

STANFORD NURSING NEWS

Quarterly



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C.I.C.A.R.E IN THE AIR

AVO DERDERIAN RECOUNTS NOT BEING ABLE TO "SIT BACK AND RELAX..."

Heading home from a 2 week vacation in my hometown of Boston, Massachusetts, I was on a very early morning flight back to SFO. After a long night of celebrating with old friends, I was ready for a sleep filled, uneventful flight. Yet only 20 minutes into the flight I awoke to the sound of a woman screaming. In my drowsy state, I wasn't sure if this was part of a dream. Soon after, I heard an announcement over the intercom asking "is there a doctor or nurse on the plane".



As I got myself together, the announcement was repeated and I walked to the front of the plane where I was greeted by 3 flight attendants.

The most frantic looking flight attendant pointed to a passenger sitting by the window and shouted "he's having a seizure.....or a stroke". I asked for the planes' medical kit and began to work my way to the passenger, an elderly man. Sitting next to him was his lovely but very scared looking wife. I introduced myself, and asked if I could assess the passenger. After taking note of the time, I began my assessment. The man was alert but very lethargic. He was weak but did not have any deficits. His pressure was 80/40. HR 56 and RR 12. I placed the passenger on oxygen, then asked his wife for some medical history.

She said he was a transplant patient. I told her that I was actually a transplant nurse and 5 years ago, had worked at the hospital in Boston where the patient had his transplant. This made the wife, flight attendants (and frankly myself) feel more at ease. I asked his wife when her husband had last eaten. She said they didn't have breakfast and I asked the flight attendant for 3 bottles of apple juice. One for the husband,

wife and myself as it was very hot kneeling down between seats. I sat him up and gave him a small sip of juice. After seeing he had no difficulty swallowing I let him drink the small cup of juice. In about 2 minutes, he perked up and asked me if I really worked at the hospital where he got his transplant. I told him, not only did I work at that hospital, but I worked on the floor where he got his transplant.

We all had a good laugh. I re-checked his BP and it was 110/60. At this point, the steward informed me that the pilot wanted to speak to me and handed me the phone. The pilot asked for my medical assessment of the passenger and whether the plane needed to divert to La Guardia airport in New York for an emergency landing. I gave the pilot my assessment that the man was hypoglycemic and could safely fly to San Francisco. I told the pilot I would stay with the passenger for the remainder of the flight and inform them if things changed. I moved to first class to sit with the couple. After a good meal, much conversation and Q1 hr. VS checks x 5hrs, we landed in SFO.

EMS met the plane. I updated them and said goodbye to the couple. The wife gave me a hug and thanked me. She said it was funny that they met a nurse on the plane as it felt like she was surrounded by nurses. She said they had 2 neighbors who were nurses. Her daughter was a nurse and her niece was studying to be a nursing assistant. I said It was just a very good idea to have a nurse around at all times. We laughed and said our goodbyes.

Upon landing I spoke with the crew and recommended planes carry a blood glucose monitoring device for future such events. I got my bags and went outside to meet my two friends who came to pick me up. On the ride home, I told the story to my friends who both simultaneously praised and ridiculed me. Why? Both my friends who picked me up were nurses, because, frankly, it's just a good idea to always have a nurse around.

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From the Center for Education and Professional Development Team

The Center for Education and Professional Development has settled into its new location at 1850 Embarcadero Road, Suite A, Palo Alto 94303.

Our new learning environment was designed with you in mind. The classrooms provide more desk space, comfortable chairs, and the facility supports an advanced learning experience through our state of the art audio/visual technology.



Summer Highlights

- ✦ **Geriatric Care Series: Session III - Hospital Care of Older Adults** May 15
- ✦ **Too Fast Too Slow? Managing the Secondary Diagnosis: Arrhythmia** May 16
- ✦ **Having Hard Conversations** June 3
- ✦ **12-Lead ECG using 3-D Modeling (2 day course)** June 11 & 12
- ✦ **Leading in Complex Environments: Building a Culture of Excellence** June 24
- ✦ **Sepsis Updates 2014: It's Serious, Common and Deadly** July 16
- ✦ **Shock: Pathophysiology, Assessment and Evidence Based Practice** July 22

Online Catalog

All of the programs found in our printed catalog can be found online at our website:
www.cecenter.stanfordhospital.com

NEW! online registration website!

Educational Transfer of Funds (TOF) options are available for both SHC and LPCH employees. Register online at:

<https://stanford.eventready.com/edu/>

Connect

Nancy Lee, MSN, RN

With approximately 2,200 RN's our nursing staff accounts for about 23 % of medical center staff, the largest single workforce in the hospital.

Our patients come to us for care, support and counsel. Every patient who comes to Stanford no matter from where will be touched by the care of the nurse. It is important for us to have the systems and methods to make sure that the voice of the nurse is heard wherever decisions about patients are taking place.

To make sure this happens, the new Shared Leadership councils are formally meeting for the first time this month. This new structure allows nurses to have a more effective way of participating in leadership and clinical decisions which impact all areas of their practice environment.



