If you had a magic wand, what is one thing you would change about healthcare and why?

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Twitter

Nurses leading through innovation

The one thing I would change to improve our healthcare system won't take magic —it's achievable today. I would empower all direct care nurses as bedside leaders, innovators and catalysts for change.

Why? Because empowering our clinicians at the front line of care results in better patient outcomes, satisfaction and cost containment—all key ingredients to thriving in these uncertain times for healthcare.

Imagine decreasing infections, delirium and other adverse events, and shortening patient lengths of stay and ventilator days, just by having the care providers closest to the patient devise solutions.

I don't have to imagine it—I've seen it and know it works.

I'm fortunate to serve as board president for the American Association of Critical-Care Nurses (AACN), where we've built a programme around this nurse-forward approach. Nurse participants have achieved incredible results, with measurable improvements to patient outcomes and fiscal savings affecting bottom lines in a wonderful way.

Six years ago, we took key recommendations from the National Academy of Medicine's landmark Future of Nursing report to heart and launched the AACN Clinical Scene Investigator (CSI) Academy.

AACN CSI Academy is a hospital-based nurse leadership and innovation training programme that empowers frontline nurses as clinician leaders and change agents, whose initiatives measurably improve the quality of patient care with bottom-line impact to the hospital.

To date, 248 acute and critical care nurses from 66 hospitals across the U.S. have participated in this programme. Working in small teams, the nurses introduced initiatives that significantly enhanced patient outcomes while also saving their institutions an estimated $34.2 million—an average of more than $500,000 per project.

Their quality improvement (QI) projects decreased healthcare-associated infections, delirium and pressure injuries, improved team communication and handoffs, and created new, cost-efficient staffing models. (Learn more about this on AACN's website.

AACN CSI Academy results clearly show the ROI of providing staff nurses with dedicated time to think, strategise, plan and collaborate.

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This approach requires that we expand our thinking about “productive time” beyond the time spent providing hands-on patient care. It should also include time for nurses to be away from the bedside to assess, plan and devise approaches to clinical priorities. Results from the CSI Academy show us why it’s vital to reframe these activities as productive and stop describing them as “nonproductive” items in the budget.

Consider the experience of the AACN CSI Academy team at Baystate Medical Center in Springfield, Massachusetts, which targeted ICU delirium for its QI project.

Cathie Manning, a Baystate critical care staff nurse and CSI team member, said she and her teammates witnessed the negative effects of delirium on patients all too often. “[We] saw firsthand patients who came into the intensive care unit and, within a day or so, became confused, restless and agitated,” Manning shared.

Concentrating on known risk factors for delirium, Manning’s team introduced an initiative to change the unit’s approach to patient sleep by educating the multidisciplinary team, regularly measuring noise levels, implementing new sleep protocols and teaching families about the importance of rest for patients.

Manning reported that “delirium rates in our unit decreased considerably, helping our hospital avoid costs of nearly $900,000 and significantly improving the quality of life for patients and families.” Her CSI team also collaborated with colleagues from several Boston-area hospitals to form a nursing consortium focused on improving recognition and treatment of delirium across the region.

The challenges of our current environment demand just that sort of ingenuity to keep healthcare moving forward. With more than 2 million direct care nurses currently employed in the U.S., that’s 2 million potential QI leaders and change agents working on behalf of hundreds of institutions to meet the requirements of healthcare’s new normal.

How do we tap into this underused resource? One proven way is by offering a leadership training programme that leverages nurses’ existing expertise with additional education, hands-on training and practical application.

The success of programmes such as AACN CSI Academy demonstrate that, when given the competencies, tools, resources and time, frontline nurses can create solutions that positively impact both patient outcomes and a hospital’s financial health. These nurses also report more job satisfaction and increased engagement, with many of them taking on formal leadership roles within their institution and/or returning to school to pursue advanced degrees.

It doesn’t take magic. It’s possible now. But it needs critical mass to gain momentum. If I did have a magic wand, I would use it to see hospital and health system administrators creating budgets that allow nurses to participate in the work required to address today’s healthcare challenges. By shifting processes and interactions to include nurses as trusted partners, they’ll find formidable allies in optimising patient outcomes, patient satisfaction and their organisations’ financial health.

Zoom On

What is your top management tip?

Learn how each person on your team wants to contribute to their work environment—teaching, writing, leading projects, whatever it is that allows them to do meaningful work -- and then match them up with opportunities to do just that. Sometimes, especially with newer or less confident nurses, they may not see what they are good at or know how they can contribute—so it is up to me, as their leader, to tap them on the shoulder and help them find their way. And to help them along their way**.**

What would you single out as a career highlight?

The first time I spoke at AACN's national annual education symposium, the National TeachingInstitute & Critical Care Exposition . As an attendee, I was so impressed by the level of knowledge and skill in teaching demonstrated by the different presenters. It took me three years before I was accepted, but finally I was there, standing at the podium myself. Of course, I was pushing myself to create the best presentation I possibly could, and I was nervous when it came time to speak. But it was worth it!

If you had not chosen this career path you would have become a…?

That's tough, because I've ALWAYS wanted to be a nurse. That said, I have a lot of interest in the science of food... so perhaps a dietitian? I grew up on the prairie of Wyoming and have an absolute fascination with water mammals, especially whales. So, maybe a marine biologist. But if I'm to dream big, I would say a dancer... I've always loved to watch people dance. It would be awesome to move my body to music the way a gifted dancer does.

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What are your personal interests outside of work?

I love to go on hikes with my husband and our dogs. We've had many dogs over the years, and I love being outside and watching my four-footed friends run and play until they drop from happy exhaustion. I also very much like to cook... nothing fancy or gourmet, just good comfort food and, of course, anything with chocolate. And then, have friends over to my home to enjoy that food, tell stories and laugh. I love reading, too, especially mysteries and historical fiction.

Your favourite quote?

It's by Walt Disney. The first time I read it, it made me smile. "First, think. Second, believe. Third, dream. And finally, dare."

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