

# STANFORD NURSE

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STANFORD HOSPITAL AND CLINICS

SPRING 2007

A DAY IN THE LIFE  
OF AN ED NURSE

THROUGH THE  
PATIENT'S EYES

NURSING SCIENCE  
AND RESEARCH



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On the cover: Rachel Reyes, RN, staff nurse and  
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# From the Chief Nursing Officer

CINDY DAY, RN, MS, CNAA, BC, VICE PRESIDENT FOR PATIENT CARE, CHIEF NURSING OFFICER



Great things are happening at Stanford Hospital and Clinics! Our recent achievement of the prestigious Magnet designation from the American Nurses Credentialing Center truly recognizes the incredible level of commitment to nursing excellence at SHC. The 14 Forces of Magnetism provide us with a framework for enhancing professional nursing practice and improving patient care.

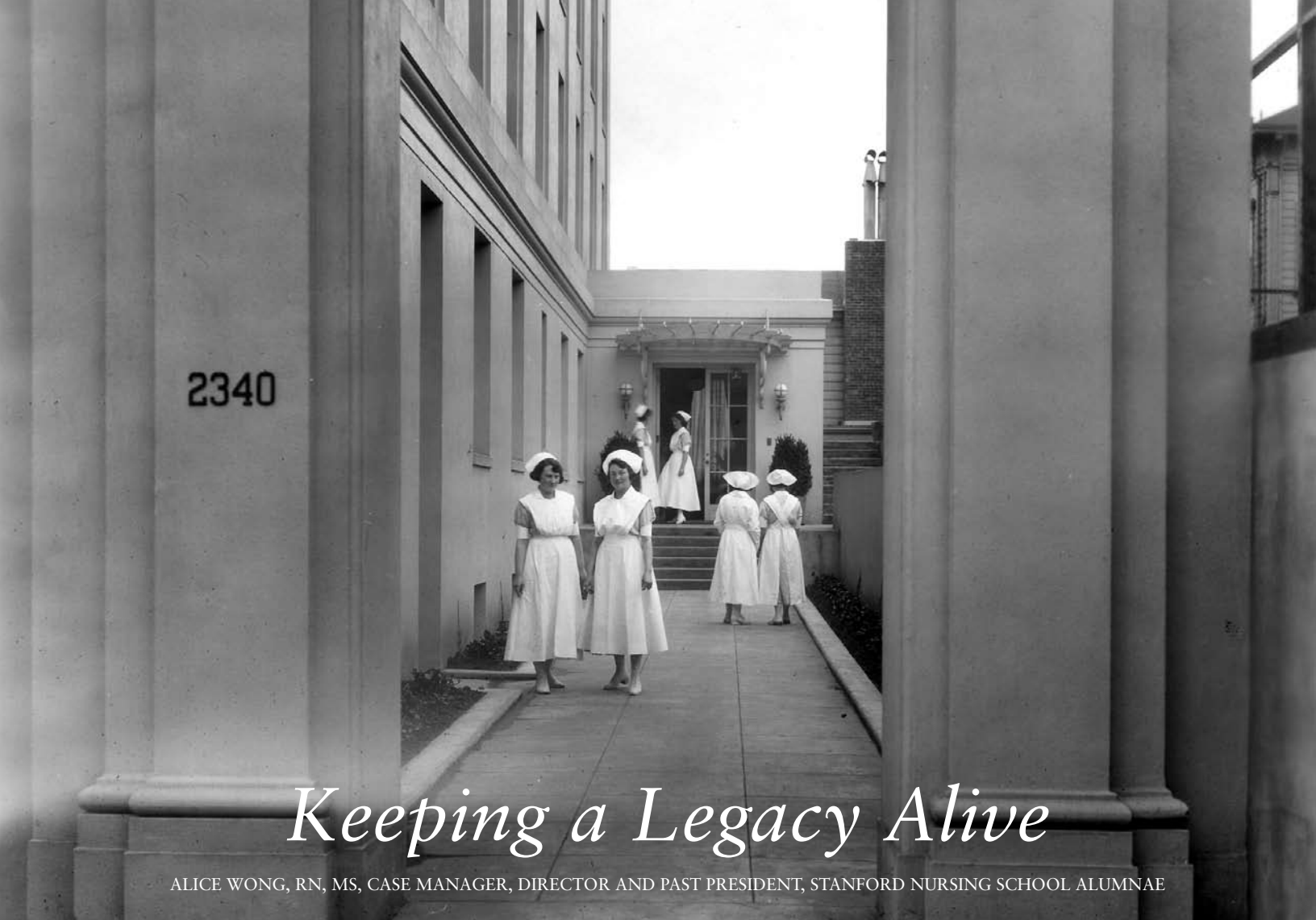
A number of nursing and organization-wide initiatives are underway that will help us continue to build on our tradition of excellence. Building for the future means we continue our focus on enhancing professional practice and patient care outcomes, as well as finding ways to improve the experience that our patients and families have at SHC. To accomplish this, nursing's participation is essential.

Nurses' continued input and participation in building the tools to deliver the best possible care (i.e. clinical information systems) and the nurse's role in discovery and research will strengthen our practice and contribute to the future of health care delivery. Improving customer service and satisfaction is an equally important aspect of building the future of our organization.

