Happy 2011 and welcome to another exciting new year with AONE! I am so energized about the opportunities we have as nurse leaders to have an impact on nursing practice. As a member of AONE since 1989, I know what a powerful organization this is. I feel privileged to work with such a talented board of directors and staff at AONE. Everyone is committed and ready to go!

I want to thank AONE past-president Pamela T. Rudisill, MSN, RN, MEd, NEA-BC, for her outstanding leadership in 2010. Under Pam’s guidance, AONE accomplished many important goals and became a stronger organization. I plan to continue in this direction, building on past accomplishments, during my year as president.

When I ran for the office of AONE president-elect, I said that one of the most significant issues facing AONE was to enact our then-vision of “shaping the future of health care through innovating nursing leadership.” I shared with all of you that I felt our attention and efforts as nurse leaders needed to focus on achieving best practice in:

- providing safe, efficient patient/family-centered care;
- utilizing our political voice in health care reform;
- mentoring new nurse leaders to be bold advocates for staff;
- utilizing technology, research and redesigning practice models to promote healthy work environments; and
- collaborating with others to strategically align our efforts to change health care outcomes.

I am so energized about the opportunities we have as nurse leaders to have an impact on nursing practice.

Continued on page 14
Join us in San Diego to chart your course for the future

AONE 44TH ANNUAL MEETING AND EXPOSITION APRIL 13–16, 2011 SAN DIEGO, CA

These exciting speakers will navigate an array of relevant topics!

**Thursday, April 14th**

8:00 – 10:00 a.m.  
**Keynote Speaker: The Music Paradigm**  
with Roger Nierenberg  
Sponsored by Siemens

3:45 – 5:15 p.m.  
**Betrayal of Trust: Critical Issues in Global Healthcare**  
Laurie Garrett  
Pulitzer Prize-Winning Authority on Global Health and Disease Prevention

**Friday, April 15th**

10:30 a.m. – noon  
**Instant Connections**  
Ori Brafman

4:00 – 5:30 p.m.  
**Transforming Fall and Injury Prevention Programs: Challenging Existing Practices**  
Pat Quigley, PhD, MPH, ABNP, CRRN, FAAN  
AONE Foundation for Nursing Leadership Research and Education Lecture

**Saturday, April 16th**

8:00 – 9:30 a.m.  
**Meaningful Use: Nursing’s Contribution to the EHR**  
Judy Murphy, RN, FACMI, FHIMSS

2:45 – 4:15 p.m.  
**Endnote Speaker: “The Meaning of Innovation: Turning STEM into STEAM”**  
John Meada, President, The Rhode Island School of Design

Register now at www.aone.org/annualmeeting
Volume 9, Number 1 January, 2011

Voice of Nursing Leadership™ is published bimonthly by the American Organization of Nurse Executives, a subsidiary of the American Hospital Association. Postage paid at Chicago, Illinois. Voice of Nursing Leadership™ is published for AONE members only and is not available for subscription. All opinions expressed in Voice of Nursing Leadership™ are those of the authors and not necessarily those of AONE or the institution with which the authors are affiliated, unless expressly stated. Naming of products or services does not constitute an endorsement by AONE. © 2011 AONE. All rights reserved. Voice of Nursing Leadership™ may be reproduced only by permission. Send reprint requests and all other inquiries to the editor.

Executive Editor
Susan Geppi
Managing Editor
Kimberly Cavaliero

American Organization of Nurse Executives

Executive Office
Liberty Place
325 Seventh Street, NW, Washington, DC 20004
Phone (202) 626-2240 Fax (202) 638-5499

Operations/Membership
155 N. Wacker Drive, Suite 400, Chicago, IL 60606
Phone (312) 422-2800 Fax (312) 278-0861
aone@aha.org www.aone.org

2011 AONE Officers

President
Cheryl Hoying, PhD, RN, NEA-BC, FACHE
Senior Vice President of Patient Services
Cincinnati Children's Hospital Medical Center
Cincinnati, OH

President-Elect
Laura Caramanica, RN, PhD, CENP; FACHE
Executive Director
Institute for Nursing Excellence
Westchester Medical Center
Valhalla, NY

Past President
Pamela T. Rudisail, MSN, RN, Med, NEA-BC
Vice President, Nursing and Patient Safety
Health Management Associates, Inc.
Mooreville, NC

Treasurer
Brenda Gail Summers, MBA/ MHA, MSN, RN, NEA-BC
Senior Consultant
The Greely Company
Charlotte, NC

Secretary
Pamela A. Thompson, MS, RN, CENP, FAAN
Chief Executive Officer
American Organization of Nurse Executives
Senior Vice President of Nursing
American Hospital Association
Washington, DC

2011 AONE Directors

Region 1
Robert Rose, MS, RN, NEA-BC
Senior Vice President/Chief Nursing Officer
Trinity Mother Frances Hospitals and Clinics
Tyler, TX

Region 2
Mary-Kimman, MSN, BSN, RN, NE-BC
Senior Consulting Manager
IMA Consulting
Lansdale, PA

Region 3
Patricia Conway-Morana, MAd, RNC, CPHQ, NEA-BC, FACHE
Chief Nursing Executive
Inova Fairfax Hospital
Fairfax, VA

Region 4
Lori L. Knarr, MS, RN, NEA-BC, FACHE
Executive Director, Nursing Operations
Tallahassee Memorial Hospital
Tallahassee, FL

Region 5
Mary-Anne Pond, MS, RN, MBA, CNAAD-BC
Chief Operating Officer and Chief Nursing Executive
Northern Michigan Regional Hospital
Petoskey, MI

