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RECLAIMING OUR PRIORITIES

Last fall, three babies were born at an American hospital. They died shortly after from a wrong dose of medication.

These fatal incidents made national news and stopped me cold. How could this happen? Safety, the very thing we work for, vanished. These babies were harmed while they were in our care. Yes, our care, because, unfortunately, this happened where I work.

I was proud of how my organization responded by doing the right thing both in public and in private. On national television, our CEO acknowledged how we were acutely aware that nothing could adequately compensate these families for their loss. Despite media pressure to single out one individual for blame, we recognized this was a system error. So, we thoroughly examined every step of our processes to uncover and change the vulnerable spots.

That experience was also the seed for my theme as AACN's next president. *Reclaiming Our Priorities* is my theme.

What led me from such a devastating tragedy to a theme about reclaiming priorities?

At first, you might think I got lost on the dark side. Reclaiming is a strong, vigorous word. People with conscience reclaim things when they get out of hand. For example, "reclaiming the wetlands" or "taking back the night."

Reclaiming can definitely be about demanding that someone return what is rightfully yours, which is usually how it feels on a dark and stormy day at work. The kind of day when we use words like chaos, crisis, frenzy and dysfunctional. Or phrases like "putting out fires" and Past President Joanne Disch's favorite one, "Doing the dance of the rats."

Does reclaiming mean that I believe we've missed the boat? Absolutely not. We'll have dark and stormy days even in the best of times. Reclaiming means much more. It means making useful again and transforming from an uncultivated state. Reclaiming is about quality and efficiency, about thinking and working smarter, and especially about making the right decisions.

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Theodore Hesburgh was president of the University of Notre Dame for almost half of the last century. He was a nationally admired activist in civil rights and ethics. On one occasion, Father Hesburgh spoke passionately about healthcare with an insightful reminder that, “We don’t make decisions in healthcare because they are easy. We don’t make them because they’re cheap. We don’t make them because they’re popular. We make them because they’re right.”

In the year 2000, the Institute of Medicine hammered home the same point in *To Err Is Human*, its landmark call to action about patient safety, and again in 2001 in *Crossing the Quality Chasm*. Safety and quality must move to center stage in the work of health professionals. And nurses must be at the front of the stage.

Reclaiming implies asserting and demanding. Sometimes it means demanding something of others, but it always means demanding something of ourselves. That part is never optional.

Three Core Values

To demand that we reclaim our priorities, we must be clear on what they are. But we’ll never be able to do that until we define our core values. Without core values, our priorities will shift with the wind, just like they’re doing now. Core values endure. They must never be jeopardized or violated, nor can they be renegotiated, reordered or traded.

I believe we share three nonnegotiable core values in our professional life as acute and critical care nurses. Patients and families is the first. Safety is the second. Reliability is the third.

Patients and Families—Patients and families must come first. In the foreword to the book *Critical Care Nursing: A History*, Barbara Siebelt and Gladys Campbell point out that AACN’s work has centered on patients and families since we were founded in 1969, even though our vision, of a healthcare system driven by the needs of patients and families, wasn’t formalized until 1992.

Patients and families are the fundamental reason for nursing’s contract with society. Our shared commitment to them inspires us and gives us strength. Why is it then, that the demands of our work often distract us from our purpose? Remove patients and families from the equation and we have no purpose.

Safety—Safety is our second core value. AACN’s founders and their physician colleagues challenged traditional care because of unsafe situations arising in the new critical care units of their day. I’m not sure whether to be appalled or reassured that safety is still a concern nearly 40 years after AACN was founded.

But then, Florence Nightingale was also concerned about patient safety. And that was 150 years ago. She was concerned with pure air, pure water, drainage, cleanliness and light. She also took on nutrition and noise. Where do you think Nightingale might focus in order to ensure patient safety today?

Reliability—Our third professional core value is reliability. Reliability means that we are trustworthy and dependable. It means that patients and families trust that we will be accountable for our contract with society. When patients, families and their safety are core values, we are obligated to be concerned about anything that interferes with our ability to deliver care, including the very systems that make it possible for us to give care.

This doesn’t mean that we need to own the world or be responsible for it, but it does mean that each time we encounter a problem the right thing is for us to speak out and collaborate with others toward resolution. Remaining silent is not the right thing. Remaining silent is unethical and does not allow us to fulfill our contract with society.

Examining Our Priorities

Now that we have identified patients and families, safety and reliability as our core values, let’s take a look at our priorities. Unlike core values, priorities can be traded, renegotiated or reordered. Sometimes just for the moment, sometimes indefinitely. We don’t need anyone’s direction or permission to do this or for anyone to empower us as long as the change does not cause us to deviate from our core values.

But whose priorities are we talking about? Yours? Mine? Ours?

The former editor of St Louis magazine once wrote that people identify in concentric circles, starting with our own family, then rippling outward as far as we dare. So the word “we” refers to different groups depending on the situation.

Sometimes “we” is personal. It could mean me and my patient. It could expand to mean the nurses on our shift or in our unit, widening to mean the members of our healthcare team. Other times “we” becomes public and might refer to our hospital, our chapter, AACN or even the nursing profession. We usually zoom back and forth without even noticing.

This is an important point because we will always need to define our priorities according to the circle we are in at the moment. Once we define those priorities, we will need a knowledge base and resources for each circle to achieve our goals.

It's like a famous astrophysicist once said, "The larger the area of our knowledge, the bigger the perimeter of our ignorance."

Uncomplicated Reclaiming

It's easy to lose sight of our priorities. Think of carefully bathing a ventilated patient. Assessing his skin integrity, then forgetting to raise the head of his bed to prevent ventilator-associated pneumonia. Or admitting an OR patient after bypass surgery and being so focused on getting her settled that we completely overlook her glucose level.