Similar to the customer service work in the Emergency Department that you will read about, a group of 30 front line employees, including nurses and house staff, recently gathered for a day-long workshop to develop SHC Service Standards. The day was energizing. Participants shared their stories about why they chose healthcare as a career. The group worked throughout the day identifying what makes a great service experience and why it is important to provide great service in our hospital and clinics. By the end of the day, the participants had clearly defined a number of Service Standards and associated behaviors for each Standard. Over the next few months the Standards will be disseminated throughout the organization.

"Building for the Future" and "Customer Service" are the themes for this edition of *Stanford Nurse*. While we should all pause and enjoy the tremendous sense of accomplishment that Magnet designation entitles us to feel, we also need to acknowledge that the Magnet award is a continuous journey together in the pursuit of excellence, always striving for the best that we can be.

A handwritten signature in black ink that reads "Cindy Day". The signature is written in a cursive, flowing style.



2340

## *Keeping a Legacy Alive*

ALICE WONG, RN, MS, CASE MANAGER, DIRECTOR AND PAST PRESIDENT, STANFORD NURSING SCHOOL ALUMNAE

From an annual luncheon to class reunions to a legacy project that funds pioneering research, Stanford School of Nursing alumnae are keeping their traditions alive — more than 30 years after the school closed.

### **A century's worth of history**

The Stanford University School of Nursing, established in San Francisco in 1895, was originally known as the Lane Hospital Training School for Nurses. When the properties of Lane Hospital and Cooper Medical School were transferred to Stanford, the name was changed to the Stanford School for Nurses, and later to the Stanford University School of Nursing. In 1959, the School of Nursing, along with the School of Medicine, moved from San Francisco to Stanford as part of then University President Wallace Sterling's plan to "build up the basic science and clinical departments with a focus on research." The last nursing class graduated in 1974 when the School of Nursing closed.

### **Lasting connections**

Yet despite the school's closure, nursing alumnae stay closely connected. We gather for events at least twice a year, which may be a tour of a new campus research building or the Cantor Arts Center, a trip to the Monterey Bay Aquarium or a tasting of wines from a fellow alumna's winery. The most recent event was a return to the old Lane Hospital, which is now California Pacific Medical Center.

The alumnae also host breakfasts each year for Stanford students interested in the health field, especially nursing. We stay in contact with Stanford graduates who are currently attending schools of nursing, or are contemplating entering the nursing field, and we participate in career conferences on campus.

### **Festive gatherings**

The highlight of the year is the spring luncheon at the Stanford Faculty Club where alumnae meet, greet, and embrace one another. Alumnae luncheons feature a speaker, usually an accomplished alumna or a current Stanford



*Opposite page: Stanford nurses at the School of Nursing in San Francisco, 1920s.*

*This page, far left: from the 1959 Yearbook. At left, nurses ironing caps, 1922.*

Hospital staff nurse. Last year, a nurse from Life Flight regaled the group with her adventures and the challenges of split-second independent and evidence-based decision-making.

Classes also celebrate their reunions every five years to coincide with the annual luncheon. One class broke an all-time record by achieving 100% turnout for its reunion, which started with dinner at their old student hangout (the “O”), an all-night gabfest, the luncheon, and concluded with a sleep-over at a lovely home overlooking the Pacific Ocean.

Alumnae also contribute selected funds and gifts from the Lane Nurses’ Alumni Association and Stanford Nurse Alumnae to augment programs at Stanford Hospital, such as the development of new courses at the Center for Education and Professional Development.

### **Leaving a legacy**

In 1998, the alumnae of Stanford University School of Nursing formed a committee to identify ways in which the school’s tradition of excellence in nursing could be perpetuated. In 2002, the Stanford University School of Nursing Alumnae Legacy Project was established, providing a source of funding that RNs at any Stanford-affiliated health facility can apply for to support nursing research projects with clinical applications.

The Legacy Project is an expression of our enduring commitment to nursing’s ability to impact healthcare. Its goals are to:

- Preserve the Stanford University School of Nursing’s philosophy of quality healthcare focused on the individual
- Enhance nurses’ professional development through support of practice, education, administration, and research
- Promote nursing’s role and influence in the evolving healthcare system

To date, three projects have been funded, the latest one involving evidence-based practice focusing on fatigue and return to pretreatment activity levels in stem cell transplant recipients.

*Proposals may be submitted to the office of Nancy Donaldson, RN, DNSc, FAAN, Director of the Center for Research & Innovation in Patient Care at UCSF, Stanford Hospital, and Lucile Packard Children’s Hospital. Dr. Donaldson, along with two members of the Stanford Nurse Alumnae Board, review all proposals. [SN](#)*



# Through the Patient's Eyes

## A Study in Service Excellence

LINDA J. BRACKEN, RN, EDM, MPA, CEN, PATIENT CARE MANAGER  
BERNADETTE BURNES-LINE, MS, RN, SENIOR PROJECT MANAGER

What if our Emergency Department existed in a perfect world? A world in which we could see every patient the moment he or she came through our doors? A world in which we had ample clinical space for our patients and staff, and a spacious waiting room for families and friends? A world in which every patient left the ED feeling well cared for — whatever the diagnosis or outcome?

Yet a walk through our emergency room reminds us that we don't live in a perfect world. Like many emergency departments around the country, we are forced to hold patients for hours while we wait for beds in a full hospital. An increase in the number of patients who come to the Emergency Department seeking care, along with additional physician, nursing, and clerical staff, has made for extremely crowded and often unpleasant conditions.