Region 6
Dawn A. Straub, MSN, RN, NEA-BC
Director, Nursing Resource and Development
The Nebraska Medical Center
Omaha, NE

Region 7
Jean Shinkus Clark, MSN, RN, NEA-BC, CENP, FACHE, FAAN
Senior Vice President and System Chief Nurse Executive
Texas Health Resources
Arlington, TX

Region 8
Donna D. Poduska, MS, RN, NE-BC, NEA-BC
Director, Resource Services
Poudre Valley Hospital
Fort Collins, CO

Region 9
Linda Burnes Bolton, DrPH, RN, FAAN
Vice President, Nursing and Chief Nursing Officer
Cedar Sinai Medical Center
Los Angeles, CA

Member at Large
Verena Briley Hudson, MN, RN
Chicago Regional Director
Office of Healthcare Inspections
Department of Veterans Affairs
Office of Inspector General
Hines, IL

Do you like our new look?

Voice of Nursing Leadership has a fresh new look and we hope you like it. Many thanks to our design team – Publications Associates and Hughes design|communications. Great job!

March 18, 2011
Illinois Organization of Nurse Leaders (IONL)
Mid-Year Meeting
Bloomington, IL
www.ionl.org

April 13-16, 2011
AONE 44th Annual Meeting and Exposition
San Diego, CA
www.aone.org/annualmeeting

Continuing education events of interest to nurse leaders and sponsored by AONE and its chapters will be included in this calendar. Send event information to aone@aha.org.

AONE Index

A quick look at interesting informational tidbits about AONE and its members.

Total AONE members: 7,571

Percentage increase over last year: 12

Total number of members who participated in the iCommit membership drive: 292

Number of new members who joined through iCommit: 641

New AONE Guiding Principles released in 2010: 3

Percentage of AONE members participating in 43rd annual Meeting and Exposition: 33

Number of countries AONE representatives visited in 2010: 4

Hours of continuing education credits AONE offered in 2010: 100+

Continuing education events of interest to nurse leaders and sponsored by AONE and its chapters will be included in this calendar. Send event information to aone@aha.org.
Since January 2007, AONE has been involved in leading the dissemination of Transforming Care at the Bedside (TCAB) with over 100 hospitals across the country. These hospitals have focused their innovation work in six areas: safety and reliability; care team vitality; patient-centeredness; increased value; caring; and transformational leadership. To build on the success of TCAB, AONE has developed the Center for Care Innovation and Transformation (CCIT), a new program whose foundation will follow the basic tenets of TCAB, but will go further in addressing nurse leader needs, culture change and health care reform implementation.

CCIT will be closely aligned with AONE’s strategic goals. The program will serve as a resource for nurse leaders seeking to transform not only the way they care for patients, but also the culture in which they find themselves working, so that innovation and transformation become a daily pattern.

Guided by the AONE Guiding Principles for Future Patient Care Delivery, CCIT will be closely aligned with AONE’s strategic goals. The program will serve as a resource for nurse leaders seeking to transform not only the way they care for patients, but also the culture in which they find themselves working, so that innovation and transformation become a daily pattern. CCIT will also be aligned with the American Hospital Association’s (AHA) Hospitals in Pursuit of Excellence (HPOE) initiative. Participating hospitals will collect and report data according to HPOE guidelines. This will enable standardization of reporting across the country. Furthermore, the new CCIT program will allow AONE to capitalize on important work that it is already doing, especially with the aspiring nurse leader and nurse manager training institutes.

This newly expanded program could come at no better time: health care leaders everywhere are examining and planning for implementation of health care reform. What better way to organize the way health care will look in the future than by implementing a program that captures the essence of innovation and transformation? CCIT will enable hospitals to take the necessary steps to prepare for the future.

What parts of TCAB will be retained?
There are many key aspects of TCAB that will remain part of the new CCIT program. These include:

- working with medical/surgical pilot units;
- rapid cycle tests of change using the “plan, do, study, act” (PDSA) methodology;
- learning community cohorts with face-to-face meetings;
- required leadership and financial support from the CNO and CEO;
- rigorous program of innovation and data collection; and
- ongoing sharing of successes and challenges among the participating teams.

What’s new?
The Center for Care Innovation and Transformation (CCIT) will be closely aligned with AONE’s strategic plan, focusing on the role of the nurse manager as the key leader for transformation and culture change on the selected unit. AONE is developing this new program to include:

- targeted training for nurse managers;
- more opportunities for team building and team training during the face-to-face meetings in order to help build a strong foundation for innovation;
- integrating AONE’s vast array of resources for leadership development and growth, including the AONE Aspiring Nurse Leader Institute, Nurse Manager Institute, Nurse Manager Fellowship program and the AONE Annual Meeting;
- providing more tools for quality improvement for all levels of nurse leaders—from novice to experienced; and
- linking the work of quality improvement, leadership development and innovation to the national health care reform agenda.

AONE is accepting applications from hospitals wanting to participate in this next phase of the innovation and transformation journey. For more information or to complete an application, please visit www.aone.org. Applications are due February 1, 2011. If you have questions about CCIT, contact Grace Martos, AONE director of quality, at 312-422-2813 or via email at gmartos@aha.org.

Do We Have Your Updated Information?
Have you moved, changed jobs or have a new email address? Make sure to send it to AONE so we can update your member record. Contact us at 312-422-2800 or email aone@aha.org.
Certifying nurse leaders

Validate your expertise and take the exam created for nurse leaders by nurse leaders

Become certified through the organization with the most expertise and credibility in the field of executive nursing leadership. The CENP examination is based on the AONE Nurse Executive Competencies®, a hallmark compendium of skills necessary for successful nurse executive practice.

