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Meet Daniel. Nurse. Athlete. Force for good. Nurses at City of Hope do everything full out. To a person, they are passionate, determined and focused. Here, on this extraordinary campus they find a community of physicians, scientists, pharmacists, social workers, and fellow nurses who are, well, as crazy as they are. City of Hope is recognized as an NCI-designated Comprehensive Cancer Center; on the leading edge of new research. What is most interesting is how a place this driven can also be this supportive. As a nurse, Daniel has the resources and the space to practice evidence-based care as he has always wanted to, while moving the world closer to a cure. When he’s not being a nurse? That’s when you can find Daniel pushing his own limits. We are all in. If you are too, there’s a place for you here. Join us. CityofHopeCareers.com/BV
A woman complained to a visiting friend that her neighbor was a poor housekeeper. “You should see how dirty her children are — and her house. It is almost a disgrace to be living in the same neighborhood as her. Take a look at those clothes she has hung out on the line. See the black streaks on the sheets and towels!”

The friend walked up to the window and said, “I think the clothes are quite clean, my dear. The streaks are on your window.”

—Anthony de Mello


Another Angle

Bringing Certification Into Focus

Experts say that healthcare is undergoing a revolution driven by the instant power of social media and digital technologies. You work every day in the midst of that revolution and need essential skills and tools to care for the most vulnerable. Certification should be high on your essentials list.

You may think that certification is too far a reach for you, but let’s look at it from a different lens.

Read more in my note on page 34.

Clareen Wiencek
AACN President

You don’t take a photograph, you make it.

—Ansel Adams
The American Association of Critical-Care Nurses is the world’s largest specialty nursing organization. AACN is committed to creating a healthcare system driven by the needs of patients and families where high-acuity and critical care nurses make their optimal contribution.

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AACN CERTIFICATION CORPORATION
AACN Certification Corporation, the credentialing arm of the American Association of Critical-Care Nurses, maintains professional practice excellence through certification and certification renewal of nurses who care for or influence the care delivered to acutely and critically ill patients and their families. AACN Certification Corporation offers CCRN, CCRN-K, CCRN-E, FCCN, PCCN-K, CCNS, ACCNS-AG, ACCNS-P, ACCNS-N, ACNPC and ACNPC-Ag certification programs in acute, progressive and critical care; and CMC and CSC subspecialty certification in cardiac medicine and cardiac surgery.

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PIKEVILLE MEDICAL CENTER IS AN EQUAL OPPORTUNITY EMPLOYER
In honor of Certified Nurses Day and the more than 750,000 certified nurses nationwide, AACN asked several nurse educators to talk about what certification, certified nurses and this special day mean to them.

**Justin DiLibero**, CCRN, ACCNS-AG, clinical nurse specialist, neuroscience and surgical critical care, Beth Israel Deaconess Medical Center, Boston

**What is one of your best Certified Nurses Day memories?**

On the first nurses day after my initial CCRN certification, my CNS presented me with a CCRN pin. I’d become certified to validate and enhance my knowledge, and to ensure I was best prepared to provide the highest level of care to my patients. When I received that pin, that was the moment I knew my certification also mattered to others — including my colleagues and, most importantly, my patients.

**What would you like to say to certified nurses on this special day?**

Take pride in your certification and know that it matters! Make time to celebrate your certification and to recognize your certified nursing colleagues. Becoming certified is one of the most important things you can do for your practice and your patients. Certification represents advanced knowledge, commitment to excellence and dedication to our profession and our patients.

**Katherine Geyer**, Alumnus CCRN, clinical instructor and graduate student, Duke University School of Nursing, Durham, North Carolina (Geyer recently transitioned from active to alumnus status.)

**What was your most impactful moment as a certified nurse?**

Recently, my grandmother required an emergency Life Flight transport two and a half hours away, where my parents also live. In a very emotional and stressful time, my mother noticed the CCRN credentials on the flight nurse’s nametag. She called me and told me of that moment, saying, “I saw that her nurse had your credentials, and it immediately gave me comfort.” In a time when I could not be there myself, it honestly gave me comfort, too.

**Do you have a special message for certified nurses?**

I am in constant awe of what you give to and do for others. From the bottom of my heart, I thank you all. There is no way you could know just how much you have positively impacted others.

To all nurses who hold themselves to a high standard, operate with continued integrity and foster a sense of community within our career: I wish you longevity, renewed purpose and time to take care of yourself!

**William Rosa**, CCRN-CMC, palliative medicine fellow, Memorial Sloan Kettering Cancer Center, New York

**How do certified nurses inspire you?**

Certified nurses inspire me by demanding an exceptional level of skill and competence in their daily practice, looking beyond the basic requirements of the clinical setting and striving to realize the ideals we all hope for. I want to honor certified nurses by acknowledging their willingness to be exceptional and their desire to consistently deliver the best they are capable of giving. Certified Nurses Day is a special reminder that certification is about more than passing an exam — it represents the highest possible standard of care for patients and their families, and our commitment to ethical, engaged care.