So while we eagerly await the day when we will have a spacious new Emergency Department in a new

hospital — one that allows us to offer our patients the most positive experience possible — we have come to realize that by implementing a program of excellence now, in far less than perfect conditions, we will do both ourselves and our patients a great service, living up to Theodore Roosevelt's advice to: "Do your best, with what you have, where you are."

### Taking the pulse of the ED

We began by soliciting feedback from current and former patients about their visits to the ED, asking them to describe an "ideal" visit. We learned that our patients wanted more and better communication,

starting when they walked in the lobby; shorter stays; more effective pain relief; and, of course, excellent medical care. And our surveys confirmed for us that their expectations were particularly high when they entered the Stanford Emergency Department.

After researching current customer service programs, a multidisciplinary steering committee of physicians, nurses, administrative staff, and ancillary staff from radiology, housekeeping, and guest services met on a weekly basis to plan a "home grown" customer service initiative that would allow us to meet, and even exceed, our patients' expectations.

### Setting new standards

The five key customer service standards identified by the steering committee were: teamwork, communication, professionalism and pride, compassion and caring, and expertise. Our goal was to integrate these standards into every part of our process. We created

colorful cards, each with a standard, and possible scripts for communication with patients.

The staff filmed movies of both a "bad" ED visit, and a "good" ED visit. In each case, the visit started in the patient's car as the patient approached the ED, and continued through the visit.

Next we planned customer service retreats for the staff. All physicians, nursing staff, clerical staff, guest services, security, and other ancillary staff participated. During these retreats, we learned the specifics of bad and good communication with Betsey Moore, manager, Training and Organizational Development. We watched the videos of our staff portraying both negative and positive behaviors. Staff enacted very funny skits, with scenarios straight from the ED. The retreats were inspiring, funny, and educational, giving staff a chance to get to know each other better and solidifying our common goal of improving our patients' experiences.



### Measuring the results

By linking the standards we set for ourselves to measurable criteria, we are able to effectively gauge our success going forward. We utilize Picker surveys (a patient survey that provides meaningful comparisons on issues of hospital care that are important to all consumers; significant portions of the survey are part of a national initiative sponsored by the United States Department of Health and Human Services to measure the quality of care in hospitals), inpatient interviews, and paper questionnaires in order to learn from our patients about their experiences in the ED. Our questions ranged from how well organized the admission process is to whether a patient's specific fears and anxieties were addressed during his or her visit.

Today, two years after we initiated our program of improved service excellence, our patients tell us, both anecdotally and in formal surveys, that we're meeting our goals. Our objective for 2007 is to even further incorporate our customer service standards into everything we do — in our ongoing effort to see ourselves “through the patient's eyes.”

Many compliments have come from Stanford staff, who note that they observe a real difference in our practice. Rene De Leon, RN, summed up the changes by saying “Since customer service started in the ED, I noticed an increase in patient/family satisfaction. Staff anticipate patient needs and provide time to answer their concerns. The flow in triage is much better now, too. Keep up the great work!” [SN](#)

## Five things we're doing to keep our new customer service standards alive

- 1 Customer service standards have been incorporated into staff evaluations.
- 2 Customer service champions review the standards with each staff member, and “champion” the cause in the ED.
- 3 A condensed video of the retreat has been divided into modules, and will be available in Healthstream for orientation of new nursing, physician, and ancillary staff.
- 4 Hiring expectations include customer service expectations.
- 5 Star recognition awards go to staff with exemplary customer service behavior.



## A Star is Born

MARIA CHEUNG, RN, BSN,  
ASSISTANT PATIENT CARE MANAGER

In the Emergency Department's fast-paced, crisis-driven environment, staff must move quickly to meet each patient's needs. Yet at the same time, the staff strive to demonstrate a genuine sense of caring and appreciation for each patient, family member, and ED colleague.

Started last summer, "ED Star Awards" is a recognition awards program that embodies the customer service standards reflected in our new motto: "Through the Patient's Eyes." Initiated by the ED Retention Council, the ED Star Awards program recognizes individual staff members for excellence in customer service. The star logo conveys the idea that every person is a "star" in his or her own way; the photograph of the honorees, posted on the Star Board, gives the staff a chance to celebrate each other. [SN](#)



## The Call Back Nurse Program

KAREN STUART, RN, BSN, CEN



Pat Pipp, RN, Staff Nurse, 14 years

As part of our new initiative to improve customer service in the Emergency Department, we were searching for a way to obtain immediate feedback from our patients. At the same time, we wanted to implement a consistent way to assure that when our patients left the ED, they understood their follow-up instructions clearly. A "Call Back Nurse Program" seemed like the ideal way to combine our two objectives.

In the program's trial run, six emergency nurses, each with at least five years experience, called patients to follow-up, listen to concerns, and answer any questions.

The calls became very popular with patients as well as with the Stanford Clinics, which appreciated our facilitating follow-up appointments. The program grew quickly and is now staffed seven days a week from 9 am to 9 pm.

### Highlights of the Nurse Call Back Program:

- Call patients over 65 years, referring them to geriatric services as needed.
- Call trauma patients to ensure that they have follow-up appointments.
- Help patients make appointments in the clinics as needed.

