in these statutes, buried within thousands of pages of business and profession code, is also the idea that the role of the professional nurse is not simply a choice, but rather an obligation. That sense of obligation was also the driving force that led Stanford Hospital & Clinics (SHC), in the fall of 2009, to embark on a multi-year program to review, discuss, and implement practice changes to bring all nurses into alignment regarding the professional role of nursing. The goal of the program is to have all Stanford nurses aligned and practicing nursing with the same understanding of the scope of the RN role as defined by the California Nurse Practice Act, the American Nurses Association (ANA) Standards of Practice, and the ANA Code of Ethics.

This idea may seem a bit alien to nurses who have been practicing for a long time and feel comfortable with their roles. An independent assessment of SHC nurse behaviors against nurse role best practices revealed inconsistencies in nursing practice and

mistaken assumptions about the professional nurse role. Also, healthcare organizations delivering significantly high levels of care were found to have professionals who had minimized variation in their practices and operated under a synergistic understanding of their roles and work expectations. This did not come as a surprise to Maria O'Rourke, RN, PhD, who is one of the premier experts on the role of the professional nurse and the standardization of nursing practice. Dr. O'Rourke's life work has been to improve patient care through the alignment of care standards with the standardization of nursing practice. Her ideas are inextricably bound to California's Nurse Practice Act which she helped author in the 1970s. There is no one better suited than Dr. O'Rourke to help us achieve our goals.

The Professional Role-Based Practice Program is a multi-week program that is designed for nurses committed to re-examining their own practice behaviors against best practice standards for the professional RN. It involves reading and studying the essential documents that describe the standards for a nursing professional: the ANA Standards of Practice, Code of Ethics, and the California Nurse Practice Act, among other resources. Each nurse then accesses an online self-assessment and personal coaching tool to discuss and practice behaviors that will align practice to the level of the standards. The program involves reading, discussion, and application of the concepts to each nurse's individual practice. To help with this process, a small group of Staff Nurse Coaches has received extensive training to provide support and guidance. In addition, Dr. O'Rourke has developed models and tools to aid understanding and SHC has adopted these models and tools to guide our future care behaviors.

"We have a unique opportunity to take some of the best nurses in the world to even higher professional practice." – NANCY J. LEE, RN, MSN, CNO



SHC Role-Based Practice Coaches and Dr. Maria O'Rourke

"Yes, this is an incredible investment of nurses' time and expense, but I can't think of a better investment in patient care than the Stanford nurse. We have a unique opportunity to take some of the best nurses in the world to even higher professional practice. I am so excited about our ability to provide even better care to our patients," says Chief Nursing Officer Nancy J. Lee, RN, MSN.

By September 2010, over 160 SHC staff nurses and nursing leaders participated in the program with very positive evaluations. When asked what changes participants would make to their practice as a result of the program, respondents said: "Empower my professional practice for better and safer patient care." "I'm going to voice my opinion and use evidence-based practice." "Think more of the overall plan for patients and define goals during rounds." "Put this in practice, encourage others to take advantage of what can be done to have better patient outcomes." "Communicate more effectively and increase collaboration and participation." "Participate hospital-wide in the development of clinical policies and procedures using an evidence-based approach." "Models that help us develop a language to communicate better is the perfect concept."

And when asked how participants will help support professional role-based practice, respondents said: "Will use it in my practice and communicate about it with my peers." "Using the PDRG to improve myself." "Try to influence others positively and help them to think beyond their biases." "Participate in unit councils." "I will continue participating in the activities of the program and will work towards becoming a professional RN." "Transfer my knowledge with co-workers." "Be a role model and educate new nurses, patients and their families." "Encourage nursing and other care providers." "Advocating for patients by using evidence-based practice." "Will recognize the various aspects of my professional role and will utilize them at the bedside."

During 2009-2010, the inpatient nursing leadership team and Critical Care units implemented the program. Moving into 2011, the program will be rolled out to other clinical units and departments. Compassion and role competence are key to providing genuine care to patients; without both, our care may be incomplete and lacking.

Shared Governance Transformation AND COUNCIL DEVELOPMENT

Shared decision-making at Stanford led to the shared governance structure, which has continued to grow and evolve. Since its inception in 2004, many new and exciting councils have been implemented.

Initially, the Interdisciplinary Professional Practice Governance Structure was comprised of only four interdisciplinary councils, which included Practice, Research, Education, and Quality. As the shared governance council structure evolved over the next several years, various councils were renovated and renamed to clarify their purpose. In 2009 the Coordinating Council conducted a gap analysis of

Stanford Hospital & Clinics (SHC) councils' logistics, structure, purpose, communication methods, roles, and expectations. These were compared with best practices from Magnet hospitals and council profiles cited in the literature. This assessment resulted in the integration of a variety of existing committees and councils into the shared governance structure along with the formation of several new councils and sub-councils.

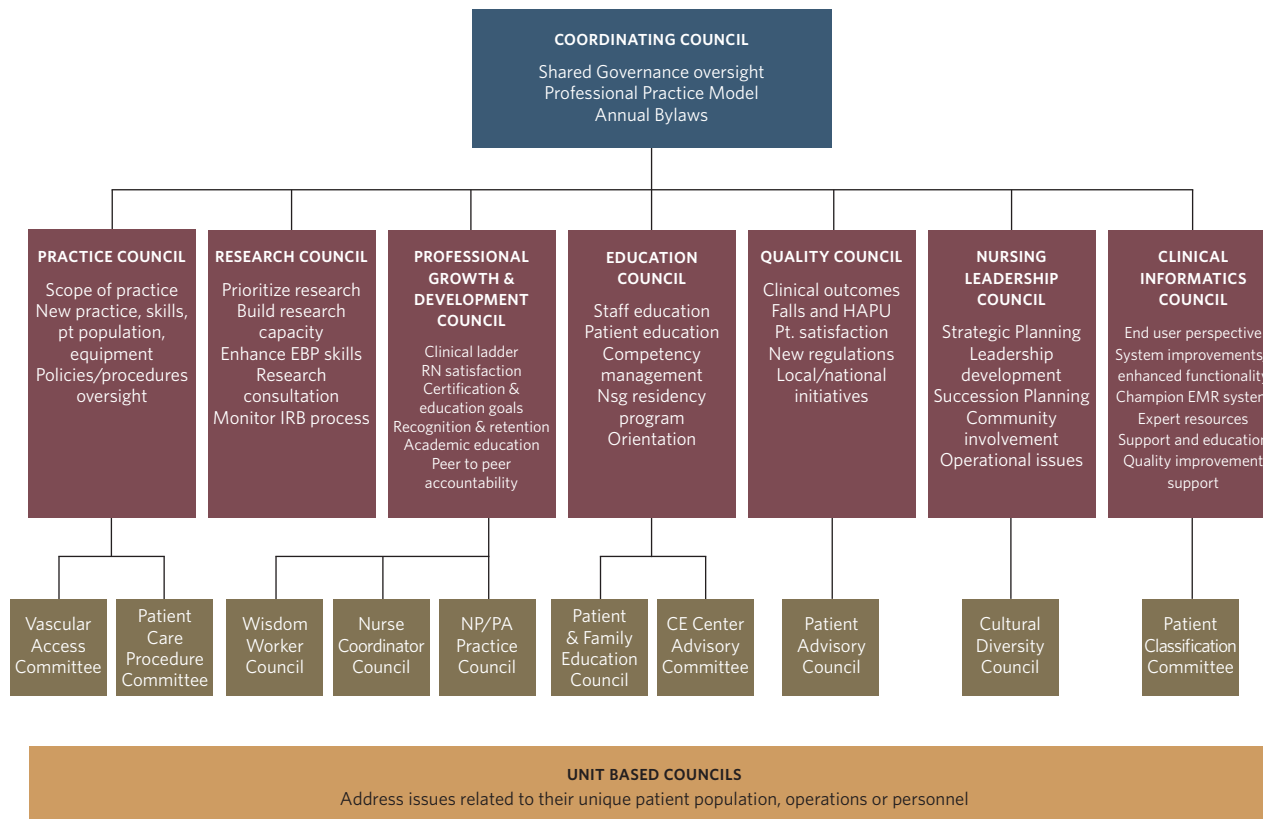
CLINICAL INFORMATICS COUNCIL

The Informatics Committee was integrated into the council structure as the Clinical Informatics Council. This evolution was based on identified needs to consolidate the hospital infrastructure. The membership was expanded to include key stakeholders and to ensure representation of all



Tim Koto, Support Service Assistant, Patricia Zirk, RN, BSN, ED, and Nadine Nakazawa, RN, BS, PICC Team

STANFORD HOSPITAL & CLINICS SHARED GOVERNANCE ORGANIZATIONAL STRUCTURE



areas of practice. The Clinical Informatics Council's members are clinical nurses who have become experts in the informational technology (IT) arena. They have been actively involved in the transformation of nursing documentation, including the successful organization-wide transition to an electronic medical record. The Clinical Informatics Council has worked diligently to understand the processes and flow of patient care through the hospital to ensure documentation is accurate and reflective of care given.

PROFESSIONAL GROWTH & DEVELOPMENT COUNCIL

The Nursing Council evolved into the new Professional Growth & Development Council. This council explores strategies that support and encourage personal and professional achievement and role development. Members often state that this council has the most energetic and positive discussions, because they review best practices for retaining and rewarding nurses and promote processes that create a healthy work environment. They also support professional

education and encourage nurses throughout the hospital to become certified in their specialty area.

