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American Association of Critical-Care Nurses Contributes Testimony to Institute of Medicine Committee for Report on Work Environment for Nurses and Patient Safety

ALISO VIEJO, CA (February 27, 2003) – The American Association of Critical-Care Nurses (AACN) provided testimony to the Institute of Medicine’s (IOM) *Committee on Work Environment for Nurses and Patient Safety* for the February 10 meeting. The IOM was asked by the Agency for Healthcare Research and Quality of the US Department of Health and Human Services to study the working conditions of nurses and their relationship to patient safety.

At the core of AACN’s work are initiatives and resources dedicated to creating healing and humane environments for both patients and nurses. Last year, AACN’s leadership identified unhealthy work and care environments as the principal issue that the Association will address in its strategic and operating plans.

“We proactively pursued this opportunity to contribute the voice and knowledge of critical care nurses to a committee of such considerable stature and credibility because this issue is central to our constituents and their patients,” states AACN President Connie Barden, RN, MSN, CCNS, CCRN. “Unhealthy work environments are a lethal obstacle to providing optimal care for critically ill patients and their families. These environments are also a key reason why nurses turn away from the bedside at a time when patients need their expert care most.”

All too regularly, nurses from around the country contact AACN for guidance in navigating unhealthy work environments where nurses are not listened to and abusive and disrespectful interactions between colleagues are the norm. “Optimal care for critically ill patients and their families requires not only sufficient numbers of expert clinicians but also a work environment that is safe, healing, humane and respectful of the rights, responsibilities, needs and contributions of everyone involved,” AACN wrote to the committee.

The testimony continues, “Today’s nurses are confronted with the challenge of providing a safe environment where patients can trust caregivers who attempt to deliver care despite a multitude of interfering forces that include personnel shortages, increased work hours, new therapies and technology, reimbursement structures and the ever-changing transformation of systems and processes.” However, although AACN agrees that deficient systems and processes must be corrected, it reminded the committee that solutions are developed and implemented by people who are “often held hostage by the complexity of human relationships.”

“Whether nurse to nurse, experienced nurse to new nurse, physician to nurse or even when a nurse isn’t involved, the disrespectful and noncollaborative behaviors that make the workplace unhealthy create negative, even unsafe, conditions. Their negative impact on job satisfaction and morale directly and adversely jeopardizes patient outcomes.”

AACN pointed to the irony that an organization assumes no financial burden when it chooses to foster healthy work environments. “A zero tolerance environment characterized by mutual respect and collaboration will save untold millions in direct and indirect expense,” the testimony affirmed. “It is a question of establishing an organizational and personal commitment anchored in the inherent and unarguable values of quality healthcare.”

(more)

Highlighting how AACN already supports the committee's charge of bringing forward potential improvements in healthcare working conditions, AACN pledged continued leadership in creating cultures of safety that benefit both critically ill patients and their caregivers. AACN has and will continue to invest heavily in developing the tools and resources needed by clinicians to create a culture of safety. Among AACN's existing resources and works in progress that AACN reported to the committee are:

- The ***AACN Synergy Model for Patient Care***, which matches a patient's needs with a caregiver's competencies, provides a practical organizational framework that leaders can use to organize the work and create an environment of safety. It is being adopted by hospitals across the country, including Indianapolis-based Clarian Health Partners where AACN is collaborating on a demonstration implementation project, as a framework for care delivery and professional advancement.
- ***Practice standards and guidelines*** for acute and critical care nursing practice. AACN also has produced a seven ***evidence-based practice protocols***, which help establish consistency of performance expectations across multiple individuals and organizations.
- AACN recognizes not only that the components of staffing a clinical area are intertwined and complex, but also that consistent, easily accessible core nursing knowledge is needed to care for critically ill patients and their families. Among AACN's resources to assist in addressing these issues are the ***Staffing Blueprint: Constructing Your Staffing Solutions*** and ***ECCO, the Internet-based Essentials of Critical Care Orientation program for novice nurses***.
- CCRN and CCNS certification, provided by AACN Certification Corporation for critical care staff nurses and advanced practice nurses, is the gold standard in specialty certification, satisfying IOM's concerns about the divergent re-licensure requirements that exist among state boards of nursing. The AACN ***white paper on the value of certification titled "Safeguarding the Patient and the Profession"*** accompanied the written testimony.
- The testimony highlights two ***nurse-led pilot projects that seek to develop a culture of safety across healthcare systems***. At Stanford Hospital & Clinics, AACN member Debra Gerardi, RN, JD, MPH, a mediation consultant, is reframing the patient safety program from a non-punitive, mediation-based perspective. At Clarian Health Partners, Risk Manager Kathy Rapala, RN, JD and Chief Nursing Officer Karlene Kerfoot, RN, PhD, CNAA, FAAN, are piloting an innovative program designating an experienced practicing clinician as "safe passage nurse" for each patient care area.

In its commitment to collaboration section of the testimony, AACN emphasized that the "myriad factors affecting patient safety do not operate in isolation" and that "those factors cannot be influenced by a single sector or group." AACN pledged its commitment to "dynamic collaboration with others of like mind" and called on caregivers and consumers alike to meet their shared accountability to create a collaborative and integrated response to this dire issue.

The testimony in its entirety is viewable at:

[http://www.aacn.org/AACN/mrkt.nsf/Files/IOM_Testimony_AACN/\\$file/IOM_Testimony_AACN.pdf](http://www.aacn.org/AACN/mrkt.nsf/Files/IOM_Testimony_AACN/$file/IOM_Testimony_AACN.pdf)

More information on the IOM Work Environment for Nurses and Patient Safety is available at:

<http://www.iom.edu>