# EMERGENCY

I ask the Patient Representative to provide the first two patients with a warm blanket.

I also ask her to tell the new patient in pain that I will be there as soon as possible. It will be only 5-10 minutes until I can get to him; however, anyone in pain knows that a minute can seem like an hour.

The Patient Representative completes my requests and brings more air freshener into the room.

I apologize for the wait to my moaning patient.

This patient needs IV, blood work, Morphine, Toradol, urine sample and CT scan . . . how quickly can I move?

11  
AM

My GI patient is improving. The ICU fellow is at the bedside and will monitor him while I start on patient number 4.

My GI patient's blood pressure is dropping; the Resource Nurse is helping me.

A bucket of O negative blood arrives.

The Patient Representative informs me that she roomed a patient with a possible kidney stone in my last bed.

I can hear him moaning, which puts my stomach in a knot.

10  
AM

I need to administer medication for the vomiting and place an NG tube.

I poke my head around the curtain to my wide-eyed first patient. I notice the food tray isn't touched and I promise to get the blanket as soon as possible.

The housekeeper brings an air freshener into the room.

The diet trays arrive just as my GI patient starts to vomit. His gurney is in-between my first two patients' gurneys, which are 4 feet apart from each other. The curtain acts as a barrier to sight but every sound and smell reaches all patients in my room.

9  
AM

My next patient, a GI bleed, is brought in by ambulance.

The critical care room is full; I'll care for him as an "overflow" in the medical/surgical room.

His acuity makes him my top priority; therefore, my first two patients will need to wait a bit for the comfort measures.

I reassure my new patient and start treatment; hooking him to the monitor, giving O<sub>2</sub>, and starting two IVs while obtaining blood samples.

I quickly inform my first two patients of the situation and tell them the warm blankets will come eventually.

8  
AM

It is a busy start; my first two patients have waited all night for beds.

Neither patient has slept much due to the noise level of a busy night in the ED.

Both patients are tired, cold, and hungry.

While introducing myself, I communicate once again about the lack of beds in-house.

I warn them that the noise levels will likely increase as the day becomes busier.

I ask an ED MD to write breakfast orders. I will provide warm blankets.

START

Every  
Challen  
Optimal  
Service  
Stanford E  
Depart

It is a typical M  
As a seasoned Sta  
have grown accust  
surroundings. Maneuv  
providing high quality p  
the ED obstacle course is  
I must remember is that my  
have visited Stanford ED before  
the best possible experience I n  
finish through the patient's eye

2  
M

I keep my patients informed of their treatment as I reassess them and ask if there is anything else I can do for them; the answers to this question are often comical and involve the desire for a fast ticket out of the ED!

1  
PM

All is calm in my room; the hours have gone by quickly.

I have time to reassess all my patients.

A bed is assigned for one of my patients but it's not available yet. I will need to move him to the hallway with a monitor on the siderail.

As I keep one patient in the hallway, I pleasantly explain that he will be able to see all kinds of things from this vantage point.

There are three new patients waiting in the lobby for my area.

The ED has closed to ambulance patients.

2  
PM

I enter the lobby to bring the sickest patient to my area. The lobby is quickly filling and I notice that another patient lying on the floor in the lobby has been given a pillow and blanket.

I ask the Triage Nurse and Guest Service representative to give me a frequent update on this patient, so we can move him inside to a bed as soon as possible.

# Day Changes to Customer in the Emergency Treatment

3  
PM

The assigned unit is ready to take my hallway patient.

After making sure that the admission is a "go," I give the good news to my patient. I thank him for his patience and assure him that his "E Ticket" ride through Stanford ED is about to end.

4  
PM

I prepare myself to receive complaints from my patient as he leaves.

My patient thanks me, saying, "I couldn't do what you do in a million years."

Through his eyes, he sees a nurse who is now smiling and thinking what a good day it has been.

SN

BY PATRICE CALLAGY, RN, MPA,  
CEN, ASSISTANT PATIENT CARE  
MANAGER AND DENISE GRECI,  
RN, MS, CNS

Monday morning.  
Stanford ED nurse I  
came to the cramped  
waiting patients and  
patient care throughout  
just another challenge. What  
patients today may never  
see. In order to provide them with  
must view the visit from start to  
s.

# Excellence Delivered

## One Nurse's Story

LINDA J. BRACKEN, RN, EDM, MPA, CEN, PATIENT CARE MANAGER

One of the reasons I came to Stanford hospital in 1989 was **Stanford Nurse** magazine. My family and I were moving to the Bay Area from Seattle. I did not know the hospitals in the area, but wrote to several for information, including Stanford. The package I received in return from Stanford was much more complete than the material I received from the other hospitals. The brochures were informative about Stanford nursing, and **Stanford Nurse** depicted nursing at Stanford as exciting and interesting. I could see right away that Stanford Hospital looked at a nursing career from a professional point of view.

Eighteen years later, I am still finding nursing at Stanford to be challenging and exciting. I started out in the Emergency Department as a staff nurse on a day/night rotation. I became assistant nurse manager on nights, then on day shift, and, about 11 years ago, I became nurse manager.

Education is important at Stanford Hospital and Clinics. Nurses, as well as other staff, can receive help with tuition assistance and scholarships. There is an enthusiasm for learning here, and working at a university teaching hospital is a good learning experience in itself.