Stanford nurses are part of this practice innovation on a daily basis. The nurses I speak to are brilliant scientists insuring excellence and dedication to patient care. All nurses at Stanford are obligated to keep their patients safe—a commitment I see all the time.

I am very proud to call myself a Stanford Nurse and I am in awe of the care you give.

Twenty first century nursing is a dynamic and technologically driven profession, the likes of which Florence Nightingale could not have imagined. Yet her foresight into data driven practices and evidence based care was as innovative in her time as genomics are in ours .

Nursing
Is an Art



Florence
Nightingale
1820- 1910

From our Patients

DGR 3/20/2014

Medhaine was very helpful in admitting my mom the night she fractured her hip. He was kind and gentle and quick to respond to my request for a bed to sleep next to my mom the first night before surgery. He also arranged for her to have a private room, which was key to her getting rest.

Thank you Medhaine!

ITA 3/21/2014

I want to give high praise to an exceptional group of people and professions. I have had 20+ surgeries at multiple hospitals and this is the best BMT. The people are caring, kind, efficient, safety conscious and basically a cut way above.

Special!!

Rock 'n' Zoll

Ashley Fossum, RN highlights features of the R series Monitor/Defibrillator

◆ "R" Series has a new set of electrodes - *OneStep Complete* or *OneStep Pacing* - a single defibrillator electrode set which provides defibrillation and pacing, without the need for separate ECG leads.

◆ The system will detect missing or dried-out electrodes.

◆ With ZOLL's See-Thru CPR technology, responders do not have to repeatedly stop CPR for a rhythm check—a filtered signal can be displayed on the screen which allows clinicians

to see organized electrical activity during compressions to reduce interruptions. CPR Dashboard also helps to



coach the proper compression depth, rate, and release during CPR.

◆ The defibrillator automatically lowers the energy setting to 50J when *OneStep Pediatric* electrodes are used—preventing accidental overdose of energy.

◆ Conducts an automated, comprehensive self-test daily at 0200, including battery status and electrode integrity so that you are always Code-Ready. No need to do a daily 30-J manual test; simply verify the green check mark is present during your shift check. A manual test is only required weekly.

What's New?

Angie Canas, MSN, RN gives us a glimpse of life on H1

H1 opened on January 21, 2014. It is an Intermediate Intensive Care Unit with a focus on Neurology and Epilepsy. It also houses Medicine (PAMF) Telemetry patients and G1 Neurosurgery patients requiring cardiac monitoring. There will be a total of 24-beds; five of the seven private rooms will be equipped with cameras, sound amplifiers, and other close monitoring equipment required to care for Epilepsy patients.

All rooms are wired for state of the art bedside Phillips telemetry monitors with a central monitor at the nurse's station.

H1 is currently piloting a lot of new and exciting things in preparation for the new hospital: electronic locator board to replace the white board, mixed telemetry/med-surg patient acuties, and new Phillips telemetry boxes. The dynamic H1 staff come from a wide variety of places inside and outside of Stanford Hospital and Clinics.

Everyone brings their individual knowledge, skills, and expertise to H1 forming a high-functioning team that is growing each and every day.



If you have time, please come by for a visit. The H1 staff are very proud of being part of its inception and enjoy showing people around the new unit.

The Road to Shared Leadership on DGR

Ranjanna Pratap, MSN, RN

The current standards of nursing require nurses to be evidence based, leaders of change and strong advocates for their patients. The role and scope of nursing provides nurses a unique opportunity to experience what other professions do not: dynamic complex human emotions and interactions with patients.

Nurses, therefore, stand at the forefront of healthcare to directly impact patient care outcomes. Participation in Shared Leadership Council (SLC) is an opportunity for nurses to present clinical input about factors that influence nursing practice and patient outcomes. SLC provides a forum to actively engage in and facilitate changes through RN to RN dialogues and interactions. SLC comes to DGR after a period of great change. Our unit's journey reminds me of the last stanza of Robert Frost's poem, *"The Road Not Taken"*:
*Somewhere ages and ages hence:
Two roads diverged in a wood, and I,
I took the one less traveled by,
And that has made all the difference*

Throughout our journey of change and transformation, we remained cohesive and resilient. The underlying principles of SLC are evident in DGR nursing culture. To address patient safety and promote quality



nursing outcomes, DGR RNs took to their role based roots to find effective solutions. Through our collective and collaborative role based voices, we were able to influence staffing matrix change.

DGR RNs have taken the road to accountability and ownership of nursing practice to H.E.A.R.T. SLC provides DGR the platform to create a dynamic environment where increased nursing satisfaction and improved patient outcomes are generated and maintained.

Ask the Executive

Barbara Mayer, PhD, RN

Florence Nightingale once said, "The very first requirement in a hospital is that it should do the sick no harm". I first heard this quote as a new graduate nurse. It has been a guiding principle for me throughout my career. I firmly believe it is the nurse's responsibility to ensure safe passage through the healthcare system for every patient.

There are many positions within the profession of nursing that play a role in ensuring this safe passage. As a nursing manager in critical care I supervised the work of the nurses who reported to me; as a nurse educator I provided key learning opportunities, and as a clinical nurse specialist I ensured that nursing practice was evidence-based. But I wanted to address the issue of ensuring quality care from a more global, interdisciplinary perspective so I chose to focus on the quality role.