For additional information, a candidate handbook and to apply, visit the AONE Credentialing Center at www.aone.org/CENP
Putting ideas into practice
Our first area of focus was hospital-acquired pressure ulcers. We worked closely with our enterostomal therapy nurse to strengthen the unit nurses’ skills on staging ulcers, improving skin assessments on admission and reviewing ulcer prevention treatments. We then developed an ulcer prevention program which included a new screening tool that was initiated on admission and a patient turn log for patients identified as a high risk for skin breakdown. We redesigned the nurse’s worksheet to include prompts on ulcer prevention and discussed improvements to our intershift handoffs.

The new screening tool and turn log was implemented slowly. Initially it was trialed by one nurse on one shift. We then graduated to two nurses on two shifts. Through this process, we discovered the need to change the location of the turn log. We found that changing the location of documentation tools increased documentation compliance. This process was eventually used by all three shifts. Patients who were identified as potential ulcer risks were educated about our ulcer prevention program because we wanted them to become involved in the process and partner with us on the turn schedule times. We evaluated the success of our program with staff surveys and patient monitors and then repeated the process again. After nine months of assessing unit success, we formalized a unit program that has resulted in better educated nurses, more informed patients and zero hospital acquired pressure ulcers greater than stage two. We are now striving for zero hospital acquired pressure ulcers of any stage.

Utilizing innovative practice to meet challenges
Reducing our patient falls was a bigger challenge. Prior to starting our TCAB initiative around fall reduction, the hospital’s fall prevention committee had already provided revised policies and staff education on the fall prevention program. However, with every fall prevention initiative in place, we still were not meeting our fall reduction expectations.

My unit partnered with the hospital fall prevention committee to find improvement opportunities. We explained to patients on admission that their safety was important to us and educated them on the hospital’s fall prevention program. We reminded patients to use the call bell to ask for help when getting out of bed and talked with the staff about the importance of anticipating patient needs. The TCAB team recognized the importance of increased visibility, hourly rounding and walking rounds at shift change. While most of the unit staff agreed walking rounds at shift change was a good practice, they also verbalized the reasons why it didn’t happen regularly. The TCAB team was committed and met with staff members to talk about expectations and explored the obstacles impeding the walking of rounds at every shift change. We broadened our expectations and asked the hospital service assistants (HSAs) and nurses to walk rounds at shift change. The shared governance council used walking rounds as a peer review project. Gradually more of the staff recognized the value and intershift rounding has become a more consistent part of the shift-to-shift culture.

The TCAB fall reduction initiative served as a driving force in our hospital’s trialing and adopting a new bed alarm system which was recently implemented throughout the hospital. We continue to work closely with the fall prevention committee on strategies and recognize we still have much work to do. The TCAB conversations and practice changes implemented have had a positive impact on patient safety and fall reduction on our unit. We experienced a reduction in patient falls which was reflected in our unit’s most recent patient satisfaction scores which increased our excellence ranking 12 percentage points in the category of overall safety in the hospital.

Our third TCAB initiative was to improve our patients’ and nursing staff’s satisfaction with the discharge process, specifically around patient education. The discharge process had
always been a rushed process and the patients’ discharge teaching seemed hurried and poorly coordinated as reflected by our patient satisfaction scores.

After conducting another round of brainstorming sessions, the staff generated several great process improvement ideas around patient education and the discharge process. In collaboration with the hospital’s shared governance council and the patient education committee, we developed six new patient education forms, redesigned our patient education file cabinet to improve staff access to the educational materials and designed a new patient education tool bag. This idea had been shared by another hospital at our first TCAB conference. The other hospital used a specific bag to hold all the patient education materials acquired by the patient during the hospitalization. Upon discharge the patient had all of their educational materials in one place. It was a simple, yet brilliant, idea. We designed an education bag with the hospital logo that is used specifically for patient materials. This education tool bag is distributed to the patients upon admission along with a patient information booklet. The bag holds all of the education materials, along with the patient’s discharge instructions and prescriptions.

We knew that having a bag wasn’t going to improve the education process on its own, so we held staff in-service meetings on practice changes to help us better identify the patient’s education needs on admission, rather than focusing on education only at discharge. We needed to be more proactive to assure patient education occurred throughout the patient’s stay and to have a better partnership with the patients around their education and discharge planning needs. We now have a patient education checklist to coordinate the education plan among the caregivers. We also designed a unit welcome letter that will be implemented in the next few months. Our education bag idea has also been adopted by our other two medical/surgical units and the transitional care unit. The hospital’s outpatient clinics are also in the process of ordering the education bags. In addition to the bags, we now discuss patient education needs in shift reports and plan to utilize white boards in the patient rooms to include better education goal setting in collaboration with the patient.

We are also currently in a partnership with the ambulatory care department to explore future coordinated improvement efforts for patient education programs between outpatient and inpatient units. We implemented our new process and have completed random spot checks and patient interviews and the feedback has been positive. We are anxious to see the patient satisfaction survey data for the upcoming quarter and expect our excellent ranking in the categories of nursing instructions/explanations of tests and discharge instructions to increase. Our education process has improved and we expect it will be reflected in higher patient satisfaction and better patient outcomes.

**TCAB fosters teamwork and excellence**

Having a healthy, safe and happy work environment that fosters team vitality and nursing autonomy is another TCAB goal. Teamwork and having fun together makes everyone happier, including the patients. We celebrated Nurses Week with a family barbecue picnic with games, food and other activities for the kids. It was a great way for all three shifts to get together off-site. We also recognized our HSAs and their importance to our team with a week of personal recognitions, thank you gifts and pot lucks. The week was capped off with an ice cream social. We designed TCAB scrub tops and t-shirts, launched a unit newsletter and are holding a raffle to raise money for future nursing recognition celebrations.