THREE NEW SUB-COUNCILS

Three new exciting councils were incorporated into the shared governance structure this past year: the Nurse Coordinator, Wisdom Worker, and Patient Advisory Councils. The Nurse Coordinator Council is focused on enhancing communication among the nurse coordinators across service lines, and standardizing orientation materials, competency assessments, and performance evaluation tools for nurse coordinators.

The Wisdom Worker Council discusses strategies to promote retention of the experienced, mature nurses and other healthcare team members. As the workforce ages, providing an environment that supports the changing physical and emotional needs of the experienced longer-service generation is important. For example, the council is exploring

the possibility of shorter shifts for those who are physically challenged by 12-hour shifts. In addition, the council members are investigating processes to encourage the transfer of knowledge and wisdom to less experienced generations. Through open group discussions, the members have discussed many creative ideas for contributions and “giving back.”

A few ideas discussed were: apprenticeship with new nurses, assisting units with patient admissions, quality checks, learning new skills by shadowing opportunities outside specialty, and creating a “Wisdom Team” to be assigned shifts to meet specific needs in the hospital. The council is planning for guest speakers on topics such as: working with generations, crisis nursing teams, Medicare issues, writing skills, and legislation.

The Patient Advisory Council is composed of patients who have been treated at SHC for a broad range of medical conditions, family members of patients, and staff representatives. This council promotes candid discussion about patient and family perspectives, identifies patient and family-centered care strategies, and revises patient education materials as needed. They also function as an advisory and advocacy venue for improving existing programs. The Patient Advisory Council enhances the patient care experience by assuring that the voices of patients and families are represented and makes an important contribution

to the ongoing efforts to improve patient care and services.

The Shared Governance Bylaws were revised in early 2010. This document reflects the increasing empowerment of the councils. All councils conducted a review of membership to ensure that key decision makers representing all areas of practice were actively represented. In particular, the participation of the outpatient and perioperative staff was strengthened.

The unit-based councils continue to provide a crucial forum for nurses to actively participate and engage in unit-based and organization-wide decisions. These councils function interdependently with the organization-wide Shared Governance Councils. Each nursing unit and clinic has representation in the larger hospital-wide councils. Information from the hospital councils is shared through individual unit and clinic councils, allowing for autonomy and individualization among the various nursing specialties.

This shared governance transformation has strengthened communication and synergy among councils and is an invaluable means by which innovative ideas take root, grow, and come to life. The shared governance structure at SHC continues to empower interdisciplinary teams to define, implement and maintain best practice standards.

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Honoring Stanford Nursing

INTERNATIONAL, NATIONAL, COMMUNITY AND LOCAL AWARDS

Each year many awards are given to Stanford nurses for their outstanding work and commitment to nursing practice. These awards reflect the extraordinary ability of our nurses and demonstrate how much they are valued by Stanford Hospital & Clinics and by nursing at large. Here are some of the awards and stories about the nurses who received them.

INTERNATIONAL CLINICAL SCHOLARSHIP AWARD

Mary E. Lough, RN, MS, PhD(c), CNS, CCRN, CNRN, is the recipient of the Clinical Scholarship Award from Sigma Theta Tau International (STTI), the honor society for nursing. Mary won this esteemed award for her commitment to the dissemination of evidence-based practice in the intensive care unit. This is an extremely prestigious international award that is given every two years to leaders who have made significant and enduring



**Mary E. Lough, RN,
MS, PhD(c), E2 ICU
Alpha Eta Chapter**

contributions to clinical nursing. Mary has co-authored and written chapters for two evidence-based critical care textbooks that are used in many nursing schools in the United States and abroad. Her efforts to incorporate evidence-based practice and educate nurses through her teaching and nursing textbooks have advanced the practice of nurses locally and internationally.

NORMA J. SHOEMAKER AWARD FOR NURSING RESEARCH

Mary E. Lough, RN, MS, PhD(c), CNS, CCRN, CNRN, was awarded the 2009 Society of Critical Care

Medicine (SCCM) Norma J. Shoemaker Award for Nursing Research. This prestigious award was presented at the SCCM National Congress in Nashville, Tennessee on February 2, 2009. Mary received the grant award in connection with her dissertation research toward her PhD in nursing. She has received Stanford IRB approval to conduct her research study entitled, "Epigenetic Contributions to Delirium in Mechanically Ventilated ICU Patients."

DAISY AWARD

The DAISY Foundation was established in 2000 by the Barnes family in memory of their son, J. Patrick Barnes, who died from complications of idiopathic thrombocytopenic purpura (ITP) at the age of 33. (DAISY is an acronym for Diseases Attacking the Immune System.) It is dedicated to funding research to help fight diseases of the immune system, supporting ITP patients and their families, and encouraging blood and marrow drives for treatment of ITP. Having been touched by the remarkable care, clinical skills, and compassion of nurses during Patrick's illness, the Barnes family made it their mission to recognize exceptional nurses around the country. This is a nation-wide program of 475 hospitals across the US and Canada. The award is given annually to two outstanding nurses in each of the four different regions: Med/Surg, ICU/IICU, OP Clinics/ED/ATU, and ORs/Procedural Areas.



Recipients of the DAISY Award

From over 120 nominations, the below individuals were selected to receive the 2010 DAISY Award at SHC. According to Elisa Nguyen, PCM, F3, Chairperson of the DAISY Award Committee, "This has been one of the most fulfilling projects I've done. It's amazing to read about the extraordinary things that the nurses are doing for their patients and their fellow nurses every day."

Stanford's 2010 DAISY Award Winners include: Debra Bell (E2), Eric Soriano (D3), Albert Medina (E/F Ground), Patti Greulich (Crisis), Susan Murphy (Dialysis), Kim Salter (Cath Angio), Tina Foote (Urology Clinic), and Candice Osuga-Lin (Neuroscience Clinic). The special DAISY Award winners for their exemplar work with patients and for the hospital were Susan Hock-Hanson (D1) and Sharon Morte (F3).

2010 FRIENDS OF NURSING AWARDS

The Friends of Nursing Awards are given to support clinical nursing research, quality improvement, and innovations in patient care. The following nurses received the Friends of Nursing Award in May, 2010:

- Julie Richards, NP, and Carolyn Fox, NP, of Vaden Health Center for their project, "Evaluating the Effectiveness of the Nurse Consultation in the Vaden Travel Clinic"
- Paula Tyler, RN, REI Nurse Coordinator, and Amanda Schwartz, RN, Interim Manager of REI Clinic, for their project, "Injection Training Online Instructions"
- Kelly Cook, RN, MS, ACNP, Arrhythmia Nurse Practitioner, for her project, "Patient ICD (Implantable Cardioverter-Defibrillator) Day"
- Carol Barch, MN, FNP-BC, Neuroscience Nurse Practitioner, and Mary Marcellus, RN, Neuroscience Nurse Coordinator, for their project, "Patient Information Guide for the Neuro Interventional Radiology (NIR) Patient Population"

GONDA AWARD 2009

The Thomas A. Gonda, MD, Employee of the Year Award was established in 1976 and was named in honor of Dr. Thomas A. Gonda after he completed a six-year assignment as the hospital director in 1974. It has been awarded annually to an employee who has been nominated by co-workers and selected by a committee based on the nominee's ongoing and outstanding contributions to the institution's mission. In 2008 the Thomas A. Gonda, MD, Award for Management was implemented.

Nancy J. Lee, RN, MSN, CNO, shared the following about the 2009 Thomas A. Gonda, MD, Award for Management recipient, Julie Tisnado, RN, MSN, CNRN, Patient Care Manager of GI Neurology Unit: "This manager has been at SHC for over 28 years and she exemplifies the role of a leader. She displays strength in all facets of the role: human resource management, clinical care, and business savvy. Adjectives used to describe this manager include: excellent problem solver, communicator, strategic thinker, advocate, and collaborator. This manager navigated the closure of the rehab unit with grace and compassion. She was a team leader for the bed conversion project and ensured that the design supported the patient population served. She moved her unit and was the first to use the new nurse call system. Her organizational skills and calm thinking in a crisis make her a perfect leader."

Nancy J. Lee, RN, MSN, CNO, described Laura Heldebrant, RN, BSN, Staff Nurse E2/ICU, the 2009 Gonda Employee of the Year in this way: "This Stanford nurse has been here over 12 years. She is a warm and caring nurse who is described as being 'full of grace'. She is a consummate leader and professional. She raises the bar for all of us. She was a leader in the EPIC implementation as a super-user and the EPIC brain trust for the ICU's. She is always positive and supportive of both the staff nurse and the EPIC team. She has been a calm voice in the sometimes stormy sea of EPIC in the ICUs. She always brings staff concerns to the larger team in a constructive and positive way. She commands the respect from the entire ICU team and I cannot thank her enough for her efforts."



