DISCOVERY

Stanford HEALTH CARE

A newsletter brought to you by the Office of Research, PCS

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Meet the Expert

Blurb:

In this month's Meet the Expert, we interview Linda Ottoboni, PhD, RN, a Clinical Nurse Specialist here at Stanford. Click here to learn more about Linda and her work at SHC.

Web Article:

Tell us a little bit about your role at SHC?

My current role is still with the Stanford Arrhythmia Service as a Clinical Nurse Specialist, but specifically focuses on providing interventions to patients with Atrial Fibrillation (AFib) to help them manage their life with an arrhythmia. I am also helping them to reduce their future risk of Afib recurrence by targeting the reduction of cardiovascular risk factors.

What got you into nursing?

In fourth grade I wrote an essay that I wanted to be a nurse and/or a teacher. I am grateful that I have gotten to be both.

I know that you recently completed your PhD can you tell me a little more about that experience and your educational background?

During my career I had had the opportunity to teach, manage, and develop a clinical expertise. I did not feel comfortable navigating research, but felt that it was the only way that the science of nursing was going to evolve, so I decided to return to UCSF to get my doctoral degree. I had actually moved out to California many years prior to get my master's degree in physiology. The program was rigorous but provided me with excellent training and amazing mentors that supported me in my research interests.

How have you been able to apply this training in your role?

I have been fortunate to work in a clinical program that believes that providing patients with support beyond medications and procedures is essential for patients to adjust to their arrhythmia diagnosis. The team has allowed me to provide patients with clinical support - symptom management strategies, education and preventive care. I recognize the importance of collecting outcomes to determine the clinical effectiveness of adjunctive treatments, and that is being supported by my clinical team. My past clinical experience also allows me to support other patient care needs when required.

I know you are very active in research can you tell me more about what you are working on?

I have provided an intervention of patient education, mindfulness meditation, and weekly calls to support symptom management in Afib patients. In a small group, it was found to help reduce symptoms and improve Quality of Life. So, I am continuing to offer the same interventions and modifications to identify the most effective intervention to provide to this patient population. I will soon begin to offer it to patients with other arrhythmias (e.g., ventricular tachycardia, supraventricular tachycardias) to see if they too can benefit from the intervention.

I know there are a lot of different places you could have chosen to work, why did you choose to work at Stanford?

When I moved to the Bay area Stanford was one of the few hospitals that were hiring. When I started on the night shift in the CCU I had no idea that I would still be here 30+ years. Stanford continues to promote professional growth in nursing and fosters an interdisciplinary approach with other disciplines valuing the contributions from nursing - particularly. The forward thinking, clinical innovation environment has allowed us to provide our patients with "cutting edge" technologies and treatments. These novel interventions for patients has required all of

us to take responsibility to be life-long learners; I have always thrived in this academic environment and would miss it if I went somewhere else.

As you continue to establish yourself as a Nurse Scientist what advice do you have for nursing staff looking to follow a similar path?

Identify mentors and allow them to help you; especially with all the talent that we are surrounded by daily. Get involved; even little projects provide you with experience and give you the opportunity to identify what you enjoy and what you would prefer someone else to do. Surround yourself with people you enjoy, because they make anything you do more fun!

What is one thing very few people know about you that you would like to share?

I was raised on a farm in northern Minnesota and am the youngest of six children. I drove a truck for my Dad during wheat harvest and continue to be a fan of the great outdoors, likely due to all of the time that we spent outside on the farm.

Article by: Nick Berte

Spotlight

alumni
Stanford
Nurse Alumnae

Blurb:

Bring your improvement, education, and intervention plans forward and receive up to $10,000 in financial support! The Legacy Grant aim to supports innovative research and demonstration projects that improve health care outcomes, the patient experience, health system efficiencies, and projects that align with the institution's strategic plan. In winter of 2017 a total of $21,826 was awarded to three outstanding nursing applicants.

Web Article:

The Stanford Nurse Alumnae Legacy Grant committee is accepting applications for 2018 Cycle 1 Legacy Project Grants

Applications are open to registered nurses employed by Stanford Health Care, Lucile Packard Children's Hospital at Stanford, or graduates of the Stanford University School of Nursing.

Cycle 1 Deadline: April 30th, 2018

Cycle 2 Deadline: October 31st, 2018

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Don't hesitate to stop by the Office of Research, Patient Care Services for a consultation if you need assistance on formulating your projects into an application.

2017 Winter Recipient Highlights

Title: The Utility of a Palliative Communication Course in Improving the Communication Skills of Oncology Nurse in an Outpatient Infusion Area.