TCAB has been a positive culture change for our unit. Our focus is around patient-centeredness and quality outcomes. The unit staff is involved and committed to design a unit and care delivery model that is truly patient-centered and magnifies patient safety. We want a nursing care team that strives for excellence, is supportive and promotes professional development. In the past four months, three nurses have obtained their medical/surgical American Nurses Credentialing Center (ANCC) certification and several staff members have returned to school for their baccalaureate degree in nursing.

---

**ABOUT THE AUTHOR**

Joyce Van De Pitte, RN, is nurse manager, 3 Surgical Unit, Santa Clara Valley Medical Center, San Jose, CA.
Innovative Professionals
An extraordinary team of Passionate, Innovative Professionals

Innovation is a vital element of the vision statement created by the nurses of Lawrence and Memorial Hospital, New London, CT. Ready to embrace transformative change that benefits our patients and the teams of caregivers dedicated to their care, the nursing staff of my unit embarked on our Transforming Care at the Bedside (TCAB) journey in August 2009.

Upon return from our first AONE TCAB meeting, we held our first staff brainstorming session and thought of ideas to improve the quality of patient care delivery. With the varying thoughts and opportunities for improvement listed on the many post-it notes on our wall, we wanted to create the biggest impact for our patients. We asked ourselves, “How can we transform care that benefits our patients and our nursing staff?” After all of the ideas were listed, we took time to reflect and organized them onto a large chart that covered the staff lounge wall, allowing for a visual presentation of our ideas. We noticed a common theme: a need for improved or increased communication among clinical team members, especially among the nursing and medical staff. At subsequent TCAB meetings our staff crafted our goals: to improve communication and collaboration between the hospitalist and nursing staff through effective bedside rounding, improved communication and meaningful collaboration between the hospitalist, bedside nurse and patient.

After reviewing our patient satisfaction scores, we decided to focus on increasing patient satisfaction in three key areas:

- staff cooperation in patient care;
- including the patient in decisions regarding treatment;
- improved sharing of information with the patient by the physician.

We informally met with the hospitalists and had one-on-one discussions regarding our efforts and the benefits of meaningful collaboration and rounding in patient rooms as a clinical team. Results of the next patient survey showed an increase in patient satisfaction in the areas on which we had focused.

However, in the following quarter, survey results of patient satisfaction dropped. We realized our work with the hospitalists was not thorough enough. In our weekly TCAB meetings we continued to discuss our rounding efforts with the hospitalists; all agreed that the collaboration efforts at the bedside could be improved. We regrouped and decided our next course of action: the nurses scheduled a “lunch and learn” for the hospitalists and nursing staff to discuss barriers and brainstorm potential solutions toward our goal of meaningful collaboration. This robust discussion provided insight into opportunities for increased collaboration efforts. Each group took this thoughtful feedback and incorporated the ideas into practice on the nursing unit. As a group, we decided to survey the nurses and hospitalists to assure we were all in agreement on how to proceed with our collaborative efforts.

The importance of fact-finding and positive change

We administered to the hospitalist group and nursing staff the Jefferson Scale of Attitudes toward Physician-Nurse Collaboration—an instrument that measures physician and nurse attitudes toward authority, autonomy and responsibility for patient-monitoring, collaborative decision-making, role expectations and collaborative education. Overall, we were pleased with the results. The hospitalists and nurses were similar in their responses to overall attitudes toward physician-nurse collaboration. Interestingly, both groups were most similar in their thoughts on nurses’ autonomy, which gave us additional impetus to push ahead with our quest for meaningful collaboration.

After viewing the survey results, the nursing staff met with the director of the hospitalists to discuss the progress of our efforts and find ways to break down the existing barriers to rounding and collaboration. The biggest barriers identified by the hospitalists were the inability to easily locate nurses on the unit and no methodology available to quickly track them down among the unit’s many patient rooms. They were also concerned that sometimes the nurses were unaware that the hospitalist was on the unit. The hospitalists were frustrated with the many interruptions on the nursing unit despite the intentional rounding efforts while the nurses expressed frustration about the seeming lack of regard for collaboration by hospitalists. These discussions once again brought to the forefront the issue of rounding. While we thought all nurses were on board with rounding, the hospitalists did not agree. We sought feedback from the nurses and learned that some of them expected the hospitalists...
to invite them into a patient’s room. While these nurses were confident discussing the care plan with the hospitalist, they felt they were intruding on the patient/physician relationship when entering the patient room uninvited. Discovering this wrinkle, we had discussions with our nursing staff on their pivotal role in coordinating care of the patient and meaningful collaboration at the bedside with the hospitalist and the patient. In addition, we asked the hospitalists to seek out the nurse to initiate rounding. Since our open discussion, nurses are now more comfortable in rounding with the hospitalists. It was essential for the nurses to feel confident and understand that they are an integral part of the clinical team.

After many discussions about rounding improvements, collaboration efforts and the confusion of nurse/hospitalist availability, both clinical teams agreed to trial the option of having fewer hospitalists on the nursing unit. We developed a hybrid hospitalist model assigning hospitalists to only one or two units using the same hospitalist for the same unit and the same patients. The goal of this model is to increase availability of the hospitalists for the nursing staff. With better availability of the hospitalist, he or she should experience fewer interruptions by the nursing staff as the nurses will no longer worry that the hospitalist will leave suddenly to go to another unit. This improved availability should lead to an increase in patient satisfaction as well.

