



Meet the Expert



Blurb:

In this month's Meet the Expert, we interview Steve Chinn Stanford Health Care's Interim Patient Safety Officer and the Administrative Director of Accreditation & Regulatory Affairs. [Click here](#) to learn more about Steve and his work at SHC.

Web Article:

Can you tell me a little about your role here at SHC?

I am Stanford Health Care's Interim Patient Safety Officer and the Administrative Director, Accreditation & Regulatory Affairs. As the Patient Safety officer, I oversee the SAFE reporting system, adverse patient event investigations, and root cause analysis. Most of the work involves reacting to things that occur in the health system. We are looking at implementing proactive initiatives to improve teamwork and communication this coming year.

As far as accreditation and regulatory affairs, the team deals with the accreditation and regulatory agencies that have oversight of Stanford Health Care. This include managing a continuous readiness program, coordinating surveys and surveyors, conducting education and training throughout the organization. Accreditation and Regulatory Affairs are also involved in preparing new buildings for licensing and activation. We are rolling out a new document management system to manage our policies and procedures.

I work very closely with SHC's senior management and their departments, Stanford University Office of General Counsel, and SHC's Risk Management and Compliance programs.

I know you have a clinical doctorate degree, what led you to move into the accreditation and regulatory space?

Yes, I have a Doctorate of Podiatric Medicine and was in private practice for almost 10 years. Toward the end of that part of my career, I wanted to have a greater impact on health care. I became a residency program director, and eventually became an administrator of a specialty hospital. Great learning opportunities, because there were a lot of process, financial, and regulatory challenges. This led to my involvement with Joint Commission in 1997 where I became a surveyor in the hospital, ambulatory, and network accreditation programs.

What are the biggest changes you've seen as an organization over the past couple of years?

Changes with senior leadership over the past two years have been dramatic. Every C-suite position, except for the Chief Medical Officer, has a new leader. Some would consider this a problem; however, I have seen lots of positives. Some of those positives include a significant patient-centric focus on quality, safety, and value. This has translated into more transparency of how we are doing as an organization. An example would be the sharing of the recent Culture of Safety survey results throughout the organization, as well as lessons learned from our patient safety events.

More recently you completed a research study with the Office of Research, can you tell me more about the goals of this project?

Absolutely. One of the wonderful opportunities with being here at Stanford is collaborating with experts to solve problems and come up with answers. A little background. Every year, organizations go through a process for budgeting for the upcoming year. Accreditation and regulatory work are a very diverse field that has centralized and decentralized functions and individuals. Unlike other professions, such as nursing or infection prevention, there are no recognized staffing standards. In collaboration with Drs. David Pickham and Andre Valdez, we were able to conduct a study to obtain a baseline assessment of how various types of hospitals are staffed in this area. The project is the first step in defining possible staffing guidelines.

You collaborated with Joint Commission Resources for this study, do you have any advice on forming successful collaborations?

In my line of work, collaboration and relationships are critical to program success. This is true at the department director level, as well as the line staff who must work with a variety of individuals. In most cases, one cannot “order” someone to do something. This requires cooperation to make things happen. As long as I have been a healthcare executive, collaboration is entirely based on what type of relationship you have with the people you are working with. One of my favorite rules is, “People do not care what you know, until they know that you care!” This works when taking care of patients, getting ready for a survey, or being part of an improvement project.

When you are not at SHC, what do you like to do in your spare time?

Some of my outside SHC activity includes doing stuff with the family, fishing, N-gauge model railroading, AYSO soccer (Referee and coach instructor, and league official), running laps at 4:30AM at the local high school track, and reading fiction.

Article By: David Pickham

Spotlight

(Photos from Healthcare Con see below)

Blurb:

On March 26 & 27 a collaboration of 9 bay area hospitals, including Stanford Health Care and Stanford Children’s Health, hosted Healthcare Con. – an interprofessional conference featuring over 36 podium presentations, 48 poster presentations, and 11 educational sessions with more than 300 attendees. [Click here to see photos and view the poster presentation award winners.](#)

Web Article:

On March 26 & 27 a collaboration of 8 bay area hospitals including Stanford Health Care and Stanford Children’s Health hosted Healthcare Con. This interprofessional conference featured over 36 podium presentations, 48 poster presentations, and 11 educational sessions with more than 300 attendees. [Click here to see photos and view the poster presentation award winners.](#)