Recipients of the Gonda Award: Julie Tisnado, RN, MSN, and Laura Heldebrant, RN, BSN



Recipients of the Malinda Mitchell Award. Left Photo: Clinic Administration. Right Photo: Emergency Department

MALINDA MITCHELL AWARD

The Malinda Mitchell Award recognizes excellence in quality and service. Malinda Mitchell is the former president and chief executive officer of SHC. She believes her greatest contribution was the development of a team-oriented approach to hospital management. Our award recipients for 2009 were:

- Emergency Department for Service: Improvement of ED Experience by Patrice Callagy, RN, MPA, Assistant Patient Care Manager, and Karen Stuart, RN, MSN, Assistant Patient Care Manager
- Clinic Administration for Quality: Hand Hygiene submitted by Nilda Perez, Manager of Accreditation Regulatory and Licensure Clinic, Quality Manager

BEACON AWARD FOR CRITICAL CARE EXCELLENCE

D1 (CCU/CSU), E2 ICU (Med/Surg/Trauma), and North ICU (Cardiothoracic) received the Beacon Award for Critical Care excellence from the American Association of Critical Care Nurses (AACN). The Beacon Award recognizes adult critical care and adult progressive care units that achieve high quality outcomes throughout the United States. The nurse-specific criteria include low nurse turnover and frequent on-unit education opportunities. In addition, achievement of the Critical Care Registered Nurse (CCRN) certification and demonstration of support to help nurses pass the certification exam is important. This prestigious award program is an opportunity for every unit to exemplify excellence in professional practice, patient care and outcomes.

Among the criteria for the award is exemplifying high standards in the following areas:

- Recruitment and retention
- Education, training, and mentoring
- Evidence-based practice and research

- Patient outcomes
- Healing environment
- Leadership/organizational ethics

D1 (CCU/CSU, Intermediate Intensive Care Unit) is the first combined ICU/IICU unit to receive the Beacon Award. D1 was recognized by the AACN for the excellent results in nurse-driven measures including the Medication Administration Safety Project. This project, which included the “Red Lights Saves Lives Initiative,” developed by CCU staff nurse, Judith Alderman, RN, BSN, led to a 50% reduction in medication errors. The relationship between D1 nurses and their collaborative practice for improving patient outcomes led to this recognition. The nurses demonstrated excellence through their healthy work environment, which included staff support through behavioral interviews, precepting, and mentoring nurses.

E2 ICU’s award was the culmination of a year of preparation. The staff worked in collaboration with North ICU and D1 as they, too, applied for this award. The three units collaborated to develop the Beacon Bold Voices Mission Statement that was signed by the nurses of the three critical care units. The E2 ICU nurses provided examples of nursing care given to patients and families in crisis situations. The ethos of E2 ICU teamwork shone through in the exemplars as a Beacon Unit.

The North ICU staff worked diligently to meet the award’s specific criteria by providing excellent, high-quality care to their patients and their families and by attaining specialty certification standards. A key component for North ICU achieving this award is sustaining and promoting a healthy work environment.

Trauma Care Amidst Devastation

TWO WEEKS IN HAITI

Just 24 hours after the 7.0 earthquake struck Haiti on January 12, 2010, Dr. Robert Norris, Chief of the Division of Emergency Medicine, volunteered a team of four doctors and four nurses in response to a request for a medical team to aid disaster relief efforts. The need was urgent, thus the team was to depart as soon as possible and their commitment was to span several weeks.

The team from Stanford Hospital & Clinics (SHC) included Emergency Department (ED) doctors Robert Norris, Paul Auerbach, Ian Brown, and Anil Menon and ED nurses Heather Tilson, Gaby McAdoo, Jonathan Gardner, and Julie Racioppi. This team became part of the volunteer effort of International Medical Corps (IMC), an established nonprofit organization that works worldwide in disaster relief and recovery and healthcare system support.

A TRUE TEAM EFFORT

The ED nursing management team agreed to cover the nurses' scheduled shifts with numerous volunteers from the ED nursing staff. The hospital administration rapidly approved nearly \$20,000 for critical supplies. A large group of ED and central supply staff worked well into the night before the departure preparing eight large duffel bags filled with emergency supplies. These supplies proved invaluable, because without them the team would not have been able to provide care for so many victims. IMC coordinated the travel to depart SFO at noon on January 15, 2010 and arrive the next morning in Santo Domingo, Dominican Republic. After a brief layover, they filled two vans with the SHC team of eight, three doctors from Columbia University, two independent doctors and

one nurse, a retired Special Forces Command Sergeant Major, the IMC team leader, and all of the gear, and drove ten hours over rough roads to reach Haiti's border by dawn.

FACING THE DEVASTATION

Nothing could have prepared them for what they witnessed upon entering the gates of the largest hospital in Haiti, Hospital de l'Universite d'Etat d'Haiti (HUEH), in Port-au-Prince four and a half days after the earthquake. A sea of people covered every inch of the hospital grounds. Some were on bare metal beds, while others lay on the ground on dirty mattresses or just a blanket or sheet. Their bodies had been severely mutilated by the earthquake's destructive forces. Many had amputations, large gaping wounds, and contorted, misaligned, and swollen extremities. This was the harsh reality of Haiti. When the Stanford team members stepped out of the vans, the smell of death was overpowering. The tiny morgue was overflowing with bodies; many were strewn on the pavement. As horrific a sight as this was, they needed to begin the task at hand: providing medical care to the injured.

On the first day, the SHC team triaged and treated as many patients as possible before nightfall. It made no difference where they were assigned, as almost every patient had horrific injuries. Team members cleaned maggot-infested gangrenous wounds, splinted shattered extremities, placed traction on suspected fractured femurs, gave antibiotics to everyone with an open wound, and administered pain medications to as many as possible. A few more groups of medical personnel arrived each day and were merged into existing teams to assist in the care of the many hundreds of patients they encountered.

TURNING CHAOS INTO ORDER

Only a handful of medical personnel had preceded the SHC team at HUEH, including four IMC volunteer doctors, several key IMC administrative personnel, and a few other surgeons. The SHC team was there



Left: The volunteer team of eight Stanford nurses and physicians who assisted with relief efforts in Port-au-Prince.

Right: ED Nurses Julie Racioppi, Gaby McAdoo, and Heather Tilson with Monley, a boy rescued from the rubble.

to initiate medical care at that site. The group of eight divided into four doctor and nurse pairs. They quickly organized key areas of the complex that had been deemed safe for patient care, which they named the pre-op area, the “ward,” and the “woods.” The pre-op area was a building with several rooms crammed with severely injured patients. It was next to a building that came to serve as the make-shift operating room. The “ward” was a four-room internal medicine building that was equally crowded with mangled patients. It had an existing dialysis unit that was functioning by the second day after their arrival, a key component in treating crush injury victims. The “woods” gained its name from the tree-covered courtyard centered between buildings that provided shade for those seeking refuge from the sun’s heat. Multitudes of severely injured victims were lying on beds, mattresses, or the ground within this area.

TAKING THE LEAD

At approximately 6:00 a.m. on January 20, 2010 the island was jolted by a 5.9 earthquake with an epicenter once again close to Port-au-Prince. To their good fortune, the U.S. military had arrived in force that day to support them at the hospital and they assisted in erecting a few large canvas tents that provided protection from the sun’s harsh heat.

From that day forward, increasing numbers of non-governmental organizations arrived on site. The SHC doctors stepped up to provide key leadership. The doctors took on leading roles in supervising and coordinating the entire complex and led decision-making for transport of patients to the U.S. Navy hospital ship, the USNS Comfort. The SHC nurses also took on leadership roles and were instrumental in setting up and staffing a newly formed triage/ED area so patients could be placed in an appropriate tent or building following triage, or be treated and released. They took charge in the “ward” and in the pre-op area to organize and oversee the patient care provided by new groups now assisting in these areas. In a little more than a week, HUEH had become a functioning medical facility.

MEMORIES FORGED UNDER FIRE

The SHC team of eight met many people in Haiti who touched them in ways that are not easily expressed. They witnessed unbelievable courage, strength, and gratitude from the Haitian people. So many of those they cared for will remain etched in their hearts and minds forever. A very strong bond of mutual respect and trust among the SHC team, collectively and as individuals, was forged by working together in such an intense and demanding situation. They formed a team like no other and prevailed when tragedy tested them.

Special National Oncology Nurse Awards

2010 brings national recognition to two exceptional advanced practice nurses as Stanford Hospital & Clinics. Both awards were from the Oncology Nursing Society (ONS), a professional organization of more than 36,000 registered nurses and other healthcare professionals. ONS is committed to excellence in oncology nursing and to leading the transformation of cancer care by initiating and actively supporting educational, legislative, and public awareness efforts to improve the care of people with cancer.

The scoring criteria for judging the nominations included standards such as:

- Recognized as experts in their fields as demonstrated by publications, presentation of research findings, and peer review.
- ONS involvement both at the local and national levels.
- Significant contributions to areas such as: patient education and support groups, presenting at professional conferences, program development, and community outreach.
- Clinical practice related to: theoretical concepts used in the clinical setting, professional development of self and others, precepting students, and educational interventions.
- Multidisciplinary collaboration reviews and applied nursing research

The first award was presented to Laura Zitella, Oncology Acute Care Nurse Practitioner, who works

on the inpatient medical oncology unit and in the Cancer Center. Laura received the Excellence in Medical Oncology Award presented by the ONS at the National Conference in San Diego.