We are looking creatively at our unit’s staffing and scheduling patterns to better establish continuity of care. In an effort to make this successful, we have dedicated a visual white board for the hospitalists. When they arrive on the unit, the white board has the hospitalist’s name and each nurse’s name with the patient room numbers. If there is a priority with a patient or an issue to be discussed before the hospitalists start to round, the patient’s room number is starred to indicate priority. This visual cue has been helpful in initiating rounding between nurses and hospitalists and this system leaves no room for confusion about whom the team members are or where they should be.

We continue to have our weekly TCAB meetings facilitated by our nursing staff. These meetings give us the opportunity to share ideas, discuss barriers and seek solutions to problems. We will continue to work with the hospitalists to evaluate our current collaboration efforts and plan our next steps.

TCAB requires thoughtful deliberation, planning and senior leadership support

Through the TCAB initiative we learned valuable lessons around adherence to planning and staying on the path of a “plan, do, study, act” (PDSA) cycle. While we initially were eager to start collaboration efforts, we failed to plan accordingly, which led to the nursing staff unintentionally isolating themselves from the hospitalist group. Our initial efforts reflected a “do it” attitude rather than a well thought-out, planned course of action. We learned that through a more collaborative effort with hospitalists in our initial planning, we would have saved steps and frustration among all clinical team members. We had taken our positive relationship with the hospitalists for granted and did not include them in decision-making that would greatly impact their practice. It wasn’t until we developed an open forum for discussion through our “lunch and learn” sessions that all unit staff felt they were a core team member on this TCAB journey.

Our unit’s success in meaningful collaboration would not have been possible without the support of our senior leadership team who stated and demonstrated their commitment to redesigning patient care in collaboration with leadership from those working directly with patients at the bedside.

Our hospital’s nursing vision states, “As a trustworthy and compassionate health care community, we will offer excellent, safe care; focus first on the well-being of our patients; and practice as an extraordinary team of passionate, innovative professionals.” Through our TCAB journey, the engagement, professionalism and motivation of the patient care services staff continues to make every initiative either a valuable lesson learned or a successful innovation to be shared. In transforming care that benefits our patients and their families, the TCAB team members are visionary leaders. With their commitment to achieving excellence through innovation, in demonstrating a strong camaraderie among each other and recognizing the value of team dynamics, TCAB has given our unit the tools to succeed in transforming care that supports our nursing vision.

ABOUT THE AUTHOR

Shannon Christian, RN, is nurse manager, orthopedic unit 4.2, Lawrence and Memorial Hospital, New London, CT.
I became familiar with the Transforming Care at the Bedside (TCAB) initiative a few years ago through reading articles and seeking information on the Robert Wood Johnson Foundation’s (RWJF) website. The work they were accomplishing was intriguing. I partnered with the vice president of patient care and we began reaching out to facilities participating in TCAB who developed innovations we felt would be beneficial to our facility. The willingness and transparency of the TCAB participants to share their stories, successes, failures, data and process designs with us was refreshing.

We later found out that AONE was seeking teams to apply for another TCAB initiative co-hort. After working with management at the hospital we applied and were accepted to participate in the TCAB initiative. Upon acceptance our TCAB team decided to focus on several innovations: improving communication with the physicians and interdisciplinary team, enhancing team vitality, and improving patient safety and the patient experience.

Creating innovative ideas

For our first innovation we created a communication tool called, “What’s up doc?”—a bright orange form that is not part of the patient’s permanent record but contains non-emergent messages for the physician such as renewal of medications, family member’s telephone numbers and recommendations from the members of the team regarding patient care. The form is placed in the progress note section of the patient’s chart behind the last entry for the physician’s review, then after review, the physician checks a box acknowledging the message has been read. This successful new tool has been implemented throughout the medical, surgical and cardiac units, improving physician and nurse satisfaction and has reduced interruptions for both.

To facilitate improved communication between nurses and patients, we borrowed a TCAB innovation from another hospital. Nurses are now required to sit with at least one patient per shift and spend five minutes talking with them. The nurses have enjoyed this time and experience with their patients because many of the conversations go beyond the patient’s health status and foster better relationships between the nurses and patients.

Another innovation developed to improve team vitality included the “Meet Your Staff” initiative. A TCAB staff nurse took photos of all the nurses, nursing assistants, unit clerks, housekeeping staff and respiratory therapists who regularly work on the unit. The photos were printed, laminated and placed on the assignment board next to the appropriate staff member’s name. This board, located at the central nurse’s station, has had a wonderful impact for the entire interdisciplinary team. Patient transporters said the photo board has reduced their wait time and the time they spend searching for staff. The physicians, residents and family members also appreciate the photos and how easy it is to identify staff members. This has reduced interruptions for the nurses since they are no longer misidentified. This innovation will be implemented throughout the entire medical/surgical division.

Focusing on communication between the residents and nurses is a priority. The TCAB team meets briefly each month with the residents as a form of introduction and to address issues that have arisen over the past month. One issue identified by the nursing team was the delay in being made aware of stat orders. The nursing team educated residents about the ability to utilize the wireless device to gain immediate access to the primary nurse, thereby effectively delivering vital patient information. The nurses gave the residents pocket size instructions on how to access the wireless device for any significant patient information. The nurses and residents found this meeting to be useful and informative.