Reclaiming our priorities doesn't need to be complicated.

One way to accomplish this is to stop something before starting anything new. New activities steal time and attention away from whatever else we're doing, so we need to intentionally free up energy and resources. This often means eliminating existing rules, regulations and other infrastructure. For example, we monitor a patient because of an AACN practice alert like the one on Severe Sepsis, then start to monitor for a second practice alert, like Ventilator-Associated Pneumonia, without asking whether we should still be monitoring for sepsis.

A second way to reclaim our priorities when we start a new project is to consider how each step will help achieve the project's purpose. Often we'll add steps that really don't help us reach our intended goal. Every project, no matter how small, has key stakeholders. Each one of those stakeholders has a key component of the project and the project will fail when even one is excluded. As nurses we're very familiar with this because people often seek our expertise in patient care only as an afterthought.

What happens with bad project planning is that we don't ask, "Have we missed any stakeholders? How will this affect others? Do we have the resources we'll need? Have we written down and shared a plan?" It reminds me of the project planning approach called "Fire. Ready. Aim."

Planned neglect can be a third way to refocus our priorities. Even after careful prioritizing, it is usually impossible to pursue everything we consider important. Temporarily suspending action on some things—maybe for a few months—can help to focus our energy. For example, deciding not to push out a new paper form when, in 12 weeks, all of our documentation will be online.

We just need to be careful of two things if we use planned neglect. The first is that our decision will always involve other people, so we can't make it alone. The second is that planned neglect has a downside. If something is truly a priority, the desired outcome may be repeatedly overlooked and never achieved.

Anita Tucker and her colleagues at Harvard and the University of Pennsylvania point out one more way to refocus our priorities – learning from our failures. Hospitals, and certainly nursing, emphasize individual vigilance, unit efficiency and a great amount of independence. What happens is that nurses are encouraged, and even rewarded, when they solve problems independently while completely ignoring the impact on the system.

So we end up with all kinds of elaborate work-arounds that rob valuable time from ourselves, our patients and everyone else. Let alone making us crazy because these pseudo-systems become the norm. You know the ones I mean. The clever ways we work around broken systems because we're missing medications, can't find essential equipment or don't have enough linen.

System failures will happen and sometimes they are devastating. But when changes and improvements keep those failures from happening again, organizations will have used them as springboards for learning.

Learning From a Tragedy

Although the tragic example I told you about earlier happened in one unit, it really happened to every nurse at my hospital. In fact, I believe it happened to nurses everywhere. Didn't you find yourself quietly saying, "That could have been me."

My hospital had to learn from this tragedy because we needed to answer a single burning question: How will we make sure this never, ever happens again on our watch?

My hospital reclaimed a huge priority. We recognized that our systems belonged to us, and we reclaimed them. We acknowledged that, even though we knew the five rights of medication administration, we had become lax and made the automated medication system our proxy for ensuring safety. To formalize our reclaiming, every nurse in our hospital signed a statement committing to a safe system.

Personally, I committed to doing everything I could in my own practice and throughout my organization. I fully supported finding solutions in a blameless and just way that was sensitive to the nurses and pharmacy staff who were involved. I made this my priority then and now. I recognize that nurses have so much to do, often without the right resources, that we deprioritize just to survive. We just cannot continue doing this without involving others.

Identifying Our Individual Priorities

Are you ready for me to give you that list of priorities we need to reclaim? Not so!

Our three core values of patients and families, safety and reliability as nurses will drive our priorities, but the exact priorities will depend on which circle we're in at the moment. Me and my patient. Me and my shift, my unit, my hospital, my chapter, my association, my profession, my community, my personal life.

If we all called out priorities right now, we could probably paper the walls with countless pages from flip charts and I'm sure many of them would be the same. For example, not enough staff or the wrong mix of roles and skills. Budget constraints, such as no funding for overtime. Patients not receiving palliative care. Families kept away from their hospitalized loved ones. New technology with great potential, except it was poorly implemented or badly designed. New requirements from regulatory and third-party payors. Not to mention how our personal lives can affect our work lives sandwiched between growing kids and sick, aging parents, financial difficulties and challenging relationships.

My journey this year will start with identifying the priorities that compete for my attention. I already know there are far too many. I'll do some serious sorting and decide which priorities directly or indirectly affect patients and families, safety and my reliability as a nurse. Those are the ones I'll reclaim. I'll seek to cultivate them and make them useful with the help of others.

I'll need to ask other people for help when I get sidetracked, which means I have to tell others what I've reclaimed and how I've reprioritized. I'll need to ask for the appropriate resources too. My personal goal will be to think smarter and work smarter so I can use my energy to serve our core values, instead of squandering energy on irrelevant and peripheral activities.

Rising to the Challenge

Now what about you? I invite, no, I challenge you to do the same right along with me and be my partner on this journey. What competes for your time and attention in each circle of your life? You and your patient. You and your shift, your unit, your hospital, your chapter, your association, your profession, your community, your personal life. Which of your priorities directly or indirectly supports our core values? Which ones get in the way and distract you?

To jump-start your thinking, if you haven't done so already, ask yourself this question: What is the one priority of your work that is being overshadowed by competing priorities? And e-mail your answer to me at priorities@aacn.org. I plan to use your answers in

my *AACN News* columns and when we meet around the country to reclaim our priorities during the coming year.

As nurses, we're the experts in nursing care. Our work environments may be chaotic and fragmented, but we cannot sit back while others decide what patients and families will receive from us. We know what they need without taking a special class. What we need is to use our voice to start and lead the dialogue where we will define our priorities in each circle and reclaim the ones that matter.

Our priorities will shift over time. That's a given. But as long as they advance our core values, we will be doing the right thing.

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