One thing I like about working at Stanford Hospital is that nurses feel good about their careers, and proud of the specialties in which they work. The nursing staff in the Emergency Department is enthusiastic and extremely flexible

in changing course midstream to accommodate an increase in patient census, multiple traumas, renovation of the ED, or the need to move to other units to accommodate overflow patients. Our nurses work well as a team; I like their style, their energy, and their wish to make things better for our patients. The same is true for the unit secretaries, techs, admitting staff, social workers, guest service reps, and volunteers. Our ED physicians and residents work closely with us not only to save lives, but also on initiatives to improve our systems and processes. The ED Assistant Patient Care Managers as well as CNS work tirelessly to make our unit better.

*"Our nurses work well as a team; I like their style, their energy, and their wish to make things better for our patients."*

It is difficult sometimes for us to feel that we are giving good customer service in the midst of traumas and overcrowding. However, we are making headway. We are starting to get feedback from Stanford staff who have come through our ED and comment that the department is different now. The ED Customer Service Council has established metrics,

which are targets to measure the success of our project. These results and trends are reviewed quarterly. Our metrics scores are improving, and we will continue on this course to make a difference at Stanford.

*Linda Bracken was the recipient of the 2006 Gonda Award. This award was established in 1976 and was named in honor of Dr. Thomas A. Gonda. It has been awarded annually to an employee who has been nominated by fellow co-workers and selected by a committee based on the nominee's dedicated and ongoing exemplary service and contributions to Stanford Hospital and Clinics.*

# Excellence Delivered

## One Patient's Story

### Why am I apprehensive about visiting emergency departments?

All I can think of is that my feelings are colored by a frightening experience three years ago when I brought my mother to an emergency department outside California. Surprisingly, my recent visit to Stanford's Emergency Department was not only far different, but impressive.

### Where do I go from here?

As my wife drove up to the entrance of the Emergency Department, there was a valet attendant who greeted us and offered to park our car. When we entered the Emergency Department lobby, there was a Guest Services Representative who greeted us, assisted us in completing the necessary forms, and brought us to the triage nurse. The Guest Services Representative also gave us a plastic pocket that included a helpful brochure that

explained the steps of the Emergency Department visit as well as frequently asked questions. In the lobby, there was not only plenty of reading material, but I occupied my time by watching CNN on the 36 inch plasma screen TV while my wife chose to check her e-mail in the lobby's Cyber Café. Other visitors had the pleasure of listening to some soothing music as a woman strummed her harp in one corner of the lobby. All of these distractions succeeded in making my abdominal discomfort more tolerable.

### What happens next?

I felt that knowing "what happens next" was so important for me. I was feeling anxious and vulnerable. I wanted to know why they were doing these things to me. My nurse took the initiative to keep us informed throughout our visit, and updated us on my progress and what we were waiting for. Not only did the nurses offer this bedside update, but the physicians did, too, decreasing my anxiety immensely.

### Who are you?

I wanted to know who was telling me to get undressed. I wanted to know who was taking my blood and whisking me off in the gurney. The Emergency Department staff was incredible. They introduced themselves and wore their identification badges high so I could see them. I even noticed that if the badge flipped over, there was a duplicate badge on the other side. I knew who was taking care of me at all times, and what was being done to me and why.

I wanted answers to the questions, "Where do I go from here?" "What happens next?" and "Who are you?" Without even asking, Stanford's Emergency Department was not only able to give me the answers to those questions, but gave me a very pleasant visit that has left a lasting impression of customer service that embodied teamwork, communication, and professionalism.

*This account of a patient's visit to the Emergency Department is written by Michelle Woodfall, RN, MS, CCRN, Clinical Nurse Specialist*



# *Developing Nursing Science and Research*

GARRETT CHAN, RN, PHD, CNS, NP

Achieving Magnet recognition is a testament to the hard work and dedication of staff nurses and the nursing leadership team at Stanford Hospital and Clinics in developing a culture of nursing excellence. In our ongoing quest to improve and build on our accomplishments, SHC will turn its attention to fostering nursing science and research. We are living through a new era in which scientists and clinicians are exploring the possibilities of interdisciplinary research to ultimately improve the care we deliver. SHC nurses can contribute to this research enterprise and, in the process, continue to uphold the Magnet values.

## **From basic science to clinical research: the key to improving human health**

In 2002, the National Institutes of Health (NIH) identified many gaps in the way new knowledge was being created and ultimately brought into clinical practice despite the great strides in generating new knowledge to improve the human condition. This combination of discovery and advocating for new ways of approaching science has created great opportunities in health research. The NIH Roadmap (<http://nihroadmap.nih.gov>) details the major themes in envisioning how science should be conducted to benefit the people we care for. Two ways of implementing the NIH Roadmap are through interdisciplinary team research and clinical and translational science.

Interdisciplinary research integrates scientists and researchers from different disciplines to form new ways of thinking and understanding in an effort to open up possibilities for investigating complex problems. Clinical and translational science is described as moving discoveries from the “bench” or basic science (e.g., molecular biology, genomics, nanotechnology) to the patient’s “bedside” or clinical practice. This process is a two-way street as the discoveries at the “bedside” are brought back to the “bench” for further refinement.

