



## GUIDED BY WHY

22 *First, think. Second, believe. Third, dream. And finally, dare.*

—Walt Disney



Chris Schulman

Some years back, I was hiking on a hot, summer day in a Pacific Northwest forest with my sister, Dana, and my good friend Pat. Thick cover from huge Pacific Northwest trees provided very welcome shade. We stopped for a rest to listen to the quiet of the woods and take a sip of water.

From our left came this huge, beautiful yellow butterfly, floating through the air in the way that butterflies do. It landed on a wildflower to take in some nectar and gently waved its wings in the mild breeze before it went on its way. It is a memory that I return to frequently, because the moment's calm and the beauty of that butterfly were simply magical.

Recently, I was looking at our theme art, and my gaze went to the figure of the butterfly. I smiled as I recalled the story above. My smile grew as I thought how perfect it is that a butterfly has such a notable spot at the top of the image. The butterfly is the universal symbol of metamorphosis: a change in the very nature of a thing into something completely different (e.g., caterpillar to butterfly or egg to bird). It represents transformation, reconstruction and hope.

**Changes** Today, change comes at us at an unrelenting pace. Workflow, protocols, medications, charting standards, technology and colleagues ... they all change just about the time we get used to them. WHY so much change and WHY so fast? It's because we continually pursue excellence, using emerging technologies to save lives and applying evolving science to help our patients. As exhausting as it can be sometimes, change can be good.

It's also interesting to think about things that have not changed and WHY they haven't changed. Is it because it's still more comfortable to stick with the "devil that we know"? Or is it because there's fear of failure? Maybe it's because there's no time to think about creating something new, because we're too busy just getting through the day.

My friend and mentor (chief clinical officer and past AACN president) Connie Barden observes, "Everything about healthcare seems to have changed around us (medication administration, documentation, reimbursement, regulation ... to name a few), but for the most part, our nursing staffing models and how we do our nursing work have not."

So now I get a little testy and ask WHY not? WHY couldn't they change? Given our ongoing struggles to achieve optimal patient outcomes, nursing engagement and financial outcomes, isn't it time to be sure we think outside the box? Shouldn't we try something new and different, because what's known and familiar isn't achieving the desired results? (Remind me again what the definition of insanity is.)

The AACN Clinical Scene Investigator Academy team at Sharp Memorial Hospital's 7West Progressive Care Unit designed a new staffing model that achieved impressive results. Knowing that their staffing budget was finite, the unit staff decided to try exchanging RN positions for nursing assistant positions. Looking at the needs of their patient population, they changed from 13 RNs, two assistants and one clerk to 11 RNs, four assistants and one clerk on day shift. On night shift, they went from 12 RNs and two assistants to 10 RNs and three assistants.

During their trial period there were no CAUTIs, there was a significant decrease in *C. diff*, overall HCAHPS scores increased 6 percentage points, and nursing communication scores increased 14 points. Equally as impressive, calculated cost savings for a full year was a remarkable \$618,675. Yes, change — especially when nurses caring for patients drive it — can be good!

It's time to channel our inner butterfly and be the champions of meaningful, innovative change. Let's not be afraid. Let's dare to be different and create something fresh, functional and game-changing. Now is the time to be guided by our WHYS as we think of new ways to create excellence for patients and families, and each other.

Do you have a success story about innovative change? Please share it with me at [GuidedByWhy@aacn.org](mailto:GuidedByWhy@aacn.org).