Another TCAB innovation that our team recently adopted was a bedside report board. This innovation requires the reporting of personal patient information by the care team while standing outside of the patient’s room prior to entering, conducting a discussion of the care plan with the patient, assessing the patient’s pain level, performing a skin assessment and an evaluation of the environment. The team performed a rapid cycle change the first day, with the entire team performing bedside report by the second day. An enormous amount of resistance was given from the nursing team within the first few weeks of this implementation. They were concerned that personal patient information could be overheard when shared in a semi-private room or when discussing information in the presence of family members. There was also concern about the length of time the assessment took to complete. However, through a literature review, role modeling by the manager, guidelines given to the staff, continuous communication, and the established improvement in patient safety, bedside report was adopted nine months after implementation and a project timeline developed to implement bedside report throughout the entire medical/surgical division.

The TCAB unit sustained significant quality improvement outcomes when combining the multiple innovations created. A 50 percent reduction in falls has been sustained over a three quarter reporting period with zero incidence of any falls with harm. Monthly wound incidence has been reduced by 50 percent and nursing turnover has remained at zero percent for the past year. While there has not been an increase among patient satisfaction survey scores, the unit generally receives a low survey return that is not statistically significant. However, patient discharge call backs and daily nursing leadership rounds consistently provide patient feedback describing the staff as kind, compassionate and knowledgeable. The TCAB team recently won the facility’s 2010 Quality Award and presented at the system-wide quality fair.
Demonstrate your commitment to your field of nursing practice and validate your high level of knowledge and skill by becoming certified.

The AONE Credentialing Center (AONE-CC) — a division of the American Organization of Nurse Executives (AONE) — offers two certifications:
- Certified in Executive Nursing Practice (CENP)
- Certified Nurse Manager and Leader (CNML), developed in partnership with the American Association of Critical Care Nurses (AACN)

**Certified in Executive Nursing Practice (CENP)**

The Certified in Executive Nursing Practice (CENP) is geared to nurse leaders who are engaged in executive nursing practice.

To be eligible for this certification, you must hold a:
- valid and unrestricted license as a registered nurse; and either a
- master’s level degree or higher plus two (2) years of experience in an executive nursing role (one of your degrees must be obtained in nursing from an accredited institution) or a bachelor of science in nursing (BSN) plus four (4) years in an executive nursing role.

**Cost:** $325 (AONE member); $450 (non-member)

**Certified Nurse Manager and Leader (CNML)**

The Certified Nurse Manager and Leader (CNML) — offered in partnership with the American Association of Critical-Care Nurses (AACN) — is designed exclusively for nurse leaders in the nurse manager role.

To be eligible for this certification, you must hold a:
- valid and unrestricted license as a registered nurse; and either a
- bachelor of science in nursing (BSN) degree or higher plus two (2) years of experience (minimum of 1,040 hours per year) in a nurse manager role or a non-nursing bachelor’s plus three (3) years of experience (minimum of 1,040 hours per year) in a nurse manager role.

**Cost:** $300 (AONE or AACN member); $425 (non-member)

Need an effective preparation resource for the CNML exam? Try the online Essentials of Nurse Manager Orientation (ENMO) e-learning program found on the AONE website. Other online resources include the course handbook, testing center information, frequently asked questions (FAQs) and tips on preparing for the exam. Visit www.aone.org/certification.

For more information contact M.T. Meadows, AONE director of professional practice, at (312) 422-2807 or mmeadows@aha.org.

---

**TCAB needs leadership support for the program’s success**

For TCAB to be successful, support from senior leadership is critical. In our journey, commitment from senior leaders reduced obstacles encountered from other departments and facilitated collaboration in attaining the TCAB goals. Senior leaders assisted in obtaining buy-in from other managers and directors, which was necessary when it came time to spread TCAB innovations. They also assisted with setting expectations for staff involvement in the change process and committed to allowing staff time off for TCAB conferences, which are a key component to team building and brainstorming. Our facility has also maintained financial support for TCAB since August 2009.

We experienced many challenges during the TCAB process. From leading brainstorming meetings to implementing sustainable TCAB innovations on units, working with others in establishing a culture change has at times been difficult. But through the opportunity to participate in TCAB I feel I have evolved as a transformational leader. This experience has been inspiring and energizing and has made me a better mentor and coach. Through the structure of the journey, TCAB has guided me in developing the finest team with the greatest outcomes. I feel fortunate to have the opportunity to take this journey and I plan to spread the TCAB mission throughout my career.

**About the Author**

Jennifer A. O’Neill, RN, APN, C, is nurse manager, pulmonary/medical unit, Saint Barnabas Medical Center, Livingston, NJ.
The start of the new year brings changes to the US Congress with control of the House of Representatives in the hands of the Republican majority and a slim Democratic majority in the Senate. What will all of this mean for the health care reform law which is under siege in the federal courts? Or for the hard-fought nursing provisions which create a roadmap for increased access to quality care if they are not allowed to be funded under the levels authorized by the Affordable Care Act (ACA)?

On the nursing front, the law significantly expands potential opportunities on the critical authorization level for nursing education. The funding level for Title VIII nursing programs has been increased to $382 million. On the traditional educational funding front, ACA also reauthorizes and strengthens various provisions of Title VIII of the Public Health Service Act.