Recipient: Karen Mclyntyre, MSN, RN, OCN, BMTCN, CHPN

Assistant Patient Care Manager, Comprehensive Cancer Center, Stanford Healthcare

Award: $2,048

Ms. Mclyntyre identified an opportunity to improve patient experience and satisfaction through analyzing Press Ganey survey data in Infusion Treatment Area. Her project is focusing on providing palliative communication skills workshop to nurses in infusion treatment areas, with the goal of increasing provider confidence in having difficult conversations and addressing emotional needs of the patients. Evaluation of training effectiveness will be collected through Press Ganey surveys in the domain of "Emotional Needs Addressed," in the months following the training completion. Once identified as effective, the communication techniques developed in the training curriculum could be standardized as a unique and essential part of the Stanford oncology nurses training in the future.

Title: Mindfulness Meditation and Patient Education for Symptom Management in Individuals with Paroxysmal Atrial Fibrillation: Do they need to be offered together?

Recipient: Linda Ottoboni, CNS, PhD
Cardiac Electrophysilogy and Arrhythmia Service, Stanford Healthcare

Associate Clinical Professor, UCSF School of Nursing

Award: $9,878

Atrial Fibrillation (AF) is the most common cardiac arrhythmia disorder in the United States. Ms. Ottoboni's current project aims to determine if the intervention of mindfulness meditation, AF education, and/or phone visits delivered by nurse patients with paroxysmal atrial fibrillation is more effective than a combination, single or no intervention in the reduction of overall AF symptoms, anxiety, and negative illness perception; and improvement of quality of life and functional status. Patients participating in the 6-week intervention will be given various surveys and questionnaires to score for overall experience.

Title: Integration of Video- Assisted Debriefing (VAD) and Defibrillator CPR Analysis Technology in Simulation Increases Providers' Team Performance in Providing High Quality Cardiopulmonary Resuscitation (CPR).

Recipient: Lynda Knight, MSN, RN

Director-Revive Initiative for Resuscitation Excellence, Stanford Children's Hospital

Award: $9,900

This study will create a Revive Initiative for Resuscitation Excellence (Revive) CPR video/objective debrief to improve CPR delivered to pediatric patients who suffer a cardiopulmonary arrest (CPA) . The project will leverage the combination of two technologies, Video Assisted Debriefing and defibrillator CPR analysis to improve the survival rate of patients experienced CPA, which affects over 200,00 patients annually in the United States. By using the video assisted feedback combined with defibrillator CPR analysis, clinicians can view CPR performance immediately during the onsite simulations and analyze data to evaluate performance objectively. Successful implementation could lead to improved performances, specifically patient survival with favorable neurological outcomes after suffering a CPA.

Article By: Debbie Hsieh

Education

Blurb:

Stanford to host over 36 podium presentations, 48 poster presentations, and 10 educational sessions at this year's Healthcare Con held March 26th and 27th. Full agenda recently released offering 13 contact hours. Don't miss this opportunity to network and learn with leaders from a wide range of practices. Reserve your spot today. Click HERE for more information.

Web Article:

Healthcare Con 2018
March 26th & 27th
Arrillaga Alumni Center
326 Galvez St. Stanford, CA 94305

13 Contact Hours Available

Don't miss your opportunity to join us as Stanford hosts over 36 podium presentations, 48 poster presentations, and 10 educational sessions with guest lectures at this year's Healthcare Con. Check out the agenda for a full list of highlighted topics from diverse practice and expertise backgrounds. Healthcare Con is an interdisciplinary conference developed to showcase the latest in research, innovation, quality and evidence-based healthcare improvement projects. This two-day event will feature a wide-range of exciting lectures, discussions, networking opportunities, and education forums aimed to teach & inspire clinicians of all career stages.

Keynote Speakers:

Linda Aiken, PhD, FAAN, FRCN, RN is world renowned for her health policy and health services research; specifically the effects of nursing on patient outcomes. She is the Claire Fagin Leadership Professor of Nursing at the University of Pennsylvania and is a member of the Sigma Theta Tau International Nurse Researcher's Hall of Fame.

Sue Hassmiller, PhD, RN, FAAN received her doctorate in health policy from George Mason University and is currently the senior adviser for nursing for the Robert Wood Johnson Foundation. In collaboration with AARP, she directs the Future of Nursing: Campaign for Action—a 50 state initiative to enact the IOM's Future of Nursing report.

Agenda:

Full Agenda *Linked*

Registration:

Registration $350 for two days. *Link to registration*

Article By: Nicholas K. Berte

Research

Blurb:

David Pickham PhD RN, Nick Berte MS RN, and Andre Valdez PhD from the Office of Research PCS, recently published findings from a large randomized clinical trial in the prestigious *International Journal of Nursing Studies.* The study titled *Effect of a wearable patient sensor on care delivery for preventing pressure injuries in acutely ill adults: A pragmatic randomized clinical trial (LS-HAPI study)*, was conducted in two Intensive Care Unit's at Stanford Health Care and involved over 1500 consecutive patients.