**If you had one wish for certified nurses, what would it be?**

That they continue to look for ways to apply their certification knowledge in practice and in scholarship. Certification is not the end — it’s the beginning — and we must constantly seek new avenues to share that knowledge with colleagues, patients, families and the community at large.
Certified Nurses Day Is March 19.
Join Us As We Celebrate Certified Nurses.

Kathleen Stacy, PCCN, CCRN, CCNS, clinical associate professor, University of San Diego Hahn School of Nursing and Health Science, San Diego

What motivates you to maintain your certifications?
Each time I renew my certification, I am inspired. Completing the renewal application allows me to take stock of all that I’ve accomplished and encourages me to reflect on what I still wish to accomplish. I’m proud every time a patient or family member asks me what the credentials mean, and I have the opportunity to explain about certification.

Any thoughts you’d like to share with the certified nurses in your life?
I would like to recognize all my peers on this special day. I applaud them for taking “the plunge” and obtaining their certification, and for making a difference in the lives of the patients and families they care for every day. You’ve inspired me to be a better nurse and become an expert in my specialty. My wish for you is to go out and make a difference in the profession. Encourage and mentor other nurses on their journey toward certification. Continue creating happy and healthy work environments for your peers and safe, quality clinical environments for your patients.

Rachel Culpepper, CCRN, perianesthesia clinical manager and educator, Sidney & Lois Eskenazi Hospital, Indianapolis

How does being certified make you feel personally?
Being a certified nurse is not only an honor to say you are an expert in your field but also shows your commitment to providing exceptional care to your patients. For me, when families and patients ask why my or a staff member’s RN badge says certified, it’s a proud moment to explain to them that we’ve taken the extra step in professional development.

What about as an educator and manager?
Certification confirms a nurse’s expertise in skills and knowledge that are valued by colleagues, patients and leadership. Being around certified nurses inspires me to become a better leader by knowing they are committing to providing quality care and advancing their professional growth.

Celebrating You
Appreciation is a wonderful thing. It makes what is excellent in others belong to us as well. —Voltaire

Happy Certified Nurses Day! AACN wishes to honor and celebrate all certified nurses, with a special thanks to those of you who care for acutely and critically ill patients. Your steadfast commitment to maintaining the highest standards of excellence in caring for patients and families uplifts us as individuals and as a profession. Take time this month to stop and breathe in the appreciation flowing to you, and to acknowledge that you truly make a difference.
Education, Heart Health Linked to Decline in Dementia Rate

Continued monitoring of dementia trends and prevalence is important to gauge the societal impact of dementia in the future.

Dementia among U.S. adults ages 65 and older declined significantly — from 11.6 percent in 2000 to 8.8 percent in 2012. “A Comparison of the Prevalence of Dementia in the United States in 2000 and 2012,” in *JAMA Internal Medicine*, notes the 24 percent decrease is probably linked to higher education levels and better heart health, which are related to brain health. The observational cohort study obtained data from the Health and Retirement Study to monitor and assess 21,000 adults with an average age of 75.

People with more education have a lower risk of dementia, the study finds, noting that average years of education among participants increased from 11.8 years in 2000 to 12.7 years in 2012. In addition, the decline in dementia occurred despite significant age- and sex-adjusted increases in cardiovascular risk profiles for older Americans.

In a related article in *Kaiser Health News*, study co-author Kenneth Langa, professor of internal medicine at the University of Michigan, notes the decrease among older Americans may be related to controlling high blood pressure and diabetes, both of which can affect age-related memory loss and increase risks of stroke and vascular dementia.

“It’s definitely good news,” Langa says of the study. “Even without a cure for Alzheimer’s disease or a new medication, there are things that we can do socially and medically and behaviorally that can significantly reduce the risk.”

However, the number of Americans with dementia will continue to increase as the population ages. “Alzheimer’s is going to remain the public health crisis of our time, even with modestly reduced rates,” adds Keith Fargo, a director of the Alzheimer’s Association.

Continued monitoring of dementia trends and prevalence will be important in gauging the full societal impact of dementia in the future, the study adds. “An increase in educational attainment was associated with some of the decline in dementia prevalence, but the full set of social, behavioral, and medical factors contributing to the decline is still uncertain.”


High Blood Pressure Soars in Poorer Nations

Strategies may include making healthy food accessible and ensuring health systems are prepared to diagnose and treat high BP in poorer regions.

Since 1975, the number of adults with high blood pressure (BP) has nearly doubled worldwide, with the highest levels shifting from high-income nations to poorer ones.


“In 2015, central and eastern Europe, sub-Saharan Africa, and south Asia had the highest blood pressure levels,” the study adds. Meanwhile, rates decreased substantially in the U.S., Canada and other high-income western and Asia Pacific nations.

“At the global level, we should be thinking of blood pressure as a condition of poverty,” study author Majit Ezzati, professor of global environmental health at Imperial College London, explains in a related article on *CNN*.