This year’s poster winners were:

Participants Favorite:

Applying Non-Pharmalogical Pain Management Techniques for Procedural Pain on a Pediatric Acute Care Unit

Mahyar Jahanbakhs, MSN, RN, CPN and Alison Carley, BSN, RN-BC
Lucile Packard Children's Hospital Stanford

1st Place: peer reviewed

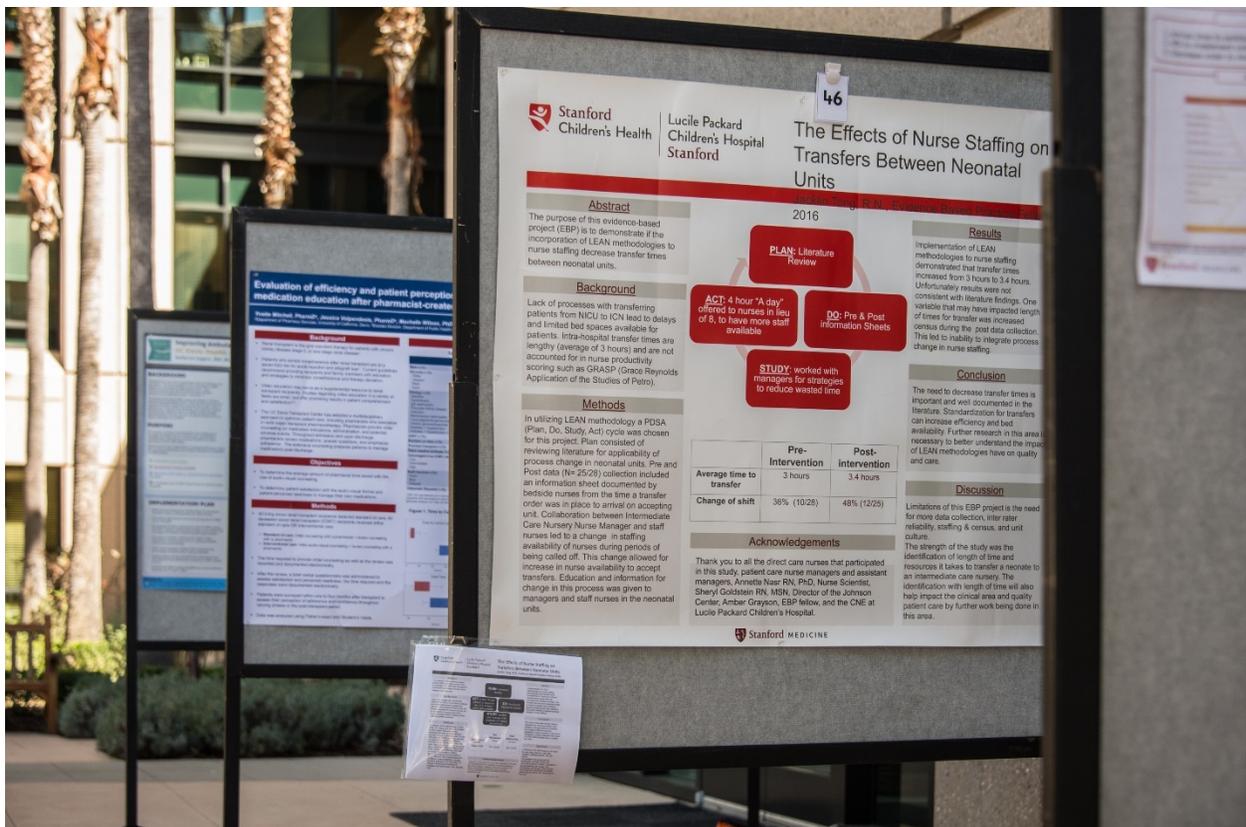
Alleviating Moral Distress Among Nurses in A Medical Surgical ICU
Jonathan Trask RN, MS, CCRN
UC Davis Medical Center

2nd Place: peer reviewed

Impact of a 3-day Antibiotic Renewal Request in a Community Hospital
Joseph Patrick Styers, Pharm D
North Bay Healthcare

This year's conference also included two keynote speakers, Linda Aiken PhD RN FAAN and Sue Hassmiller PhD RN FAAN pictured below.