The Nursing Quality Department plays a key role in ensuring that this is accomplished by monitoring nursing practice, analyzing the organization's clinical data, and identifying opportunities to improve patient care. The Nursing Quality Department must also be knowledgeable about federal, state and local regulations pertaining to

nursing and ensure that we comply with these laws.



I think what I bring to Stanford is my many years of experience in nursing, what I have learned in the varied roles I have had, and most of all my passion for the nursing profession.

It is my goal to ensure we live up to the well-deserved reputation that Stanford Hospital and Clinics has throughout the nation, and indeed the world, by fostering a sense of accountability and responsibility for ensuring the safety and dignity of all our patients. I can see the flame burning in our nursing staff as I travel throughout the organization and I want to ensure that flame burns brighter than ever.

I welcome your questions:
✉ bmayer@stanfordmed.org
☎ 650-497-6737

The New Voice of Nursing

Anna Quelendrin, RN profiles Tiffany Goodwin, RN



Tiffany Goodwin is an energetic delightful young nurse with a remarkable talent for singing. Even though she has not had formal lessons, her voice resonates with musical splendor. As a child, she always loved listening to music and singing to the lyrics of the songs. She continued her passion through the years performing at various sports events and presentations.

This talent remained remarkably concealed outside of the D3 environment where she sings happily birthday to her patients. However, the most remarkable time that she experienced was competing on the talent shows of The Voice and American Idol. While hoping to win, she mostly aspired to touch the heart of just one person through her singing.

Being able to audition for American idol with other talented individuals was an incredible experience, which included standing in line for 15

hours in the rain with 7000 other people. She loves the music of Adele, Whitney Houston, and Emili Sande to name a few.

Originally a Traveler from New Hampshire, Tiffany joined Stanford because she felt right at home on D3. She says "I chose to work here because of my co workers and managers. I really can't say enough positive things about our manager. I feel fully supported but her. I also work with a group of fantastic nurses. They range from new grads to nurses that have years and years of experience. I love it! I was welcomed as a newbie to the unit and I felt it was a perfect fit!"

On her days off, she has tremendous fun dining, traveling, dating, and spending time with her friends. Friends and family are important to her, especially her mother who she truly admires.

Although not Broadway bound at the moment, Tiffany Goodwin shines like a star.



KEEP CALM AND THINK LIKE A STANFORD NURSE

All are Invited

Nursing Grand Rounds

Take place on the 1st Wednesday of the month in LPCH Auditorium.

- ◇ Refreshments at 3:00pm.
- ◇ Presentation 3:30pm - 4:30pm.
- ◇ Complimentary admission,
- ◇ CA BRN 1 CE hour.

This Month

May 7, *Ineffective Postoperative Pain Results in Chronic Pain Conditions*

Future Presentations:

June 4, *Felony Assault in the ED*
No July presentation

August 6, *Magnet (title TBD)*

September 3, *Research Council (title TBD)*

October 1, *Social Media Etiquette*

November 5, *TBD -Trauma Nursing*

December 3, *How to Spearhead a Multi-disciplinary Team to reduce Average Length of Stay.*

What is...

March Madness ?

It's not just basketball anymore! Our SHC spring games had nurses completing education modules on pressure ulcer prevention, assessment and care, Ostomy care and wound/skin care AND have fun working as a team with their colleagues.

Game Rules

RN participation is voluntary. The unit gets 1 point for each module completed, so one RN could earn up to 8 points.

Teams

DGR, C2, D1, E3, G1, OR, D3, C3, and B1 made up the largest number (9) of units participating this year and the completion was stiff!

On Friday April 18th DGR had a significant Lead and looked like the favorite to win. Manager Jonathan David said he was very proud of his staff and complemented their enthusiastic participation.

However, D3, last year's winner pulled from behind and won. On Friday evening, Daisy (Mary Joseph) announced "I'm going to win this!" and huddled with the

night shift who promised to do the modules to make the competition deadline.

This brought D3 over the top by 39 points to win.



Final Score

1st place = D3 with 159 points
2nd place = DGR with 120 points
3rd place = B1 with 115 points

All the top three finalists had over 100 points! Across the competition over 500 points were accumulated by the 9 units. D3 won a pizza party, and second place DGR received Sees' Candy for each shift.

Contributors

- Avo Derderien, D2/G2S
- Sonya Feng, CE Center
- Ashley Fossum, D1
- Tiffany Goodwin, D3
- Nancy Lee, Nursing leadership
- Barbara Mayer, Nursing Quality
- Angie Canas, H1
- Ranjanna Pratap, DGR
- Anna Quelendrin, NICU
- Robinetta Wheeler, Wound & Ostomy

Advisory Board

- Denise Bramlitt
- Nina Davis
- Sonya Feng
- Ashley Fossum
- Susan Hock-Hansen
- Carole Kulik
- Molly Kuzman
- Mary Richards
- Ed Schrader



Something you'd like to see covered? Want to write an article? Brag about your colleagues? Drop us a line at RnNewsletter@stanfordmed.org