Differences among populations, the article notes, probably involve healthy food options and access to health services. Strategies may include finding ways to make fresh, healthy food accessible to everyone and ensuring that health systems are better prepared to diagnose and treat high BP in poorer regions.

Brain Differences Could Play Role in PTSD Among Young People

Findings suggest that boys and girls could exhibit different trauma symptoms, and they might benefit from different approaches to treatment.

Structural brain differences between boys and girls could explain why some young people exposed to traumatic stress develop posttraumatic stress disorder (PTSD), while others don’t.

“The Moderating Effects of Sex on Insula Subdivision Structure in Youth With Posttraumatic Stress Symptoms,” in Depression and Anxiety, compared insula structure (volume, surface area and thickness) in 59 participants ages 9 to 17 of whom 30 had trauma symptoms; the control group (29) had no such symptoms.

“Differences were specific to the insula’s anterior circular sulcus,” the study notes. “Within this subregion, boys with PTSD symptoms demonstrated larger volume and surface area than control boys, while girls with PTSD symptoms demonstrated smaller volume and surface area than control girls.”

A related article in Futurity states that sex differences are important to consider when working with young people who are traumatized. “Our findings suggest it is possible that boys and girls could exhibit different trauma symptoms and that they might benefit from different approaches to treatment,” says Megan Klabunde, instructor of psychiatry and behavioral sciences at Stanford University, California.

However, more studies are needed to follow traumatized young people over time. Additional research also should explore how PTSD might manifest differently in boys and girls and whether sex-specific treatments are beneficial.

REFERENCE: Klabunde M, Weems CF, Raman M, Carrión VG. The moderating effects of sex on insula subdivision structure in youth with posttraumatic stress symptoms [published online November 11, 2016]. Depress Anxiety. doi:10.1002/da.22577.

FDA Issues Anesthesia Warning for Children, Pregnant Women

Based on an analysis of recent studies, the FDA recently issued a warning related to the use of anesthesia in children and pregnant women. The warning specifically targets multiple procedures and those that could last longer than three hours for children younger than 3 years and pregnant women in their third trimester, notes the Food and Drug Administration (FDA) in a Drug Safety Communication: “Discuss with parents, caregivers, and pregnant women the benefits, risks, and appropriate timing of surgery or procedures requiring anesthetic and sedation drugs.”

The agency notes that relatively short exposures to general anesthesia or sedation drugs would probably not have a negative impact on a young child’s learning and behavior. “However, further research is needed to fully characterize how early life anesthetic exposure affects children’s brain development.”

The FDA is requiring companies to add warnings to the labels of general anesthetic and sedation drugs, and will continue to monitor their use in young children and pregnant women. “We recognize that in many cases these exposures may be medically necessary and these new data regarding the potential harms must be carefully weighed against the risk of not performing a specific medical procedure,” Janet Woodcock, director of the FDA’s Center for Drug Evaluation and Research, says in an FDA statement. Lorazepam, ketamine, propofol and midazolam are some of the drugs listed in the FDA communication.

“We hope that this information helps enable the most informed medical decisions possible about the use of anesthesia in young children and pregnant women,” Woodcock adds in the statement. “We will continue to work collaboratively to leverage our collective resources to address this important issue, and we will update the public with additional information as it becomes available.”

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AKI Diagnosis May Be Missed in PICU Patients

Assessment based on plasma creatinine level alone didn’t identify AKI in 67.2 percent of patients with low urine output.

A diagnosis of acute kidney injury (AKI) could be missed in 67.2 percent of pediatric patients by measuring only plasma creatinine levels without monitoring urine output.

“Epidemiology of Acute Kidney Injury in Critically Ill Children and Young Adults,” a multinational observational study in The New England Journal of Medicine, reviews the cases of 4,683 intensive care patients ages 3 months to 25 years and finds that 26.9 percent developed AKI and 11.6 percent had severe cases. Severe cases had a 77 percent higher risk of mortality in the first 28 days, and mortality was more likely in patients with low urine output than with high creatinine levels.

A subgroup of 528 patients with data on both measurements met the urine-output criteria for AKI, but 355 of those cases would have been missed with measurements of creatinine only. The mortality rate among patients with low urine output was 7.8 percent compared to 2.9 percent in patients with normal output.

“Creatinine Poor Predictor of Acute Kidney Injury in Pediatric ICU,” a related article in Medscape News, says the study’s outcomes suggest clinicians should pay closer attention to urine output and treatments that may affect it, and they may need to consider keeping patients catheterized longer. Reduced urine output could indicate higher fluid content in the blood that could dilute creatinine, making the level appear lower than it is.

Chronic systemic diseases contribute to residual confounding in studies of adults with AKI. “Children have a low prevalence of such chronic diseases; thus, although the incremental association between acute kidney injury and risk of death mirrors that seen in adults, our study suggests that acute kidney injury itself may be key to the associated morbidity and mortality,” the study adds.