To the nursing community, Title VIII was the strongest educational tool for America’s nurses, allowing for various scholarship and loan forgiveness programs. Although funding for nursing education has been historically modest compared to other social programs, even with Title VIII assistance, the profession struggled to address the nursing shortages which have continued to grow over the last decade. With new program flexibility under ACA, the Title VIII Loan Repayment and Scholarship Program has been expanded and no longer includes a ten percent doctoral cap on Advanced Nursing Education Grants. ACA changes also make it possible for nursing faculty to participate in repayment and scholarship grants by permitting them to serve as faculty as a term of loan repayment. Doctoral students can also receive up to 85 percent of loan cancellation under the Nurse Faculty Loan Program. Loan amounts have also increased from $30,000 to $35,000 under the new School of Nursing Student Loan Fund. Graduated master or doctoral students who agree to serve four years as full-time faculty in an accredited school of nursing receive loan forgiveness through the Eligible Individual Student Loan Repayment Program. The Nursing Student Loan program which is directed toward accredited baccalaureate, associate and diploma nursing programs will offer increased loan amounts with awards increasing from $13,000 to $17,000 and $4,000 to $5,200 for students in their last two years of school. The Comprehensive Geriatric Education section of Title VIII has also been improved to create a new geriatric traineeship that will provide tuition, books and stipends to eligible students. The Workforce Diversity Grant Program will offer bridge programs to minority students in associate and diploma programs to allow them to enter accelerated degree, pre-entry and advanced education programs to continue their education. Although the positive funding changes are significant to Title VIII programs and are important to the future of the nursing workforce, the battle for increased appropriations for these specific programs in today’s deficit-riddled economy remains a challenge. Industry analysts predict nursing programs will be flat lined at the Fiscal Year 2010 funding level. This means the promises of expanded and enhanced legislation and the associated dollars will be idled until another appropriations cycle.

A program which will not be affected by a flat lined appropriation is the new Graduate Nurse Education Demonstration Program. The Medicare Graduate Education Program, which has a start date of October 1, 2011, paves the way to transform the method in which Medicare pays for nursing education, with targeted funding utilized to educate nurses with skill sets specific to meeting the needs of Medicare recipients.

It will be interesting to see how finances shake out as the fight for limited federal dollars takes on an increased urgency in a new Congress that will be marked by more conservative policies and remains financially strapped by a lackluster economy mired in recession. We know that nurses make the difference in cost, quality and access to care, but our message is often drowned out by the louder voices of those who respect us, but feel that we can wait just a little bit longer for our fair share.

ABOUT THE AUTHOR

Jo Ann K. Webb, RN, is AONE senior director of federal relations and policy in Washington DC. Jo Ann has covered the U.S. political and policy scene and worked on behalf of AONE and the nursing community for more than 10 years. With extensive experience in the senior legislative and executive branches of government, through her “Washington Report” column, Jo Ann brings an uncanny perspective to health care reform and other important issues facing nurses and nurse leaders today.
Buerhaus to chair National Health Care Workforce Commission

Peter Buerhaus, PhD, RN, professor of nursing and director, Center for Interdisciplinary Health Workforce Studies, Institute for Medicine and Public Health, Vanderbilt University Medical Center was appointed chair of the National Health Care Workforce Commission. The Patient Protection and Affordable Care Act created the Commission to serve as a national resource for Congress, the President, and states and localities; to communicate and coordinate with federal departments; to develop and commission evaluations of education and training activities; to identify barriers to improved coordination at the federal, state, and local levels and recommend ways to address them; and to encourage innovations that address population needs, changing technology, and other environmental factors.

Baumlein inducted to NLN board of governors

Dr. Gail Baumlein, PhD, MSN, RN, director and dean of MSN online degree programs at Chamberlain college of nursing, was inducted to the National League for Nursing’s (NLN) board of governors. She will serve as a governor at large for a three-year term. In her board role, Dr. Baumlein will work to advance excellence in nursing education and help build a strong and diverse nursing workforce.

MedStar Health appointed McCausland as first system CNO

Maureen McCausland, RN, DNSc, FAAN, has been named senior vice president and MedStar Health’s first system chief nursing officer (CNO). With more than 30 years of experience as a hospital and nursing executive she will serve as the senior nursing administrator for the $4 billion, multijurisdictional health system comprised of nine hospitals and 20 other health-related businesses across the DC/Maryland/Virginia region. McCausland most recently served as senior vice president, patient care services and CNO at the University of Wisconsin Hospital and Clinics in Madison, WI.

Rimac elected vice president of the European Federation of Nurses Associations

AONE member and current president of the Croatian Nurses Association, Branka Rimac, FRCN, was elected vice-president of the European Federation of Nurses Associations (EFN) in Brussels. Rimac has been a member of the EFN executive committee for the past five years. The EFN plays a large role in promoting the professional value of more than one million nurses in the European Commission, a governing body made up of representatives from 32 European countries.

Tonges’ hospital receives Magnet designation

The University of North Carolina (UNC) Hospitals, Chapel Hill, NC, received notification of Magnet designation for excellence in nursing services by the American Nurses Credentialing Center’s (ANCC) Magnet Recognition Program®. Mary Crabtree Tonges, PhD, RN, FAAN, is senior vice president and chief nursing officer at UNC Hospitals, part of the UNC Health Care System and comprised of North Carolina Cancer Hospital, North Carolina Children’s Hospital, North Carolina Memorial Hospital, North Carolina Neurosciences Hospital, and North Carolina Women’s Hospital.

Maurer’s hospital received Baldrige quality award

The hospital of AONE member Marjorie Maurer, MSN, RN, CNAA, was named one of seven 2010 Baldrige National Quality Award winners. Maurer is vice president, operations and chief nurse executive at Advocate Good Samaritan hospital in Downers Grove, IL. The awards are the nation’s highest presidential honor for performance excellence through innovation, improvement and visionary leadership. The 2010 Baldrige Award recipients were selected from a field of 83 applicants who underwent rigorous evaluation by an independent board of examiners in areas of leadership, strategic plan-
I still believe that these issues are significant to us, and that through our AONE strategic plan, we can accomplish these goals. Over the last year, since I ran for office, the AONE Board approved a new AONE mission—to shape health care through innovative and expert nursing leadership. Through thoughtful deliberation we realized the vision we had maintained for 10 years was now our mission. What we aspired to influence has now become a reality. AONE and its membership are shaping the future of health care.