Article By: Nicholas Berte

Education

(Research Vs. Quality Improvement)

Blurb:

One of the questions that we often get asked in the Office of Research (ORPCS) is how to know if an idea is most appropriate for a quality improvement (QI) study or a research study. Click [here](#) to learn more.

Web Article:

Quality Improvement (QI) versus Research:

Which offers the best fit for your work?

One of the questions that we often get asked in the Office of Research (ORPCS) is how to know if an idea is most appropriate for a quality improvement (QI) study or a research study. There are some straightforward questions that help answer this question. If you have a consultation scheduled with a member of the ORPCS team, these are some questions you might expect to be asked to answer that query.

Q. Is your goal to implement known knowledge at Stanford, or to discover new knowledge? How much information is already published about this topic?

A. When there are already high-quality research studies, and clinical guidelines from professional associations available, these must be reviewed first. In this situation it might be better to focus on implementing a QI initiative, rather than trying to find new information in a crowded field.

However, if very little is known about a topic, and very few papers have been published, your question may generate new knowledge and a research study can be a good fit. It is still important to thoroughly research the literature to make sure that someone has not already done this study. Research always builds upon prior work when available.

Q Will the results of this study impact only Stanford (local effect) or be broadly generalizable to other health care settings?

A. If the results of the study impact only patients on your unit at Stanford, this is more suitable as a QI study. For example, an intervention to decrease falls by increasing hourly rounding on all patients in a medical-surgical unit would be considered QI. It is an implementation project that is expected to benefit the patients and reduce harm with a rapid turnaround time.

However, if you are comparing an intervention such as a new “stable walking boot” that patients are randomized to receive, versus usual care or hourly rounding, this could be research. If the effect of the “stable walking boot” is untested and unknown. In this setting this is generalizable knowledge that could apply to many other settings with similar patient populations.

Q. What tools are helpful to do a QI study versus a Research study?

A. The A3 methods offers a very organized approach to planning a QI project with a coordinated team. It gets all the ideas on paper, so the team can decide what is most important to start the process. Outcome metrics are often descriptive and use percentage changes over time. Example: an increase in adherence to a procedure from 4% to 69% over 3 months.

Research takes a different path. Research designs vary based on the “research question” being asked. The options range from the highly structured format of a randomized controlled trial (RCT), to a prospective observational study, historical chart reviews, some surveys and qualitative interviews. Each design has a unique set of rules, assumptions, strengths and limitations. It is not one size fits all. The research design is tailored to answer the study question. Often a statistician will be a member of the team to analyze differences between group outcomes.

Q. How flexible is the QI process compared with the Research process?

A. In general, the QI process is highly flexible, and changes are introduced to improve patient outcomes on a monthly or quarterly basis as metrics are reviewed. QI is often an open and transparent process with outcomes posted on unit bulletin boards.

In contrast the research process is highly structured. Depending on the research design, changes are not permitted once data collection has begun. For many study’s, a signed consent form is required depending on the degree of risk to patients. For this reason, there is considerable planning that goes into the research design before beginning data collection. The outcomes or data are generally not analyzed until data collection is complete.

Q. Are QI and Research studies equally publishable?

A. Yes. There are many avenues for publication today; either at a conference (abstract or podium) or in a journal. QI studies can be published using the SQUIRE guidelines <http://www.squire-statement.org/> Research studies follow the format appropriate to the specific research design.

The format for publication is also influenced by the “Author guidelines” or “Manuscript guidelines” developed by the journal you plan to submit to. These are usually available on the

journal website. If you are wanting to publish, we highly recommend speaking with colleagues who are experienced in developing and writing for publication...

Q. Do QI studies and Research studies need Stanford Institutional Review Board (IRB) approval? When and why is IRB approval needed?

A. If your study involves human subjects, a designation that is defined by the Office of Human Research Protections (OHRP), IRB oversight and approval is required prior to your study commencing. Very often research study protocols are in addition to standard care in the hospital. The IRB reviews the protocol to ensure that patients are fully informed of any risks and benefits, are aware that their participation is voluntary and have the option to say no to participation at any time. Signed consents may also be required. The IRB is not evaluating the appropriateness of the study design. They are making sure it is safe for study participants.