Mental Health Conditions Can Extend Kids’ Hospital Stays

Hospitalized children and adolescents who also have mental health conditions are associated with extended LOS and higher hospital costs.

Hospitalized children and adolescents who also have mental health conditions are associated with extended length of stay (LOS) and higher hospital costs.

“Mental Health Conditions and Medical and Surgical Hospital Utilization,” in Pediatrics, finds that comorbid mental health conditions such as depression, anxiety and substance abuse were present in 13.2 percent of common pediatric medical and surgical hospitalizations in 2012. This led to 31,729 additional hospital days and $90 million in costs.

For the study, the 2012 Kids’ Inpatient Database was used to assess 670,161 hospitalizations for 10 common medical and 10 common surgical conditions among 3- to 20-year-olds. Possible explanations for extended LOS include patients’ lower ability to cope with pain and other symptoms of acute illness, lower adherence to treatment plans and lack of care coordination outside the hospital.

The retrospective, cross-sectional national study identifies three key issues regarding the future care of these patients:

- Rates of mental health comorbidity are three or four times higher in adolescents than in younger children. Thus, adolescents are a priority for developing a standard approach to hospital-based mental healthcare.
- Depression, anxiety disorders and substance abuse are priority conditions for quality-improvement interventions to reduce hospital resource use.
- Accounting for comorbid mental health conditions in hospital case-mix adjustment methods may ensure that hospitals are not unfairly penalized for providing mental health services that may increase LOS.

In a related article in Rehab Management, lead study author Stephanie Doupnik, a researcher with the PolicyLab at Children’s Hospital of Philadelphia, says her patients are grateful when clinicians provide mental healthcare services in the hospital or help with obtaining treatment after they go home.

“In order to ensure mental health conditions aren’t adding unnecessary days to children’s hospital stays that also use additional hospital resources,” Doupnik adds, “we need systems of care that provide efficient and convenient access to mental health clinicians for children who need mental health treatments.”

Preventing Central Line-Associated Bloodstream Infections

Areas most in need of improvement are full barrier use, daily assessments of central lines and effective use of data to assess progress.

An international survey on adherence to guidelines for preventing central line-associated bloodstream infections (CLABSI) reveals inconsistent application of recommended procedures and a lack of effective measurement systems. “Poor Adherence to Guidelines for Preventing Central Line-Associated Bloodstream Infections (CLABSI): Results of a Worldwide Survey,” in Antimicrobial Resistance & Infection Control, shows that four-fifths of respondents have written clinical guidelines for CLABSI prevention in ICUs. However, only 23 percent of respondents from middle-income countries and 62 percent from high-income countries reported full compliance. Also, selection and reporting biases may have led to overestimating compliance with recommended procedures.

According to the survey, the areas of clinical practice and measurement most in need of improvement are full barrier use, daily assessments of central lines and effective use of data to assess progress. Failure to use recommended practices varied among countries, but examples included not using chlorhexidine > 0.5 percent in alcohol for skin preparation, failing to use sterile drapes for covering patients from head to toe and using the femoral vein as the preferred insertion site.

The anonymous online survey produced 3,407 responses (40 percent from nurses) in 95 countries. The resulting study, which didn’t use data from countries with fewer than 10 complete replies, determined that 71 percent of responses came from high-income countries and 25 percent from middle-income countries. No low-income countries provided sufficient results.

The survey identifies priorities for intervention on a country-by-country basis, but the broad portrait of compliance indicates that although most respondents value data collection, few use it. “In order for clinical staff to monitor trends over time and report real time feed-back they should be educated in how to generate reliable data through indicators that measure compliance.”


Decline in Hospital-Acquired Conditions

Preliminary data for 2015 indicate a 21 percent decline in hospital-acquired conditions (HACs) since 2010.

“National Scorecard on Rates of Hospital-Acquired Conditions 2010 to 2015: Interim Data From National Efforts to Make Health Care Safer,” on the Agency for Healthcare Research and Quality (AHRQ) website, shows that hospital patients had a cumulative total of 3.1 million fewer HACs over the five years compared to how many would have occurred if rates remained at the 2010 level.

Hospitals have made substantial progress in improving patient safety. “We estimate that nearly 125,000 fewer patients died in the hospital as a result of HACs and that $28 billion in healthcare costs were saved from 2010 to 2015 due to the reductions in HACs,” the article adds. In addition, AHRQ estimates there were 980,000 fewer incidents of harm in 2015 than there would have been if the HAC rate stayed at the 2010 level.

The likely contributing factors to this positive trend include:

- Technical assistance offered by the Quality Improvement Organization program
- Financial incentives by the Centers for Medicare & Medicaid Services (CMS) and other payers’ payment policies
- Technical assistance and catalytic efforts of the Health and Human Services Partnership for Patients initiative led by CMS
- Public reporting of hospital results
Hospital Teams Decrease Incidence of Delirium

Delirium is increasingly recognized as a preventable harm that significantly impacts patient outcomes.