Plan serves as a roadmap
Each year, the AONE Strategic Planning Committee, comprised of AONE volunteer members, meets to review the current three-year strategic plan, discuss the current health care environment and make recommendations on key strategic priorities for AONE. The committee builds upon the current plan to develop an updated three-year plan, which goes to the AONE Board for review and approval. The resulting plan serves as a road map and is used to develop an operating plan to guide that year’s work.

During the 2011-2013 plan development, the 2010 AONE Strategic Planning Committee reviewed AONE’s currently defined values—creativity, excellence, integrity, leadership, stewardship, diversity—and determined that they still solidly represent the organization. It was also agreed that our behaviors still accurately reflect the actions that we aspire to as an organization, as well as for our members—futurist, synthesizer, partner, convener, provocateur, designer, broker.

Other areas that remained intact included aligning strategic priorities around three key areas of focus: future patient care delivery, healthful practice environments, and quality and safety. These priorities will continue to be achieved with the assistance and within the scope of our key drivers including: a strong and engaged membership, workforce supply/competency, and leadership.

Evolving plan—focusing on the future
Although the 2010 committee agreed that much of the current plan was on target, there were several changes that were recommended to the AONE Board which were reflected in the final 2011-2013 AONE Strategic Plan. These changes include:
- The introduction of the new AONE mission statement: To shape health care through innovative and expert nursing leadership.
- A shift in focus from the design of future patient care delivery systems to a broader emphasis which includes the implementation and evaluation of systems.
- The addition of health care reform and policy as a key driver, as we work to meet the demands and changing environment resulting in the passage of health care reform legislation.
- The addition of several new strategies to each of the three key focus areas, as well as key driver areas. These strategies can be viewed on the complete 2011-2013 AONE Strategic Plan, posted on the AONE website.
- The expansion of our core business centered on the state chapters to a broader affiliate category, to reflect our partnership with not only AONE chapters, but other organizations such as the Council on Graduate Education for Administration in Nursing (CGEAN).

Work led by volunteer members
The 2011-2013 AONE Strategic Plan will be used to guide the important work of the many AONE committees and task forces. The work that is accomplished each year by these groups is critical to the success of the organization. In 2011, several new committees/task forces have been added including:
- Institute of Medicine (IOM) Future of Nursing Task Force: Charged with developing recommendations for potential AONE action/initiatives to implement/support the IOM report.
- Small and Rural/Critical Access Hospital Task Force: Charged with exploring how AONE can better meet the needs of members from small/rural and critical access hospitals.
- Student Nurse and Newly Licensed Nurse Task Force: Charged with developing a plan to engage and employ new graduates, based on the AONE Guiding Principles for the Newly Licensed Nurse’s Transition into Practice developed in 2010, and developing a plan to collaborate with student nurses as a bridge to succession planning for future leaders. This task force was expanded in 2011 to add focus on student nurses, as well as new graduates.
- Veterans Administration (VA)/Military Nurse Leader Task Force: Charged with exploring how AONE can better meet the needs of VA/military nurse leaders.
- Workforce Task Force: Charged with developing a strategy for AONE to address scope of practice issues in health care reform and workplace safety for the workforce.

The AONE Institute Operations Committee has also been replaced by the AONE Foundation Task Force. In 2010, the AONE Institute transitioned into a supporting organization of AONE to support the research and education priorities of the organization. Now known as the AONE Foundation for Nursing Leadership Research and Education, the Foundation continues its support and encouragement of nurse leaders and nurse researchers through awards, scholarships and research seed grants.

Thank you to all of you who volunteered to serve on an AONE committee or task force in 2011. If you were not selected for a committee or task force this year, I encourage you to apply again next year.

Exciting year ahead
AONE is now more than 7,500 members strong—such an important milestone for our organization! As a long-time member of AONE and former chair of numerous committees, I have grown as a nurse leader and learned so much along the way, particularly from other AONE members. I am delighted to welcome to our 642 new members!

We have an exciting and challenging year ahead of us but I know that the AONE leadership is up to the task. As I begin work in my role as AONE president I wish you all a great year ahead. I’m looking forward to meeting as many of you as possible and learning more about your vision for AONE.
Certifying nurse managers

AONE and AACN offer the only certification developed specifically for nurse managers.

Developed by the certifying organizations of two associations who have been at the forefront of nurse manager leadership development — AONE and the American Association of Critical-Care Nurses (AACN) — the CNML examination is based on a comprehensive study of national practice, the Nurse Manager Learning Domain Framework© and the Nurse Manager Skills Inventory©.

For additional information, a candidate handbook and to apply, visit the AONE Credentialing Center at www.aone.org/CNML
MAKE THE SWITCH

TO MICROMEDEX 2.0

Feed your appetite for a more satisfying clinical evidence solution. With more content and actionable recommendations, we simply provide the best clinical reference in the industry.

Our summary and in-depth content are linked, clinically consistent, and accessible from a single screen. And with Micromedex 2.0, you can find answers right at the bedside via iPhone, iPad, iPod touch, BlackBerry, iPad, and DROID.

The same accurate, unbiased evidence-based drug information that powers Micromedex 2.0 also powers our CareNotes Patient Education Solution. CareNotes provides reliable, easy-to-understand patient education for every stage of care. Now available in 15 languages, CareNotes helps you improve clinical performance and patient satisfaction, and meet Meaningful Use patient education standards.

Learn more about Micromedex 2.0 and CareNotes at www.micromedex.com/nursing or simply scan the QR code at left with your mobile device.

MICROMEDEX REDEFINED