## **Nursing’s vital role**

Florence Nightingale, an extraordinary scientist, clinician, administrator, and statistician, is largely credited with the development of modern nursing during the time of the Crimean War in the 1850’s. Since then, nursing science has continued to mature into a scientific discipline that contributes to our understanding of health and illness. Research is the tool that scientists use to systematically study a phenomenon. Areas of nursing research include biopsychosocial and behavioral responses to health and illness, symptom management, health promotion and maintenance, health disparities, caregiving, health services, and quality improvement. In addition to clinical areas of research, there is a growing body of nurse researchers who focus on basic biological processes such as circulation, respiration, nutrition, immune function, sleep/rest, genetics, mobility and exercise.

## **Opportunities to participate**

There are three broad categories of research in which nurses at SHC can participate: quality improvement projects, evidence-based practice or research utilization, and independent research. Dr. Nancy Donaldson, RN, DNSc, FAAN, the Director for the Center for Research and Innovation in Patient Care, works closely with me to advance

research programs and provide education and consultation to any nurse who is interested in participating in research projects at SHC.

#### *Quality improvement projects*

Nurses at all levels have the opportunity to engage in quality improvement projects. Often, trends are identified through data collection (e.g., CalNOC) or through a nurse's observation that a particular phenomenon is occurring. Nursing leadership is contacted and an investigation is initiated to assess the problem and create possible solutions. Often, these projects receive assistance from the Quality Improvement and Patient Safety Department, and play a vital role in maintaining safe patient care practices. Staff nurses are invited to participate in quality improvement projects to improve care for patients and the healthcare delivery system.

#### *Evidence-based practice/research utilization*

SHC is proud to present the third cohort of Evidence-Based Practice Fellows. The Evidence-Based Practice (EBP) Fellowship Program is an eight-month structured program designed to assist clinicians in stimulating innovative thinking regarding practice, reviewing current evidence as it relates to their area of interest, and developing improvement strategies to enhance care delivery at Stanford Hospital and Clinics. Fellows attend six eight-hour didactic sessions. In addition, Fellows are given up to eight hours per week to complete their projects under the guidance of a clinical coach.

Staff nurses are encouraged to apply for the EBP Fellowship. Any nurse who has an interest in changing a current practice based on research can submit an application. Nurses do not have to possess previous knowledge about research or research utilization. Learning how to read and apply research will be taught during the fellowship program. Applications will be available in mid-2007.

#### *Independent research*

Nurses are also eligible to conduct independent research at SHC. In an effort to improve the processes, I am evaluating how research is conducted at SHC and developing policies to make it easier for nurses to conduct research.

#### **Resources for nurses**

SHC has many resources for nurses to participate in research. First, the Research Council provides guidance and educational programs to nurses and allied health professionals who are interested in participating in research. The Research Council meets every third Tuesday from 3:30-5:00. Past Co-Chairs Tammy Baltic, RN, MS, AOCN, and Debra Mattmann, RN, MS have developed a strong foundation for members to participate in research projects and developed a five-year strategic plan to help staff learn more about research. Current Co-Chairs Debby Bolding, OTR, and Anne Klevay, APRN, MSN, continue to support staff in spreading the news about research at SHC.

Both Nancy Donaldson and I are available to help SHC employees begin research projects. The Center for Research and Innovation in Patient Care (CRIPC) is a valuable resource that facilitates research by encouraging a spirit of inquiry, coordinating clinical research resources, promoting studies that are aligned with strategic improvement priorities, and linking investigators with clinical sites. In addition, CRIPC provides consultation and education that contributes to improving nursing practice, patient care and organizational performance. CRIPC also hosts "Research in Action" in October, a two-day conference that provides educational sessions on developing research skills and showcases evidence-based practice changes that are successful in San Francisco Bay Area hospitals. It is a wonderful resource for staff nurses to learn about conducting different types of research.

Lane Library is an excellent resource for staff interested in doing literature searches for various projects. In addition, Lane Library can help staff obtain SUNetIDs, which are needed to access the online literature. The Stanford/Packard Center for Translational Medicine (SPCTRM) assists researchers who want to conduct clinical and translational research projects at Stanford University and are excited to help SHC employees with research projects.

Nurses are developing research skills and projects to investigate current patient care and organizational issues in an effort to improve healthcare delivery and operational processes. This is an exciting time for nursing as we move forward in advancing the profession and patient care. For questions or ideas related to nursing research, contact Garrett Chan at 650-723-5124 or Nancy Donaldson at 650-723-7062. [SN](#)

# Witness the “Heart” of Nursing

JEAN F. BEDIGIAN, RN, BSN, CINDY STEFFEL, RN, MS, ED, DEBRA MATTMANN, RN, MS



The choice to participate in a research protocol can be a major decision that can carry with it both the hope for great success and the concern for potential risk. A new chemotherapy combination, a vaccine for the Avian Flu, a test for peripheral vascular disease, or a weight loss program – whatever the specific research protocol, patient participants enter clinical trials with optimism that a new therapy or treatment regimen will offer them success where traditional solutions have failed.

As nurses on the Clinical Research Unit, we play a vital role in this process as patient advocates, assuring that participants fully understand all aspects of the protocol, including the procedures required by data collection, and that they give their full informed consent. Our role is to support each person as we facilitate the necessary steps in the protocol. We ensure that participants understand both the procedure, the time involved, and, most important, the potential adverse effects of their investigational infusion and procedure.