Teams of nurses participating in AACN Clinical Scene Investigator (CSI) Academy improved the safety and outcomes of patients with delirium at four Boston-area hospitals.

“AACN CSI Academy, Part 3: Introducing the Massachusetts CSI Nursing Delirium Collaborative,” in Nursing Management, explains that “delirium is increasingly recognized as a preventable harm that significantly impacts patient outcomes. Therefore, four of the seven Boston CSI hospital teams focused their efforts on prevention, recognition, and management of this condition.”

Delirium affects 60 to 80 percent of all intubated patients and can lead to a threefold increase in mortality, as well as estimated costs of $4 billion to $16 billion annually nationwide. Despite these statistics, delirium often goes undetected in ICUs.

Working alongside CSI faculty and coaches, collaborative nursing teams learned how to recognize early symptoms and implement evidence-based treatments. The process also involved working with patients’ families and addressing cultural issues on a case-by-case basis.

The program led to:

- A significant decrease in delirium at participating hospitals in the Boston area
- A 50 percent decrease in benzodiazepine use
- Decreased incidence of hospital-acquired pressure ulcers
- Improved collaboration with families to promote early extubation
- Better communication between the ICU and emergency department

The four teams also achieved a potential fiscal impact of about $4.4 million.

In 2015, “the Massachusetts CSI Nursing Delirium Collaborative (MCNDC) launched as a means of escalating the delirium quality improvements beyond the [CSI] teams’ units and hospitals. This pioneering work is being co-led by CSIs from two hospitals,” the article adds.


ICUs in 2050: Focused on Value

An analysis of future ICUs envisions a focus on cost reductions by determining admissions carefully and eliminating services with little or no value to patients.

“Intensive Care Medicine in 2050: Toward an Intensive Care Unit Without Waste,” in ICM: Intensive Care Medicine, emphasizes the need for research that decides which patients cannot benefit sufficiently from ICU admission and which costly interventions provide limited value. By 2050, healthcare reimbursements will be entirely value-driven, thus creating the need for evidence-based triage decisions.

The article cites some common conditions — diabetic ketoacidosis, non-massive pulmonary emboli and heart failure not requiring mechanical ventilation — that frequently result in ICU admission, but these patients are often too well for ICU admission to have much benefit. For patients with a very low likelihood of survival, palliative care might be preferable.

Further, many common ICU diagnostics and interventions provide minimal value to patients. Shorter ICU stays can also reduce waste. For example, “future ICUs that more routinely perform daily sedation interruption and spontaneous breathing trials and more commonly administer corticosteroids in septic shock will reduce wasteful time in the ICU.”

High-value intensive care must be evidence-based, ethical and achieved through openness, the article notes. “To succeed in 2050, medical professionals must recognize their own cognitive biases, train future clinicians as responsible stewards of resources, and devise evidence-based strategies to efficiently de-adopt wasteful practice modalities that impair our ability to deliver high-quality critical care.”

Help Select the Leaders Who Guide AACN: Vote!

AACN election begins March 17. As a community of exceptional nurses, AACN derives our strength from the collective power of each of our members. It is through our individual contributions that we sharpen the voice of nursing, define best practices and influence the quality of care. Selecting AACN’s next leaders is another vital way we do this. Thus, we ask each member to vote when the election opens March 17.

You’ll have an opportunity to choose our FY2018-20 AACN board of directors (three-year term beginning July 1, 2017, ending June 30, 2020) and FY2018 Nominating Committee (one-year term beginning July 1, 2017, ending June 30, 2018). Each of these candidates was thoroughly vetted by the Nominating Committee. The committee has complete confidence that each of these individuals possesses the governance leadership competencies needed to successfully fill the role.

To prepare you for casting your vote, the following pages contain comprehensive candidate profiles that are also available at www.aacn.org/election. You can begin reviewing the profiles now so that when voting opens March 17, you’ll be ready to select the candidates of your choice.

Thank you for choosing to be a member of our community and for participating in this important decision. Selecting our leaders is the first step into our future.

Clareen Wiencek
AACN President

Karen McQuillan
AACN Immediate Past President
Nominating Committee Chair

VOTING IS EASY! Visit www.aacn.org starting March 17, and click on the Vote icon or respond to the election email you’ll receive. Online ballots must be completed by 11:59 p.m. ET April 17. No web access? Email volunteers@aacn.org, or call 800-394-5995, ext. 331, and we’ll send you a paper ballot.

www.aacn.org/election

Meet the Candidates >
EXPERIENCE AND ACTIVITIES

Chapter Membership
• Greater Kansas City Chapter, 1990-present
  - President-Elect/President, 2005-2007
  - Education Committee, 1996-2007
  - CCRN Review Coordinator, 2001-2004
  - Publications Coordinator, 2002-2003
  - President-Elect/President, 1998-2000

AACN Commitment and Involvement 2013-present
Includes ways in which the candidate integrated the mission and work of AACN into her current role and practice. Local and national volunteer activities are listed, if applicable.