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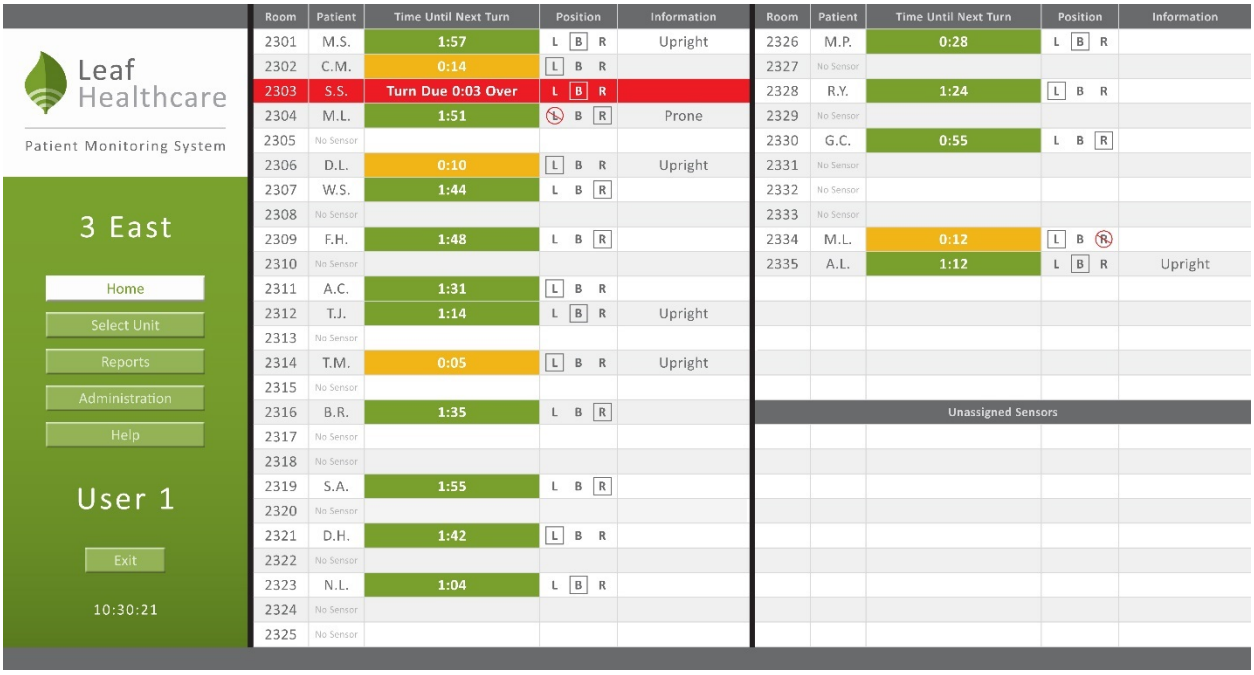
David Pickham PhD RN, Nick Berte MS RN, and Andre Valdez PhD from the Office of Research PCS, recently published findings from a large randomized clinical trial in the prestigious *International Journal of Nursing Studies.* The study titled *Effect of a wearable patient sensor on care delivery for preventing pressure injuries in acutely ill adults: A pragmatic randomized clinical trial (LS-HAPI study)*, was conducted in two Intensive Care Unit's at Stanford Health Care and involved over 1500 consecutive patients.

The aim of the LS-HAPI study was to determine whether a marketed wearable patient sensor (developed by Leaf Healthcare, Inc.) could be used in Intensive Care Units (ICU) to inform care delivery and promote optimal patient turning procedures. All patients received a wearable sensor upon arrival to the ICU and were enrolled into one of two groups: an intervention or control group. Nurses caring for patients in the intervention group received information from the wearable patient sensor at the point-of-care. Nurses in the control group did not receive any information, relying instead upon their own traditional turn reminders for care delivery.



The researchers used an intention-to-treat analysis and found significant differences between the control and treatment groups. Compared to the control group, the intervention group had a greater amount of turning compliant time, and less patients developing a Hospital-Acquired Pressure Injury. Researchers were also able to measure information regarding the magnitude of patient turning and the duration of tissue depressurization. The researchers concluded that the use of a wearable patient sensor had a protective effect, with a 67% reduction in the odds for developing a Hospital Acquired Pressure Injury. These novel observations about care delivery may be used by Stanford clinicians to shift from second-hourly repositioning routines to a precision health model, tailoring care to the patient and individualizing care delivery protocols.

In addition to this publication study findings have been disseminated at the Sigma Theta Tau 44th Biennial Convention, the ANCC Magnet Conference, and the upcoming National Pressure Ulcer Advisory Panel 2018 Conference. The researchers wish to thank all the leadership and staff of the E2 and E29 Nursing Units, as well as Manisha Desai PhD from the Quantitative Sciences Unit, and the many Stanford Health Care and Stanford University leadership, regulatory, and oversight groups. This study was co-funded by Stanford Health Care and Leaf Healthcare, Inc.

To read the completed study click here:
http://www.journalofnursingstudies.com/article/S0020-7489(17)30286-9/fulltext

Article By: David Pickham