Anyone who is involved in research at Stanford MUST also complete the ethics CITI training.
<https://humansubjects.stanford.edu/new/resources/training/citi.html>

If you are unsure, we recommend meeting with a designate from the Office of Research who will help you develop and submit the “**Human Subject Research (HSR) Determination Form**” available for download at

http://researchcompliance.stanford.edu/hs/new/resources/forms_templates/medical.html

The Stanford IRB also has a pdf document that describes differences between QI and research that may be helpful to read (attached)>

https://humansubjects.stanford.edu/research/documents/qa_qi_faqs_AID03H16.pdf

Q. If I am going to publish does that make it research?

A. No. Research has a lot of regulatory details attached to it for patient safety (see prior question about the IRB). Publication is not a factor in determining research status.

With QI studies it is the hospital (SHC) that ensures that the QI study is safe for patients. Publication has no impact on QI study definitions.

If you have questions: Please contact the ORPCS at research@stanfordhealthcare.org

Article By: Mary E. Lough PhD, RN, CCNS, FCCM, FAHA

Research



Blurb:

There have been many proposed models of change in nursing. One relatively new mindset and methodology that has recently gained favor in health care is Design Thinking. Learn more about Design Thinking and how it can be applied to your practice [HERE](#).

Web Article:

Nursing practice has seen many methods for change, process improving, and problem resolution. To some extent most of these past models fall short in capturing a functional and sustained solution to the often-complex problems facing nursing practice and healthcare. Most of us can all think of new innovations or practices that were implemented and then quickly failed as they did not truly address the needs of the users.

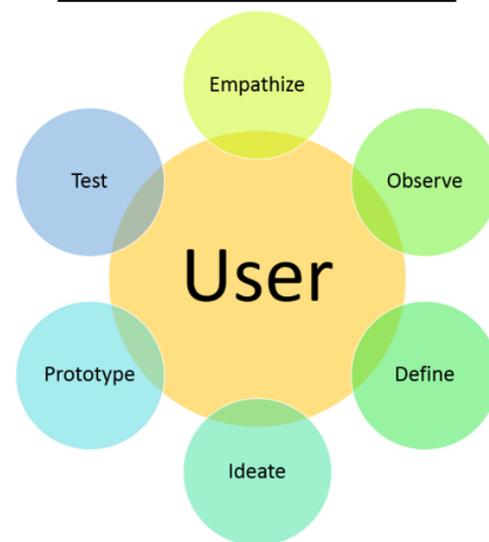
In today's complex and multifaceted healthcare environment, change solutions must truly be user focused to succeed. The nursing process model places the patient at the center and tailors all other aspects in a way that addresses the complex needs they may have. Similarly, design

thinking places the users at the center and tailors all activities to address their unique and complex needs as to create a meaningful and sustainable solution. Design Thinking's unique methodology and mindset fosters innovative solutions to real-world problems faced every day.

Nursing Process



Design Thinking Method



One example of design thinking methodology and mindset being used to address real-world problems at Stanford can be seen in the pain project. In this project a transdisciplinary collaborative team from both Stanford Health Care (SHC) and the Stanford University Design School wanted to find ways to improve patients experience of pain while improving the nursing process surrounding pain assessment.

The first step was to empathize and observe the users. In this case the users were nurses, patients, and family. A focus group was held with one of Stanford's PFAC's to gain a better understanding of what the ideal experience with pain would be and what the actual real-world experiences had been. Nurses were also interviewed and surveyed to gain a better understanding of their unique needs. Observations of pain assessments were also conducted. These observations indicated to the team that the majority of a nurse's time surrounding pain assessment was utilized assessing patients who did not have actual self-reported pain. The team then wanted to develop a way that nurses could automate routine assessments and focus their time on the patients who truly needed their care; a redesign of the nurse care delivery model. Eventually a functional prototype was developed. The prototype consisted of a patient device where they could self-report pain, and a nursing device that allowed for two-way communication, as well as an option to assess pain remotely. This prototype was tested with ten nurses and ten patients at SHC. Results were favorable, with all nurses indicating that a novel-technology solution would be beneficial in transforming care-delivery around pain assessments and treatment, and patients supportive of this technological approach.

More resources and information about design thinking can be found at the following links.

Stanford Design School

<https://dschool.stanford.edu/>

The project described above was generously supported by The Hasso Plattner Institute, Stanford Design School, and Stanford Health Care.

Specific information regarding this project has been accepted for publication in the next edition of the Design Thinking Research textbook, pending journal publications are also being developed.

Article By: Nicholas Berte