• AACN Board of Directors, 2013-2016
  - Secretary, 2014-2015
• AACN Certification Corporation Board of Directors, 2015-2016
• Evidence-Based Practice Work Group, 2010-2013
• AACN Nominating Committee, 2008-2009

Professional Activities outside AACN, 2013-present
Includes involvement with other professional organizations, teaching and/or speaking engagements.

• Black Belt Lean Six Sigma Facilitator
• Team Facilitator, AMI readmission reduction; nursing practice during moderate sedation

Issues Statement
Staffing. Regulation. Leadership. In 2015, you identified these as being among the top barriers that impact your ability to provide exceptional care. These findings fueled my passion to ensure the full value of nurses’ contribution to patients, families and the healthcare system is realized.

In an ever-turbulent healthcare environment, economics are forcing organizations to make changes in order to remain solvent. Acute and critical care nurses’ expert knowledge and skills lead to the provision of exceptional care for the most vulnerable patients. This care directly contributes to the quality and financial outcomes of the healthcare system. Yet, too often decisions are being made without nurses’ input and, as a result, patient care and staff well-being are detrimentally impacted.

We must insist that nurses’ voices be at the tables where decisions about patient care are being made. Rather than working in silos, we must be committed to fostering collaboration with the other members of the healthcare team and leadership. This is necessary to ensure a holistic view of care is considered, including implications for patient and staff outcomes.

I believe we have an obligation, individually as nurses and collectively as members of AACN, to use our influence to address the barriers that are impeding our professional practice. If we don’t speak up, who will? Will you join me?
Vote starting March 17! www.aacn.org/election

EXPERIENCE AND ACTIVITIES

Chapter Membership
- Houston Golf Coast Chapter, 2016-present
- Greater Richmond Area Chapter, 2004-2006

AACN Commitment and Involvement, 2013-present
Includes ways in which the candidate integrated the mission and work of AACN into her current role and practice. Local and national volunteer activities are listed, if applicable.
- AACN Member, 2002-present
- Author/Co-Author, several articles/presentations relevant to acute/critical care:
  - “Interprofessional Education: Oral Health and Mechanically Ventilated Critically Ill Adults,” 2014
  - “Reported Practices of Nurse Recognition and Management of Patient Ventilator Asynchrony,” 2013. AACN members were recruited as the sole sample for this research. Findings from this survey have been presented at critical care conferences.

Key Professional Activities outside AACN, 2013-present
Includes involvement with other professional organizations, teaching and/or speaking engagements.
- Fellow, American Association of Colleges of Nursing, Leadership for Academic Nursing Programs, 2015-2016
- Hollister Inc. Clinical Advisory Board Consultant, Critical Care & Respiratory Services, 2016, 2012-2014
- Manuscript Reviewer, Heart & Lung: The Journal of Acute and Critical Care, 2010-2013
- Board of Directors, Southern Nursing Research Society, 2009-2013
- Principal Investigator, grants relevant to acute/critical care:
  - Hospital Acquired Pneumonia Prevention Initiative (HAPPI-2) - Phase I, 2016
  - Tooth Brushing Effects on Endotracheal Tubes and Health (TEETH) in Mechanically Ventilated Adults, 2012-2014

Issues Statement
Workforce preparation and development that begins in nursing school and continues through practice is a key issue that AACN should champion. Starting in nursing schools, teaching, fostering exposure to, and creating situations for learning that will prepare new graduates as nursing leaders is essential. Continuing this level of development in the clinical setting is imperative. This requires collaboration among healthcare facilities and nursing schools.

It is important that nurses are not only equipped with clinical skills but more importantly equipped with interpersonal skills that will propel them in functioning at their highest potential.

It is our responsibility to cultivate leaders who will be and are at the frontlines of patient care and those who will serve in formal leadership roles. With the challenges specific to acute and critical care, including complexity of illness, continuity of care from ICU to the community and the need for prevention strategies, nursing curriculum and clinical education opportunities must be adapted to produce nurses ready to lead the changes. Nurses need to be empowered to speak up as advocates for patients, families and colleagues. In order to speak up, we must begin with teaching student nurses that they indeed have a voice and teaching clinical nurses how to leverage that voice. We need to prepare them to lead interprofessional teams, to foster and sustain healthy work environments, communicate with impact, constantly learn, adapt and reflect, and engage in self-reflection. We also need to arm them with knowledge of external and internal resources to address recognition of moral distress, symptoms of burnout and skills for emotional intelligence. Fostering these leadership skills can make the difference between a good leader and a great leader and in a nurse who commits and excels personally and professionally.