An experienced oncology clinician, Laura's expertise includes infection prevention, symptom management, chemotherapy, and biotherapy. She has published in a wide range of publications including *Clinical Journal of Oncology Nursing*, *ONCOLOGY: Nurse Edition*, and the *Journal of the Advanced Practitioner in Oncology*. She has written two book chapters titled: Prevention of Infection in Putting Evidence into Practice: Improving Oncology Patient Outcomes; and Post Treatment Care in Chemotherapy and Biotherapy Guidelines and Recommendations for Practice (Third Edition).

Laura is an assistant clinical professor in the School of Nursing at the University of California, San Francisco and precepts adult nurse practitioner students. She has made dozens of presentations in recent years at conferences and medical institutions including the Oncology Nursing Society Annual Congresses, Oncology Nursing Society Institutes of Learning, Lymphoma Research Foundation Educational Forum, Perspectives in Oncology Supportive Care, Stanford Hospitals & Clinics, and Bay Area Tumor Institute.

As a member of the ONS, Laura is a trainer for chemotherapy and biotherapy courses, and a cancer genetics educator. She was the team leader for the Prevention of Infection Group of the ONS Nursing Outcomes Interventions Project: Putting Evidence into Practice, an evidence-based review of nursing interventions to prevent infection in cancer patients. She also participated on the Oncology Nursing Society Quality Indicators Project Team, contributing to the development of nurse-sensitive quality indicators for breast cancer patients. Laura was a primary contributor to the development of "Putting Evidence into Practice: Prevention of Infection" informational cards that are used in oncology practices nationwide.



D. Kathryn Tierney, RN, PhD, and Laura Zitella, NP

At SHC, Laura is active on a number of committees including the Oncology Medication and Safety Committee and the Hematology/Oncology Quality Council. She led the quality initiative, “Treat While the Sun is Up,” to improve the patient experience for inpatient elective chemotherapy admissions. Laura is a strong patient and nurse advocate and was one of the founders of a Nurse Practitioner (NP) and Physician Assistant (PA) Practice Council, dedicated to the promotion of NP/PA professional practice. She serves as the co-chair of the NP/PA Practice Council and has actively participated in the evaluation of the NP/PA role in the Cancer Center.

The second prestigious award was presented to D. Kathryn Tierney, RN, PhD, AOCN, Oncology Clinical Nurse Specialist, who works on E1, the Blood and Marrow Transplant Unit. Kathryn received the 2010 Oncology Nursing Society (ONS) Excellence in Blood and Marrow Transplantation Award. Kathryn received her bachelor of science in nursing from the University of Wisconsin, her master of science in nursing from the University of Pennsylvania Madison, and her PhD from the University of California, San Francisco (UCSF).

Since 2007, Kathryn has been an assistant clinical professor in the department of physiologic nursing at UCSF. She continues to precept graduate students from UCSF, mentoring them in the advanced practice role. Additionally, Kathryn provides ongoing mentorship to several staff nurses and managers, allowing them to present poster sessions and lectures at oncology conferences.

This award recognizes Kathryn as an outstanding oncology nurse involved in blood and marrow transplantation. Kathryn is an active member of the ONS, the San Francisco Bay Area chapter of ONS, and currently the coordinator of the ONS Blood and Marrow Stem Cell Transplant Special Interest Group. Kathryn sits on the Advisory Council for Education for the Bone Marrow Foundation. Her recent publications have included: Sexuality Following Hematopoietic Cell Transplantation: An Important Health Related Quality of Life issue. In F.Appelbaum, S. Forman, R. Negrin & KG. Blume (Eds). Hematopoietic Cell Transplantation, 2009, Blackwell Sciences.

During an interview, Kathryn stated, “It is an honor to be recognized by your peers for the work you have done on behalf of patients and families undergoing blood and marrow transplantation, and the nurses who care for them.”

Kathryn and Laura exemplify the professional model for advanced practice in nursing. They are both role models of expertise in their specialized fields, significant contributors to their profession, and mentors to nurses launching their careers into the exciting specialty of oncology nursing.

“It is an honor to be recognized by your peers for the work you have done on behalf of patients and families undergoing blood and marrow transplantation, and the nurses who care for them.”

– D. KATHRYN TIERNEY, RN, PHD

New Graduate/Nurse Residency Program AT STANFORD HOSPITAL & CLINICS

Stanford Hospital & Clinic's New Graduate/Nurse Residency Program was recently recognized as a national best practice on the University HealthSystem Consortium (UHC) and the American Association of Colleges of Nursing (AACN) outcomes report for the second year in a row.

This recognition brings Stanford Hospital & Clinics (SHC) nursing into the spotlight among the 61 other UHC hospitals throughout the nation. The post-baccalaureate UHC/AACN Nurse Residency Program (NRP) began in 2002 as a demonstration project for bachelor of science in nursing graduates. The residency program is a series of learning and work experiences designed to support graduate nurses as they transition into their first professional positions for direct care roles in the academic, acute care hospital setting.

The UHC/AACN Nurse Residency Program has grown from the initial six sites to approximately 56 participating sites. The Dreyfus Model of Skill Acquisition provides the conceptual framework for describing the development of graduate nurse competency in clinical nursing practice. This model was applied to nursing by Patricia Benner in her book, *From Novice to Expert*, and further expanded by Benner, Tanner, and Chesla in their book, *Expertise in Nursing Practice*. SHC entered the nation-wide nursing study project in July 2006. Curricula and evaluation

methods are revised and updated approximately every three years by volunteers from participating sites. SHC's Nurse Residency Coordinator is participating in two of the current work groups to revise curriculum.

All SHC new graduates are currently given two weeks of general didactic content, an eight to twelve week clinical orientation with a preceptor, six residency seminars spread throughout the year, and access to a facilitator who provides general role development guidance. They are currently required to complete an evidence-based practice project presentation. Unique aspects of the SHC Residency Program include a series of stress-management seminars and a full day problem-based class on early recognition of patient deterioration.

The Nurse Residency Program has placed new graduate nurses throughout SHC. Nearly all patient care services units have taken new graduates with the exception of E2 ICU and the Emergency Department. The Infusion Treatment Area within the Advanced Medicine Center has also sent their new graduates through this program.

SHC's retention rates for the New Graduate/Nurse Residency Program are very impressive. The rates are collected and reported for each fiscal year (Sept 1-Aug 31) and are included with the UHC/AACN outcome reports. Retention rates since implementation of the UHC/AACN have surpassed our expectations. The retention rate for all UHC/AACN nurse residency programs nationally is 96%. There have been approximately 15,969 participants enrolled in the UHC program since its inception.

The program allowed for development in all areas, clinically with the seminars and socially in relating to peers.

PROGRAM EVALUATIONS AND OUTCOMES

The Graduate NRP Evaluation is an online questionnaire given 12 months after the start date of the program. SHC was recognized as one of the top five performers in the national outcomes in this report. The evaluation is structured to examine the impact of the program on its graduates. Nearly all Nurse Residents (NR) were satisfied with recruitment, felt welcomed and valued, felt that the program allowed them to transition from advanced beginner toward competent professional, develop effective decision-making skills in clinical judgment and performance, strengthen their commitment to nursing as a professional career choice, felt preceptors guided them to successfully manage clinical experiences, and felt the curriculum of the NRP shaped their development and strengthened their practice. One hundred percent would recommend that a friend take a job at SHC.

For evaluations from faculty, 100% of participants agreed that the residency coordinator was responsive and available to them. They also unanimously agreed the entire faculty was knowledgeable of the subject matter, that they liked being nurses, and were overall satisfied with nursing as a career. Over 90% agreed that faculty-facilitated learning and teaching methods were effective, case studies facilitated critical thinking

skills, and they would recommend the program to others.

The summary of top performers is a list of all the sites that were included as “top performers” on any of the study measurements. Of the 15 areas related to outcome evaluation, SHC ranked in the top five in thirteen of the fifteen categories measured.

SHC NEW GRADUATE/NURSE RESIDENT ROLE ADVANCEMENT

Graduates of the NRP are active clinical leaders within SHC. Feedback from nurse managers and nurse residents shows that, as of 2010, roles included Staff Nurse II to Staff Nurse IV and Assistant Patient Care Manager. The majority have been preceptors, some have been mentors, and many are involved in unit projects and/or are super-users for skills and EPIC implementation. One NR is chair-elect of the Practice Council, another is on the Policy and Procedure Committee, and two are on the Nursing/Pharmacy Liaison Council.

SHC’s return on investment in the UHC/AACN Nurse Residency Program has been excellent in terms of retention, leadership development, and perceived benefits by participants. Both SHC and UHC evaluations demonstrate that the Nurse Residency

STANFORD HOSPITAL & CLINICS RETENTION RATES

FISCAL YEAR/ #	1 YEAR RATE	2 YEAR RATE	3 YEAR RATE	4 YEAR RATE
2006 / 41	98%	90%	88%	86%
2007 / 60	97%	92%	90%	—
2008 / 32	100%	83%	—	—
2009 / 30	94%	—	—	—
2006 - 2009 / 180				88%



2009 Graduates of the UHC/AACN SHC Nurse Residency Program

Program prepares new graduates for their first professional role in a significant way and supports the program goals and the mission of SHC. "The program continues to demonstrate positive change for the residents in their confidence, competence and commitment, and promises benefits to their employing organizations," says Mary R. Lynn, PhD, Evaluation Consultant, Professor, UNC-Chapel Hill.