## A 45-year tradition of pioneering research

The Stanford General Clinical Research Center has been on the cutting edge of medical breakthroughs since its inception in 1962. Funded by the National Institutes of Health, we are one of 81 established General Clinical Research Centers (GCRC's) in the nation. Our distinguished history of clinical research includes the development of cardiac transplantation, the cure for Hodgkin's disease, and gene transfer for hemophilia, HIV and cystic fibrosis; monoclonal antibodies; groundbreaking studies of insulin resistance in diabetes, breast cancer, and the use of psychotropic drugs; and trials of new medical devices such as a wireless glucose monitor for our diabetic pediatric population.

## Both in-patient and out-patient protocols

Located on H-1, the research unit is a ten-bed inpatient unit. In addition, our staff can see approximately 30 outpatients a day, ranging from a simple blood draw or vital sign check to an 8-12 hour visit for an investigational chemotherapy infusion with observation and specimen collection. In addition to required hospital competencies (such as





*Frequent, timed blood samples for lab values and pharmacokinetics are an important element of the data collected for investigational protocols. At left, Yoko Sato, RN; at right, Jean Bedigian, RN, BSN*

chemotherapy), the GCRC nursing staff receives expanded training in protocol implementation and NIH-required training about the history and ethics of research conducted on humans. The unit has a core research laboratory where the majority of our pharmacokinetics and lab specimens are processed. The research dietary office is staffed with two research dietitians who formulate specific diets with the investigators and provide nutritional consultation to our protocol participants. It has a full kitchen and staff who prepare and supply research meals for various studies.

Studies on the GCRC include Phase I, Phase II, and Phase III clinical trials. Phase I studies investigate the safety and determine the potential adverse effects of a new medication or treatment. Phase II trials determine the ideal dose of these new medications or treatments, and Phase III studies compare the effectiveness of the new medication or treatment with the standard therapies already in use. All the research protocols are carefully screened by the Stanford Human Subjects Committee and the GCRC Advisory Committee. The GCRC research nurse's role in caring for the patient participants in investigational studies, in the precise collection of specimens, and in the meticulous documentation of data is critical to our tradition of clinical excellence and accountability.

#### **Clinical trials currently underway**

We currently have over 210 active adult and pediatric protocols. The use of monoclonal antibodies to treat patients

with lymphoma was pioneered in the early 1980's by Dr. Ron Levy and his associates. At present they are being investigated for the treatment of the auto immune diseases lupus and rheumatoid arthritis, for renal transplant recipients and patients with paroxysmal nocturnal hemoglobinuria. Other researchers are exploring vaccine development for lymphomas, smallpox, influenza and the Avian flu, while others are using RU-486 to treat psychotic forms of depression. Various chemotherapies are investigated under the direction of Dr. Branimir Sikic. Insulin resistance, discovered by Dr. Gerald Reaven, is now under study as a potential contributor to a multitude of medical conditions. And, a recently-published study by Christopher Gardner, PhD, proved that garlic is unsuccessful in lowering cholesterol, disappointing those that use or supply herbs and supplements.

#### **The rewards are in the work**

For the nurses on the GCRC, our greatest satisfaction comes from being a part of an outstanding research team – respecting each individual's decision to participate in clinical trials, standing by our patients and advocating for their well-being, honestly answering questions, expertly caring for their needs, and gathering and documenting the data that will determine the potential of the new therapy or treatment.

The General Clinical Research Center fulfills a crucial role, and our nursing staff is the “heart” of bench-to-bedside research at Stanford. [SN](#)

# Nurses at Work and Play



To bring smiles (and stress relief) away from work, **JESSICA PETERS, RN**, staff nurse II, E1-BMT hula hoops. She performs with her troupe, the HoopGirl Allstars, as well as teaches classes all over the Bay Area and for the nurses on E1.



**JULIE WAHLIG, RN**, is a Quality Specialist in the Clinical Quality Outcomes Department and has been swimming since she was 5 years old. Her specialty is open water, long distance swimming. She has made over 150 Alcatraz crossings, completed a relay across the English Channel, swum across Loch Ness, and is pictured swimming from Spain to Africa in the Straits of Gibraltar. One of her favorite memories was the beginning of a race in Capri, which started in the Blue Grotto.

**GINA NEJMANOWSKI, RN**, is a staff nurse on D1 who loves to travel. In order to support her travel habit, she signed on as a part-time ticket agent at American Airlines 8 years ago. Her travel benefits have allowed her to meet her goal of four trips out of the country each year. She thinks nothing of hopping on a plane to New York City for dinner and the theater!!



# In Recognition of...

## CONFERENCE PRESENTATIONS

Wendy Cole, RN, MN: Poster Presentation: Evolution of Parkinson's Disease" and "Deep Brain Stimulation", Kyoto, Japan, November 2006.

Trisha Jenkins, RN, BS, MPA, "Making the Case for Palliative Care" and "Communicating with Patients and Families Approaching End of Life", Perspectives on Pain and Palliative Care Conference, Palo Alto, CA, December 2006.

Sheryl Michelson, RN, MS, BC, "Horizontal Violence: It Can Happen To You", ASPAN 27<sup>th</sup> Annual Conference, Anaheim, CA, April 2007.

## APPOINTMENTS

Cindy Day, RN, MS, CNA, BC: Adjunct Faculty appointment, University of San Francisco, School of Nursing, January 2007.