Candidate for Director
Deborah J. Jones
PhD, MS, RN
Associate Professor and Margaret A. Barnett/PARTNERS Professor in Nursing, and Associate Dean of Professional Development & Faculty Affairs
The University of Texas Health Science Center at Houston School of Nursing
Houston, TX

- Board of Directors, Southern Nursing Research Society, 2009-2013
- Principal Investigator, grants relevant to acute/critical care:
  - Hospital Acquired Pneumonia Prevention Initiative (HAPPI-2) - Phase I, 2016
  - Tooth Brushing Effects on Endotracheal Tubes and Health (TEETH) in Mechanically Ventilated Adults, 2012-2014
EXPERIENCE AND ACTIVITIES

AACN Commitment and Involvement, 2013-present
Includes ways in which the candidate integrated the mission and work of AACN into her current role and practice. Local and national volunteer activities are listed, if applicable.

- AACN Ambassador, 2010-present
- NTI Expo-Ed Tele-ICU Learning Center
  - Coordinator of Speakers/Events, 2012-2016
  - Speaker, 2012-2016
- Participant, AACN Nurse Tribute Project, March 2015
- Facilitator, Critical Care Charge Nurse Retreat, Topic: “AACN’s Healthy Work Environment: Are We There Yet?” January 2014
- AACN Nominating Committee, 2013-2014
- Co-Author, AACN’s Tele-ICU Nursing Practice Guidelines, published March 2013

Key Professional Activities outside AACN, 2013-present
Includes involvement with other professional organizations, teaching and/or speaking engagements.

- American Telemedicine Association
  - Member, 2011-present
  - Chairperson, Tele-ICU Special Interest Group, June 2015-present
  - Vice-Chair, June 2012-June 2015
- Co-Author, Guidelines for Tele-ICU Operations, published May 2014

Candidate for Director
Carol Olff
RN, MSN, CCRN-K, NEA-BC
Director, Critical Care Services
John Muir Health, Concord Campus
Concord, CA

- “Ventilator Interface: Technological and Relational Benefits,” Poster presentation, Innovation Award recipient, Philips eICU User’s Group, Baltimore, November 2013
- “Health and Technology Careers,” Health Occupations Student Association Career Fair, April 2013

Issues Statement
More than ever before, critical care nurses have a confident voice and are key decision-makers regarding the delivery of quality patient care. In order to sustain this momentum, significant focus must be devoted to mentoring new nurses as they enter the critical care workforce. Many of us have had the opportunity to observe the progressive evolution of critical care nursing that has brought our profession into a new light in healthcare organizations. However, we have also witnessed changes in healthcare legislation and shifts in patient demographics that introduce new challenges to nursing practice. It is a volatile time in healthcare, and our novice nurses will need structured guidance to succeed in meeting their goals.

Inherent in the AACN community is a wealth of expertise, passion and vision for the future that sets an excellent foundation to foster the development of new nurses and support the continued growth of the critical care nursing profession.

As healthcare reform continues to evolve, the need for effective mentoring becomes paramount as new nurses enter an ever-changing healthcare environment. In addition to the development of skills and competencies, effective mentoring stems from nurturing relationships that promote the sharing of philosophy and vision to guide novice nurses in their journey. Mentoring is a valuable catalyst that provides guidance, increases confidence and promotes individual and professional growth. As the professional organization for critical care nurses, AACN is the logical forum to champion the development of our new nursing colleagues. Guidelines for mentorship programs, resources for experienced and novice nurses, along with the principles of Healthy Work Environments will augment and encourage support for new nurses in stressful times. Our responsibility is to provide our future nurses with the skills, competencies and courage to explore new frontiers in nursing that many of us may never have imagined.
Candidate for Director
Justin DiLibero
MSN, RN, CCRN, CCNS, ACCNS-AG
Clinical Nurse Specialist for Neuroscience and Surgical Critical Care
Beth Israel Deaconess Medical Center
Uxbridge, MA

EXPERIENCE AND ACTIVITIES

Chapter Membership
• Greater Boston Chapter, 2014-present

AACN Commitment and Involvement, 2013-present
Includes ways in which the candidate integrated the mission and work of AACN into her current role and practice. Local and national volunteer activities are listed, if applicable.

• AACN Clinical Scene Investigator (CSI) Academy
  - Member, CSI Advisory Group, 2016-present
  - Founder and Co-Chair, Massachusetts CSI Nursing Delirium Collaborative, 2015-present
  - Invited Advisor, CSI Thought Leaders’ Summit, 2016
  - Alumnus, AACN CSI Academy, 2012-2014
  - “Creating a Culture of Delirium Assessment and Treatment: Our Journey With AACN’s CSI Academy”

• Presenter, National Teaching Institute, San Diego, 2015
• Certified since 2012
• Integrated AACN Standards for Establishing and Sustaining Healthy Work Environments into critical care RN and NP orientation programs at current hospital, ongoing

Key Professional Activities outside AACN, 2013-present
Includes involvement with other professional organizations, teaching and/or speaking engagements.

• Northeastern Universities Liaison to American Association of Colleges of Nursing Graduate Nursing Student Academy, 2014-present
• Author/Co-Author of several research and quality improvement articles:
  - Improving accuracy of cardiac electrode placement: outcomes of clinical nurse specialist practice.