The following comments from the New Graduate Program evaluations provide examples of the program's success: *"Provided a peer group for all new nurses which was incredibly supportive;" "We all shared something in common;" "It was great!" "The program allowed for development in all areas, clinically with the seminars socially in relating to peers;" "I think Stanford is an awesome place for a new nurse. It encourages growth*

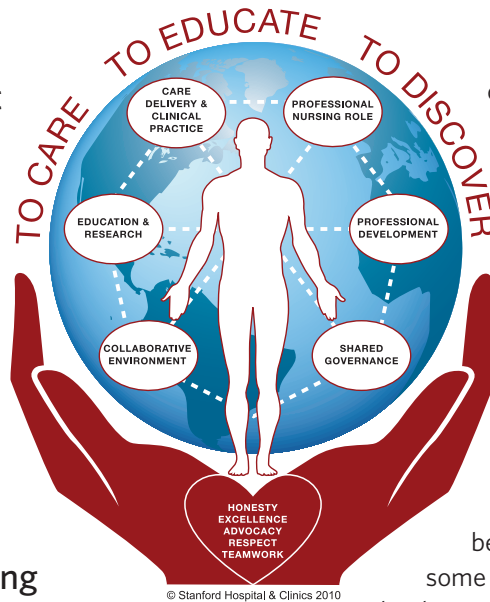
and the senior nurses are incredibly supportive;" "Thank you for this opportunity!"

It will now be our responsibility, as members of Patient Care Services, to ensure that everyone remains committed to supporting the professional development of each other on our journey to maintain Magnet recognition. Action plans will be developed with the patient care managers, nurse educators, clinical nurse specialists, unit educators and preceptors to ensure continued program success and enrichment. Program coordinator, Kathy Dyble, RN, MA, states, "I am proud of each new graduate and feel privileged to make a contribution to our future generation of professional nurses at Stanford Hospital & Clinics."

Updated Practice Model

REFLECTS STANFORD NURSING EXCELLENCE

Each year at the Magnet Conference there are inspiring stories and presentations about the many components Magnet hospitals share. At the October 2009 meeting, Stanford nurses came away with many ideas and examples for updating the model used to represent our beliefs and systems that support our professional nursing practice. After reviewing many great examples from across the country, we realized our model was due for an upgrade.



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create a single schematic that is easy to describe and recognize, and that defines the distinction and excellence of SHC nursing practice.

In January 2010, about 60 nurses from across the organization were invited to a model-defining meeting. The best experience of the day was to reawaken our excitement of what it means to be a Stanford nurse. A slogan and some wonderful adjectives were used by the group during that meeting to describe SHC nurses:

Stanford Nurses— Excellence is in our genes! Authentic, Motivated, Innovative, Passionate, Collaborative, Autonomous, Dedicated, Caring, Intelligent, Empowered, Leaders, Problem Solvers, Team Players, Diverse, Integrity, Coaches, Mentors, Professionals, Ethical, Teachers, Family, Change Agents, Open-Minded, ...Your Nurse.

A professional practice model is a schematic that symbolizes our beliefs, values, theories, and systems for nursing practice. The Stanford Hospital & Clinics (SHC) model for nursing professional practice is our unique depiction of all the key components of nursing practice at SHC. It represents nursing practice in every setting: inpatient, outpatient, perioperative, and episodic care venues.

Our old model reflected complex nursing care that paralleled the complexity of our patients' diagnoses. But many of us had difficulty describing it; therefore, it was not a "living" document. We embarked on a process to both invigorate our model schematic and our collective conversation about what it means to be a Stanford nurse. The goal for our new model was to

The group came up with new model components and symbols based on core beliefs and values. With drafts in hand, the next step was to share the drafts with many nursing constituencies. Nearly 100 nurses provided feedback on the drafts.

The Coordinating Council, which is comprised of the leadership of all the shared governance councils, served as the approval body for the final model which was completed in September after several iterations. Reactions to the new model have been very positive. A few comments include: "This is classy!" "It's something we can be proud of," and "This really reflects what we're about." The communications roll-out for the model occurred in the fall of 2010. The new model is designed to be a living aid to help SHC nurses share their pride, philosophy, and values.

Committed

TO PATIENT-FOCUSED CARE

How do you define “caring”? We hear nurses say they are caring for five patients, but it is important to understand how both nurses and patients define the concept. Caring in the American Heritage Dictionary is defined as, “the practice or profession of providing social or medical care” and “feeling or showing care and compassion.” At Stanford Hospital & Clinics, both definitions are important to our patients and nurses as a critical part of the patient’s experience at the hospital.

In the past year, Stanford Hospital & Clinics’ (SHC) inpatient nursing units continued their efforts to improve patient satisfaction and patient care. To better measure patient satisfaction, the beginning of fiscal year 2010 brought a significant change to SHC’s Patient Satisfaction Campaign. The survey vendor was changed from NRC+Picker™ to Press Ganey,™ which has a richer client database and is therefore much more competitive. Though it required some education during the transition, the switch has helped us better understand our patients’ experiences and identify the areas in which we need to focus our efforts.

STARTING STRONG AND STILL IMPROVING

The nationally reported Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey showed improvements consistent with the time period in which we began implementing process changes. Our HCAHPS “Would you recommend?” score is at 76%, which puts us in the 78th percentile nationally and in the 80th percentile in the state (10/2008 – 9/2009 HCAHPS posting).

Under the leadership of Nancy J. Lee, RN, MSN, Chief Nursing Officer, and Wendy Foad, RN, MS, Director of Nursing Operations, the patient care managers partnered with Process Excellence to hardwire several best practice projects for patient satisfaction and patient safety: AIDET (Acknowledge, Introduce, Duration, Explanation, Thank You), Transfer of Trust (improving communication with patients regarding nurse handoffs), and Hourly Rounding. We also implemented noise reduction strategies and improved collection of Same Day Patient Feedback. Nursing partnered with physicians to roll out “Get-Involved Pads” and expanded MD and RN rounding to all nursing units. Many of these initiatives foster communication among care providers and help them connect with patients to address both clinical and emotional needs. The collaboration and support from Dr. Ann Weinacker, Vice Chief of Staff, and other medical directors have been critical to the success of the nurse/physician initiatives.

SETTING AN EXAMPLE

Among many other competing priorities, patient care managers and assistant patient care managers perform manager rounds daily to connect with their patients and show oversight and commitment to quality care and improvement of the patient experience. Beverley Grenz, RN, CMSRN, Assistant Patient Care Manager on units EGR and FGR, uses manager rounding to check on the impact of the patient satisfaction initiatives. She asks her patients how their care has been during their stay and inquires to see if nursing staff has introduced themselves at the beginning of the shift and whether staff has been checking on patients regularly. Beverley also uses the manager rounds to hand out the “Get Involved Pads,” which she explains by saying to the patient, “Please feel free to use this ‘Get Involved Pad’ to help you remember questions you want to ask your physician.”



Noel Botardo, RN, BSN, answers questions as a patient and her family member review a satisfaction survey on her care at SHC.

Charles Pitkofsky, RN, MSN, Patient Care Manager for unit G2P and H2, is the patient-centered care service coach. He improved awareness of patient-centered care among managers and nurses, helped establish methods to track implementation status of key initiatives, supported the organization's change from NRC+Picker™ to Press Ganey,™ and played an important liaison role among nursing leadership, service excellence team, and the nursing team. He returned to his clinical operation role in April 2010 and smoothly transitioned service coach responsibilities to Process Excellence and Service Educator, Lisa Miller, RN, MS, CPHQ. Lisa has been working closely with nursing units to develop teams of service champions to improve the patient experience at SHC. The service champions are nurses who represent the highest standards in not only caring for their patients, but also in their ability to connect with the patient and show they care about their patients.

The collaboration for improving patient satisfaction has never been stronger. Nursing Administration is working with Process Excellence to identify house-wide and unit-specific process improvement projects with ancillary departments (e.g. Housekeeping, Dietary) to resolve operational barriers and with Guest Services to learn what our patients have to say through different feedback channels. The Human Resources Department is also working to support leadership development through "360 degree feedback" and 1 to 1 coaching. We are excited about the engagement level of our managers and staff, the enthusiasm from our service champions, and the best practice sharing among units. Together, we can work toward our nursing vision, "To Provide the Best Patient Care in the Nation." As one of our patients commented on a survey, SHC has "absolutely the best, caring, compassionate, and professional nurses!"

Handle All Transfers Safely Program

A little over a year after its inception, the safe patient handling program, Handle All Transfers Safely (HATS), at Stanford Hospital & Clinics is the premier program on the West Coast and sets a high standard for other Magnet organizations.

In January 2010, the Facilities Guidelines Institute (FGI) released the 2010 Guidelines for the Design and Construction of Health Care Facilities published by the American Society of Healthcare Engineers (ASHE). For the first time, a section on patient handling and movement was included with the intent of making design professionals and owners/managers aware of patient handling and movement concerns. The Stanford Hospital & Clinics (SHC) program was featured in chapter three, which established a business case for safe patient handling; safe patient handling made sense for patients, nurses, and hospitals.