Joan Forte, BSN, MBA, CAN, BC: Co-chair for the ACNL Fundraising and Scholarship Committee, January 2007.

Juliana Liu, RN, MSN, ANP: Assumed the role of Chair of the Research and publications Committee of the Pulmonary Hypertension Resource Network, February 2007.

## CERTIFICATES

Peg Albrechts, RN, BSN: Passed the American Case Management Association Exam, April 2006

Betty Bennett-Morse, BSN, CGRN: Passed the Certification Exam, Gastroenterology Registered Nurse, October 2006.

Cathy Bertrand, BSN, CGRN: Passed the Certification Exam, Gastroenterology Registered Nurse, October 2006.

Semoneth Bonilla, RN, CMSRN: Passed the Nursing Certification Exam, Academy of Medical-Surgical Nurses, November 2006.

Cecilia Cadet, MPA, RN, CNA, CMSRN: Passed the Nursing Certification Exam, Academy of Medical-Surgical Nurses, October 2006.

Patty Conway, BSN, CGRN: Passed the Certification Exam, Gastroenterology Registered Nurse, October 2006.

Amy Donaldson, RN, BSN, CNRN: Passed the Certification Exam for Neuroscience Nursing, November 2006.

Maureen Douglas, RN, CMSRN: Passed the Nursing Certification Exam, Academy of Medical-Surgical Nurses, November 2006.

Dottie Harvey, RN, CMSRN: Passed the Nursing Certification Exam, Academy of Medical-Surgical Nurses, October 2006.

Jeanette Muzac, RN, MPA: Passed the American Case Management Association Exam, September 2006

Rosdy Pamatian, RN, CMSRN: Passed the Nursing Certification Exam, Academy of Medical-Surgical Nurses, November 2006.

Anne Quincy, RN, BS: Passed the American Case Management Association Exam, October 2006

Linda Rose, RN, CMSRN: Passed the Nursing Certification Exam, Academy of Medical-Surgical Nurses, November 2006.

Felita Roxas, RN, CMSRN: Passed the Nursing Certification Exam, Academy of Medical-Surgical Nurses, November 2006.

Suky Sangha, RN, CMSRN: Passed the Nursing Certification Exam, Academy of Medical-Surgical Nurses, October 2006.

Chacha Santos, RN, CMSRN: Passed the Nursing Certification Exam, Academy of Medical-Surgical Nurses, October 2006.

Marilyn Strachan, RN, CMSRN: Passed the Nursing Certification Exam, Academy of Medical-Surgical Nurses, November 2006.

Elizabeth Thurstone, RN, CMSRN: Passed the Nursing Certification Exam, Academy of Medical-Surgical Nurses, November 2006.

Angela Tsiiperfal, RN, MS, ACNP: Completed the Post Master's certification in Acute Care Nurse Practitioner Program, University of California, San Francisco, August 2006.

## ARTICLES AND PUBLICATIONS

Chan, G. K. End-of-life and palliative care in the emergency department: A call for research, education, policy, and improved practice in this frontier area. *Journal of Emergency Nursing*, 32(1), 101-103, 2006.

Chan, G.K. & Hackenschmidt, A. Understanding the influences that determine nursing practice and the opportunities for involvement: A study of the NCSBN Vision Paper. *Journal of Emergency Nursing*, 32(4), 350-353, 2006.

Chan, G.K. & Garbez, R.O. Education of advanced practice nurses for emergency care settings: Emphasizing shared competencies and domains. *Advanced Emergency Nursing Journal*, 28(3), 216-225, 2006.

## DEGREES

Myrna Bedolla, RN, BSN: Graduated with a Bachelor of Science Degree in Nursing, San Jose State University, January 2007.

Lawrence Marsco, RN, BSN, MSN: Graduated with a Master of Science degree in Nursing, University of Phoenix, March 2007

## FELLOWSHIP PROGRAM

Karen Belanger, RN, BSN: Evidence-based Practice Fellow completed the program offered through the Stanford-LPCH-UCSF Center for Research and Innovation in Patient Care. Project: "Standardization of Incisional Care for Craniotomy Patients", October 2006.

Laila Craveiro, RN, BA, ME: Evidence-based Practice Fellow completed the program offered through the Stanford-LPCH-UCSF Center for Research and Innovation in Patient Care. Project: "The Effects of an Exercise Program for Managing/Reducing Fatigue in BMT Patients", October 2006.

Gina Nejmanowski, BSN: Evidence-based Practice Fellow completed the program offered through the Stanford-LPCH-UCSF Center for Research and Innovation in Patient Care. Project: "Improve CVC Practice to Maintain Line Patency", October 2006.

# I stand for ADVANCEMENT



**N**urses never stand still. There's always somewhere to be, a problem to solve and a person to care for. And the best nurses are always questioning, always learning and always looking for a better way. If you're constantly looking forward, we're the place to advance your career. Supported by a devoted staff in a collaborative environment, we offer the freedom, opportunity and respect your extraordinary commitment deserves.

Whether you're a current employee or an interested candidate, find out more about unique opportunities by calling our Nurse Recruitment Hotline at: **(800) 538-7128** or email: [nursingjobs@stanfordmed.org](mailto:nursingjobs@stanfordmed.org). Visit our website at: [www.WorkatStanfordHospital.com](http://www.WorkatStanfordHospital.com)



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