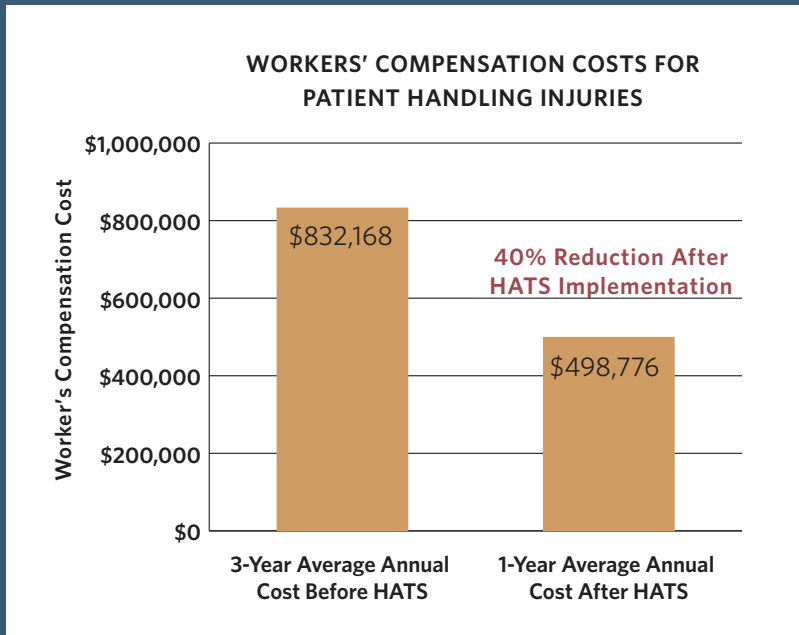
In April 2010, SHC received a Best Practice Award at the Safe Patient Handling and Movement Conference in recognition of its advancements in safe patient handling. The award recognizes healthcare facilities that rise above others in implementation of these programs, keeping patients safe and comfortable while ensuring caregiver safety. The Veteran's Administration and the American Nurses Association were so impressed with SHC's methodology that they asked for SHC's help in designing a template for their organizations.

HATS OFF TO OUR STAFF!

The success of the HATS program has been a true team effort. Following the training program in May 2009, in which 95% of the clinical staff who handle patients completed four-hour training, sustaining these new habits was critical. Joan Forte, BSN, MBA, Director of Patient Care Services and Ed Hall, Senior Director of Risk Management, were the Executive Champions who initially developed and achieved funding for the program. Carole Kulik, RN, MSN, NP, PCM (D1 CCU/CSU), and Geoff Pridham, Manager, Nursing Administration, partnered early on to provide operational leadership and support for the initiative. Many presentations were provided at meetings and one-on-one sessions. A safe patient handling specialist program was established to support caregivers as they gained confidence using the lifting techniques and equipment. A clinical nurse, Susan Hock-Hanson, RN, BSN, and James Henrion, Assistant Manager in Nursing Administration, were on-call during daytime hours, and Susan often worked evenings and weekends to continue to promote change. Super-user staff nurses continued to meet regularly to share best practices, problem solve, and maintain enthusiasm. In accordance with our vendor contract, in March 2010, Darla Watanabe, RN, BSN, Clinical Nurse Educator, became the permanent patient handling specialist of the hospital. Darla rounds daily on the units, including the evening and night shifts to provide ongoing training and support for all employees who assist with patient handling.

Results from these efforts have been significant. Ongoing program metrics include staff/patient injury rates, the type and severity of injury, number of lift

As the graph demonstrates, there has been a marked decline in injuries related to patient handling.



In less than a year since launching the HATS program, there has been a 40% decrease in costs associated with workers compensation claims related to patient handling and transfers. In short, there have been fewer injuries and what injuries have been sustained are less severe than those sustained prior to implementation of the program.

consults as well as patient satisfaction with lifts and transfers. As indicated by the graph shown here, the severity of employee injuries related to patient handling and transfers has significantly declined since implementation of the HATS program.

SHC nursing is already sharing this data nationally. SHC sponsored the first West Coast Safe Patient Handling conference in San Francisco in March 2009. Over 800 nurses attended from throughout the country, and attendees came from as far away as Europe. Due to its popularity, the conference occurred again this year in San Diego. SHC is well represented with two conference presentations: "Making the Safe Patient Handling Program Succeed: Realities and Strategies," presented by Joan Forte, BSN, MBA, NE-BC; Carole Kulik, RN, MSN, ACNP, CRNP-BC, PCM, D1; and Susan Hock-Hanson, RN, BSN, D1; Geoff Pridham, Manager, Nursing Administration; and James Henrion, Assistant Manager, Nursing Administration and "Making a Business Case for Safe Patient Handling" led by Edward Hall and Joan Forte, BSN, MBA, NE-BC.



An example of the behavioral campaign from D1 (CCU/CSU) Safe Patient Handling Program (SPH) Superusers

The Center for Education and Professional Development

EMPOWERING NURSES

EXCEPTIONAL OFFERINGS

The Center for Education and Professional Development (CEPD) is one of the few education centers in the San Francisco Bay Area offering continuing nursing education programs in both classroom and conference style settings with on-site speakers. This dynamic educational environment allows opportunities for face-to-face communication between the speakers and students, individual interaction, and small group discussion.

The sharing of new knowledge and innovation is a high priority at Stanford Hospital & Clinics (SHC). The majority of speakers incorporate current evidence-based practices and research studies in their presentations. A few of the most popular classes this year include: Cardiac Medications, The Serious Side of Sepsis, Critical Care Series, CCRN Review, Blood: Physiology, Pharmacology, Phacts & Phiction, and Managing Conflict and Difficult People.

LOCAL BRN AND ANCC PROVIDER

Nurses from both SHC and the local community appreciate the convenient location, spacious environment with state-of-the-art classrooms and the variety of specialty clinical and professional development programs.

The CEPD provides education that meets a variety of credentialing requirements: BRN, ANCC, and Magnet. As one nurse commented, "I really appreciate that CEPD provides programs with ANCC contact hours. Before Stanford became a provider, I had to travel over two hours to find an ANCC program."

ALIGNMENT WITH SHC MISSION AND STRATEGIC PLAN

Manager of the CEPD, Suzanne Taylor, RN, MS, ensures that course topics include leadership and clinical development of the nursing staff. Educational activities are planned to increase knowledge and learning with the end result of improved patient

outcomes. Alignment with organizational mission, values, core principles, and the strategic plan are important to the successful planning and implementation of each educational program. The CEPD provides an environment in which lifelong learning is fostered and embraced.

TOP ACCOMPLISHMENTS OF 2010

1. 4,090 nurses and other healthcare workers attended classes.
2. Online registration was implemented in the fall. Nurses are able to shop online for their classes. The interface allows the automatic transfer of education assistance dollars for internal staff.
3. Ten certification review courses were offered to prepare nurses for specialized certification exams and subsequent certification in their specialty.
4. A content tracking form was developed and one year's data was collected on Magnet recommended topics to include in continuing education classes. (Best Practice)
5. On-site BS Nursing Program is offered in evenings through video conferencing at CEPD. The CEPD now offers programs throughout the day and evening.
6. Two issues of *Stanford Nurse* magazine are published per year.
7. CEPD developed surveys to measure if the knowledge gained in continuing education classes changes nursing practice.
8. CEPD led production of the 2010 Nursing Annual Report under the leadership of Suzanne Taylor, RN, MS, CEPD Manager.

Stanford Nursing Evidence-Based Practice FELLOWS PROGRAM

On June 16, 2010, the nine most recent Stanford Hospital & Clinics Evidence-Based Practice (EBP) Fellows impressed an audience of about 120 people at the South San Francisco Conference Center. Just six months prior, the fellows could not have imagined they would be confidently sharing the story of a completed EBP project with such a crowd. However, they attended the conference with a complete project, abstract, and presentation. These projects represent real improvements in nursing, respiratory, and physical therapy care for our patients.

Now completing its sixth year, the EBP Fellowship program offers an opportunity for clinical staff to

address a clinical practice problem on their unit. Working with specially trained coaches, SHC's Evidence-Based Practice Fellows identify a clinical practice challenge and search and critically appraise the relevant research and best practice literature. They synthesize the evidence into an appropriate better practice, and then plan, implement, and evaluate a small test of change with the aim of improving patient care quality, safety, outcomes, or costs. SHC is one of the founding hospitals of the program presented by the UCSF Center for Nursing Research & Innovation. The SHC fellows and coaches also received support and direction from SHC Program Director and Nurse Scientist, Lynn Forsey, RN, PhD.

STAFF MEMBER	AREA/UNIT	PROJECT NAME
Jovy Borja	B3/C3	Vascular Access Device Therapeutic Roadmap "A Guide to Decide"
Bobbie Broski	E1	Perirectal and Acute Cutaneous GvHD Skin Care Made Easy
Kayla Butler	D1	Improving Patient Outcomes with Optimal Nutrition
Doris Chong	Rehab	Early Mobility for Mechanically Ventilated Patients in ICU
Steve Donnelly	Respiratory	Use of Full Face Mask CPAP on Med/Surg/Tele for Patients with Obstructive Sleep Apnea
Jaime Hellman	C2	Improving Post-op Education for Laryngectomy and Tracheostomy Patients
Ranjanna Pratap	B1	Nursing Knowledge of Cardiovascular Medications on a Non-cardiac Unit
Heather Tilson	Emergency	Improving Teamwork and Communication in the Emergency Department
Bree Jensen	E2	Do you see what I see? Standardizing Neurological Assessment in an Adult Neuro ICU



Stanford EBP Fellows and coaches at the conference

Guiding Patients and Nurses Toward Healing

THERAPEUTIC IMAGERY

Since completing their certification in Integrative® Imagery almost ten years ago, Tina-Marie Jollyschmidt and Margaret Clark have had the honor of being able to pursue their goals of going beyond traditional nursing practice and sharing their work with their patients and staff in many ways.

Currently, they provide their patients and their caregivers with guided imagery at the bedside. They also provide imagery in the monthly caregiver support series for blood and marrow transplant and work

with several support groups in the Cancer Center at Stanford.

In their work at the bedside, they focus on helping patients with relaxation, symptom management, and better tolerating procedures and treatments. Tina and Margaret visit patients and their caregivers, and after discussing the need for that day, they provide an imagery experience tailored for that requirement. They leave the family with an imagery CD and a plan for self-care. They frequently follow their patients through several hospitalizations.

It is satisfying to help a patient with a difficult procedure. For example, a patient who was beginning a series of radiation treatments was referred to



Tina-Marie Jollyschmidt, RN, provides a patient with guided imagery prior to procedure.

them. She was unable to tolerate the restrictive mask required for the procedure and after several attempts, the treatment was stopped. They worked with the patient and her caregiver to relax her body using music and verbal cues. They then developed an image of a comfortable, expansive place that she could visit during her treatment. Her husband was soon able to take over the imagery and the patient was able to tolerate the treatments. Most of their work is about simple relaxation and listening in a focused way. Although it may not be dramatic on observation, their patients remind them how important the experience is to them. In another session, a patient who had visited several times was suffering from shortness of breath as a complication of his disease. He was focused on his oximetry reading. As they discussed a plan for the day, he frequently asked what his number was. As the imagery experience began, his oximetry was 90%. Tina and Margaret decided simple relaxation and finding a place of comfort would be more beneficial. As the session progressed, his breathing became deeper and less labored. Slowly, his oximetry crept up, until by the end of the session it had reached 96%. He was pleased and stated he felt much better. He was delighted to have the CD, a tool he felt would be helpful.

Their work with support groups is another way they are able to share imagery with their patients and their caregivers. It is wonderful to see a group of people share their experiences after the imagery session. Frequently, there is a deepening of relationship as members of the group discover their shared journey.

Providing education for their peers on imagery is another aspect of their mission. They have spoken on imagery in several different venues. Currently they are providing continuing education classes on imagery through the Center for Education and Professional Development at Stanford. Healthcare professionals learn techniques to assist their patients during their hospitalization as well as tools for stress management and exercises that facilitate reconnecting to the heart of nursing.

Along with their bedside imagery program, they are currently developing programs to be used in the Cancer Center. This outpatient facility serves many populations and they are excited to offer imagery in this setting.

Both Tina and Margaret feel honored that their professional mission has received such support at Stanford Hospital & Clinics and that they have had the opportunity to continue and grow this work.

In their work at the bedside they focus on helping patients with relaxation, symptom management, and better tolerating procedures and treatments.

2010 Annual Report OF NURSING RESEARCH

Fiscal year 2010 was an active year for nursing research at Stanford Hospital & Clinics (SHC). A new multidisciplinary, multi-year study was launched in conjunction with faculty from the School of Medicine and data collection was completed for two multi-site

nursing studies. In addition, a nurse-generated study about the incidence of phlebitis in the amiodarone patient population completed the data collection phase. SHC nurses enrolled in San Francisco Bay Area graduate programs also initiated studies this year.

NURSE-LED RESEARCH STUDIES DURING 2009-2010 (FY2010)

STUDY TITLE/ TYPE	STATUS	NURSE PRIMARY INVESTIGATOR (PI)	ADDITIONAL STUDY TEAM NURSES	NURSE ROLES IN THE STUDY
Factors for Development of a Clinical Surveillance System/ Exploratory and Descriptive-Quantitative	Completed 12/09	J. Stotts, RN, MS	L. Forsey, RN, PhD; C. Kulik, RN, MSN, APRN-BC	Nurse PIs, Data Collection - staff nurses
Phlebitis in D1 Amiodarone Patient Population/ Descriptive-Quantitative	Open	L. Ottoboni, RN, MS; L. Norton, RN, MS; with physician PI: P. Wang, MD	C. Yang-Lu, RN, MS; N. Becker, RN; T Cotter, RN, MS; L. Forsey, RN, PhD	PIs, Study Team, Data Collection, Data Analysis and Reporting
UHC New Graduate RN Study - continuation/ Quantitative	Open	K. Dyble, RN, MA; N. Donaldson, RN DNSc (UCSF Center-Affiliated)	A. Klevay, RN, MSN, PMHCNS-BC, CNS	Coordinator, Participants
Newly Licensed RN Magnet Study/ Both-Quantitative and Qualitative	Completed 8/10	L. Forsey, RN, PhD - site coordinator; M. Kramer RN, PhD (national study PI)	K. Dyble, RN, MA	Site Coordinator, Participants
CALNOC INQRI Study/ Quantitative	Completed 2/10	L. Forsey, RN, PhD - SHC PI (site coordinator) N. Donaldson, RN DNSc (UCSF Center - Affiliated)	L. Forsey, RN, PhD; P. Pilotin, RN, MS	Site Coordinator, Data Collection, Participants
Epigenetic Contributions of Delirium in Mechanically Vented ICU Population/ Quantitative	Open	M. Lough, RN, PhDc, CNS, CCRN, CNRN		PI
TRANSFORM-Simulation Driven Patient Safety Intervention/ Quantitative	Open	N. Szaflarski, RN, PhD, FACM; L. Forsey, RN, PhD; with physician PI: C. Braddock, MD	L. Abel, RN, MSN; A. Haynes, RN, MS, CNS, CCRN; C. Thompson, RN, MS, CNS, CCRN; M. Kuzman, RN, MSN, CNS; K. Dyble RN, MA; J. Madden, RN, MSN, CCRN; M. Campbell, RN	Co-PIs, Study Team, Project Manager, Simulation Faculty, Project Data Abstractor, Participants

TrackCore

MAKING TISSUE IMPLANTS SIMPLE TO TRACK

In the last 40 years, transplantation of organs and tissue has proliferated. Advanced techniques allow physicians to transplant not only solid organs but corneas, tendons, valves, skin, veins, and bones. While surgical technique has extended the life expectancy of many patients, the risk of transmitting infectious diseases from tissue and organs may put patients at risk.

The risk of disease transmission from donor to recipient is a safety concern of the surgical team. The federal government and the Joint Commission have created standards and safeguards to assist in the testing of tissue/organs for transplant but it was recognized that a system to “recall” suspect tissue was not in place. In 2008, the government mandated that healthcare institutions create a tracking system for all implantable tissues/organs. This would allow for rapid notification of physicians and patients in the event a recall was enacted.

Historically, Stanford Hospital & Clinics (SHC) has used a paper logbook system to track tissue based implants. While the system was effective in tracking tissue, it was not the most efficient. Reports needed to be generated, charges calculated, and inventory managed on a daily basis. Paper was not the solution.

In a proactive move to improve quality and efficiency, Sandra Hammond, RN, Interim Manager of the Main Operating Rooms, and a team of staff and managers researched automated tissue tracking systems for the peri-operative environment. The goal was to implement a system that would track all musculoskeletal, cardiac, and human tissue based

implants, generate reports to meet the fiscal needs of the institution, and allow the department to meet all recall notices in an efficient and effective method. The system selected was the Tissue TrackCore LPIT software. Gina Igel, RN, CNOR, an orthopedic staff nurse, was selected to assist in the coordination of the project.

A team of managers, educators, IT personnel, and the company representatives met to develop a training and implementation program. In March 2010, 100% of the OR nurses were educated about the new tracking process. With a few computer key strokes, an operating room nurse can now immediately review tissue inventory, track the history of a specific allograft product, and order what is needed for a specific case.

The TrackCore system has assisted the OR in the tracking of tissue in the peri-operative region. One positive outcome of the tracking system has been the department’s ability to order only what is needed and track wasted tissue. This has allowed the department to save money, identify waste, develop strategies for cost containment, and keep costs under control in these challenging economic times.



Gina Igel, RN, and Sandra Hammond, RN, using the new TrackCore system to review tissue inventory

Creating a Clinical Effectiveness Framework

No clinician would ever doubt the importance of quality care, and nurses at Stanford Hospital & Clinics pride themselves on delivering high-quality care every day. So how exactly do we measure the quality of care?

The traditional measures include key process indicators such as core measures and outcome indications of mortality and complications. Stanford Hospital & Clinics (SHC) has achieved great improvement in both areas, thanks to the hard work of our nurses and physicians. Patient care services significantly impact outcomes. How we deliver patient care and the processes that support us make a difference.

Nurses often look for ways to connect with their patients on a personal level, and many clinicians say that you should approach each and every patient “as if he were your family member.” This approach certainly highlights the importance of a personal touch, but effectiveness must also be measured objectively.

SHC has instituted a bold new strategy to bring quality and value together under the umbrella of clinical effectiveness. Whether driven by the value-based purchasing movement or the earnest desire to see quality of care and service improve, clinical effectiveness will focus on the use of evidence-based care, appropriate use of new technology,

and transparency of information related to cost and quality. The clinical effectiveness framework is designed to bring multidisciplinary teams together and is guided by four principles:

1. Clinical Appropriateness (Evidence)
2. Patient Centeredness (Service)
3. Outcomes Optimization (Quality)
4. Value Analysis (Cost)

The clinical effectiveness strategy was launched in September 2009. Multidisciplinary teams of clinicians identify actions, implement change, monitor performance, and set goals. Many of the improvement goals have already been met. Early recognition and treatment of sepsis is one area of focus, and through the development of guidelines and clinical tools, the incidence of sepsis and mortality associated with septic shock will be reduced, and, in each case, save an average of \$22,000.

Reducing the incidence of surgical site infections (SSI) is another goal. SHC developed pre-surgical bathing guidelines and standardized surgical preps. With input from nurses, these improvements were implemented and have already reduced SSI rates by 15%, saving an average of \$30,000 for each prevented SSI. The reduction in the SSI rate has saved the organization over \$600,000 since September 2009.

SHC nursing has successfully implemented a multitude of other clinical improvements. Nurses in our intensive care units adhere to the VAP bundle

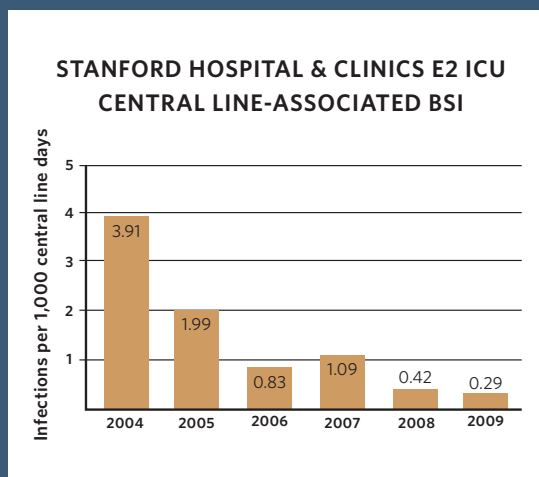
We often look for ways to connect with our patients on a personal level... “as if he were your family member.”

PREVENTING CENTRAL LINE ASSOCIATED BLOODSTREAM INFECTIONS

The risk of central line associated bloodstream infections (CLABSI) in the ICU patient population is high. There are a number of reasons for this: frequent insertion of multiple central lines, repeated access to the lines each day, and the use of these lines for extended periods.

Several government, public health, and professional organizations have published evidence-based guidelines regarding the prevention of CLABSI. SHC has utilized these guidelines as the basis for the "Prevention of CLABSI" program. The prevention program, initiated in 2002, has been led by the infection control and epidemiology department with strong ICU bedside nursing participation. Accessibility of evidence-based policies and procedures, standardization and availability of central line insertion trays/kits, development of EPIC progress note templates for insertion, documentation of line necessity, and biweekly feedback are all elements of the program.

Prevention of CLABSI is one of the premier examples of how SHC delivers safe, quality care to our patients. As a result of this prevention program, the CLABSI rate for the ICUs has decreased 93% since 2004.



to prevent ventilator associated pneumonia. The procedure for inserting and managing central lines has been standardized, resulting in a dramatic decrease in central line associated blood stream infections. The commitment to conducting a time-out and using the WHO Surgical Checklist has prevented wrong patient, wrong site, and wrong side interventions and surgeries.

The goal of SHC is to deliver high quality services and our vision is to be the best medical center in the nation. The use of evidence-based practices for patient care services and appropriate use of clinical resources will play a significant role in SHC's clinical effectiveness efforts. As the standardization of practice increases, both nurses and patients will continue to reap the benefits.

Robotics

A NEW FRONTIER IN ARRHYTHMIA MANAGEMENT

The dim, dark room of the electrophysiology (EP) catheterization lab room is being transformed! Traditionally, dim lighting was needed for healthcare providers to easily view and interpret the intracardiac waveforms traveling across the monitor. This allowed the practitioner to confirm catheter placement on the gray fluoroscopic images while catheters were manually manipulated within the beating heart.

Catheter ablations were initially accomplished within these EP “caves” using direct current applications to the tissue through a catheter tip, resulting in a scar that eliminated the arrhythmia focus. Improved catheter and mapping technology, and more recently, the use of robotics, have considerably changed the scenario for patients receiving ablation procedures. The catheterization lab nurses and cardiovascular technicians are eager to change their practice to incorporate these state-of-the-art therapies.

Arrhythmias, or electrical problems of the heart, affect millions of people each year. When a site within the heart competes with the normal pacemaker of the heart, an arrhythmia occurs. Arrhythmias may result in rapid heart rates that impact quality of life or

can be life threatening. Patients undergo diagnostic EP studies in the catheterization lab to identify the site of the arrhythmia origin or focus. During the EP study, the electrical activity of the heart is assessed by stimulating and recording the electrical activity of the heart using multiple catheters placed at several locations within the heart. The physician attempts to induce or “reproduce” the arrhythmia, so the focus can be identified and located. The majority of these arrhythmia sites can be eliminated by creating a burn, or “lesion,” with a catheter ablation that prevents arrhythmias from propagating. In recent years, there have been dramatic improvements in new therapeutic options for treating arrhythmias as well as diagnostic tools for determining their origin. One of the latest innovations in this area includes the use of robotics for catheter manipulation.

ROBOTICS IS ON THE CUTTING-EDGE OF CATHETER ABLATIONS FOR ARRHYTHMIAS

“I asked myself and colleagues, why can’t the technology used so successfully in surgical procedures be adapted to the electrophysiology lab?,” recalled Dr. Amin Al-Ahmad, Associate Director of the arrhythmia and electrophysiology service, while noting the patient care delivery issues were similar. Dr. Al-Ahmad began discussions with Hansen Medical, Inc. in 2004 and after collaborative conceptualization and design, Hansen Medical’s Robotic Catheter Control System became a reality. The Sensei® X Robotic-Assisted EP Navigation System is a flexible, robotic platform that combines advanced levels of 3-D catheter control with 3-D visualization, providing accuracy and stability to the physician during catheter based EP procedures.

The Sensei® X Robotic-Assisted EP Navigation platform’s advanced navigation features allow the physician to manipulate catheters in vectors not achievable with manual manipulation.



The Sensei® X Robotic-Assisted EP Navigation System is Hansen Medical's flexible robotic platform that combines advanced levels of 3-D catheter control with 3-D visualization, providing accuracy and stability to the physician during catheter based electrophysiology (EP) procedures.

The Sensei® X Robotic-Assisted EP Cardiac Navigation platform also supports IntelliSense® Fine Force Technology interface with tactile vibration. The tactile vibration feature allows the user to sense a measurement of the force through vibration. The CoHesion™ 3-D Visualization Module integrates the 3-D motion control of the Sensei® X Robotic-Assisted EP Navigation System with the 3-D visualization of the St. Jude Medical EnSite™ system. By combining the accuracy of 3-D catheter control with the visual guidance of 3-D electroanatomical mapping, the physician's hand motion at the workstation is translated to the catheter inside the patient's heart. The Sensei® X Robotic-Assisted EP Navigation platform's advanced navigation features allow the physician to manipulate catheters in vectors not achievable with manual manipulation. This allows them to eliminate more complex arrhythmias with potentially less fluoroscopy time and reduced overall procedure time, yet enhanced ablation outcomes.

Robotic therapies have the potential to significantly alter and enhance the environment for the nursing staff in these suites. With the external ECG signal, the intracardiac signals, the fluoroscopy image, the intracardiac images, the cartoon position of the navigation catheter, and a 3-D image of the heart all being shown to the provider on a single console in a room adjacent to the patient, the nurse becomes the sole care giver to the patient at the bedside.

Father John Coleman, the first patient at Stanford Hospital & Clinics (SHC) to be treated with robotic technology, noticed that "while attentive nurses were by his side, his physicians, Paul Wang, MD, and Amin Al-Ahmad, MD, were usually working some 15 feet away." It took Coleman a bit of time to realize that the doctors' distance from the catheter moving inside him was a signature feature of the new robotic arrhythmia ablation procedure for which he had been consented.

During a procedure, the nurse is the primary person communicating with the patient on progress, while assessing their hemodynamic status and providing them comfort and reassurance. The nurse continually monitors the patient's heart rate, blood pressure, VO2 values, esophageal temperature, respiratory rate, peripheral pulses, mental status, and level of anxiety and pain. It is essential that the patient lie quietly during the procedure to ensure that catheter manipulation is not compromised by patient movement. Patient positioning combined with the delivery of conscious sedation by the nurse or general sedation by an anesthesiologist is vital to the success of the procedure. High-level assessment skills along with autonomous critical thinking is vital in recognizing subtle changes in the patient's status. The nurse must be capable of identifying and anticipating complications and then clearly communicate them to the physicians prior to the situation becoming urgent or emergent. Since the physician is no longer at the

procedure table, the nurses' role as providing the "eyes and ears" for the physician on patient status is crucial during a robotic ablation.

The SHC EP team continues its mission to find superior ways to treat arrhythmias. With new technology choices, different nursing roles may be required. Despite the continuing need for nursing staff to enhance their critical assessment and thinking skills in this new, exciting arena, they will also be required to implement more personalized patient care as the primary caregiver at the bedside. The evolution and definition of these roles are key to the nurse being an integral member of the team and to the success of the patient's outcome.

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