Issues Statement
The current healthcare environment is highly complex and associated with rapidly changing demands. These demands stem from rapid advancements in scientific knowledge and medical technology, changing societal forces and unprecedented economic challenges. This has created the need to engage and empower frontline nurses in the design and implementation of more effective and efficient healthcare systems. As the provider with the closest proximity to the bedside, nurses have a firsthand perspective on the most important challenges and priorities at the patient level and are uniquely positioned to engage and empower their frontline colleagues. Yet, all too often, improvement initiatives are driven from the top down. Although top-down initiatives may achieve initial improvements, these improvements are often not sustained. Instead, sustainable change requires that frontline nurses be fully engaged in the work and are empowered to participate in the design and leadership of these efforts. In order to achieve this goal, frontline nurses must develop and refine both clinical and leadership competencies. In addition, they must be supported by their clinical and administrative leadership, and by an organizational culture that empowers frontline nurse leaders.

AACN has emerged as a national champion in creating the infrastructure and systems necessary to achieve these goals. For example, NTI and other AACN educational programs support nurses across all levels to refine their clinical and leadership skills. Innovative programs such as CSI Academy provide the opportunity for frontline nurses to develop specific skills necessary to design and lead change at the bedside. AACN’s professional certification programs allow for the standardization of core competencies based on national needs, standards and trends. These enduring and transformative programs are essential to achieving AACN’s vision of a healthcare system driven by the needs of patients and families where acute and critical care nurses make their optimal contribution.
EXPERIENCE AND ACTIVITIES

Chapter Membership
- Piedmont Carolinas Chapter, 2006-present
  - Board Member 2007-present

AACN Commitment and Involvement, 2013-present
Includes ways in which the candidate integrated the mission and work of AACN into her current role and practice. Local and national volunteer activities are listed, if applicable.
- Ambassador, 2007-present
- AACN Nominating Committee, 2015-2016
- Evidence-Based Poster Abstract Review Panel, 2014-2015
- Chapter Advisory Team, HWE Task Force, 2013
- Chapter Excellence Reviewer, 2013
- Chapter Advisory Team, 2011-2013

Key Professional Activities outside AACN, 2013-present
Includes involvement with other professional organizations, teaching and/or speaking engagements.
- “Tri It For Life” (a triathlon training group), Charlotte, NC, 2013-present. We bring women together and develop a focus on themselves as well as encouraging a healthy lifestyle. We provide a 12- to 16-week training program to ready them for a triathlon. We train them to swim, bike and run as well as empower them to believe “Yes, I CAN!”
- NATCO, 2009-present
  - Organization for Transplant Professionals Communications Workgroup
  - Position Statement Review Committee
  - Social Media Task Force
  - Website Design Group
  - Organ Procurement Committee

Candidate for Director

Nikki Dotson-Lorello
RN, BSN, CCRN, CPTC
Organ Recovery Coordinator II
LifeShare Of The Carolinas;
Carolinas Healthcare System;
Charlotte, NC

- Presenter, “Making a Difference: From Referral to Transplant and Everything In-Between,” October 2015
- “Management of the Brain Dead Donor,” Infusion Nurses Society National Conference, Phoenix, May 2014
- “Trauma Trends Organ Donor Management,” Carolinas Medical Center Main Campus Trauma Conference, 2013

Issues Statement
In my career with organ recovery, I see ethical dilemmas daily in the intensive care units. Current practice in most critical care units is to provide life-sustaining interventions, and we as healthcare providers are slow to recognize often-futile efforts. Families of these patients have hope that we can manage and treat their family members back to their former health status. Because these patients often have a sudden disruptive event (e.g., heart attack, stroke or traumatic injury), it’s difficult for families to grasp the reality that nothing else can be done. The families fight efforts to withdraw life support and often push aggressively for continuing medical treatments when these efforts are futile. Often, critical care teams feel at odds with families, which results in the family and the healthcare team experiencing moral distress. The definition of moral distress: “You know the ethically appropriate action to take but are unable to act upon it; you act in a manner contrary to your personal and professional values, which undermines your integrity and authenticity.” (AACN public policy statement on moral distress)

AACN has developed excellent resources for nurse leaders and bedside nurses to identify and manage moral distress. These resources provide tools for assessment along with practical applications to manage moral distress, which has been implicated both directly and indirectly in nursing burnout. I have adopted many of these applications to apply in the stressful environment of organ recovery. I would like to encourage all AACN members to familiarize themselves with and use AACN’s resources to identify moral distress in our colleagues, patients and families. We, as critical care nurses, must make a commitment to incorporate moral distress identification and management skills into our own leadership skill set!
EXPERIENCE AND ACTIVITIES

Chapter Membership
- Denver Chapter, 2013-present

AACN Commitment and Involvement, 2013-present
Includes ways in which the candidate integrated the mission and work of AACN into her current role and practice. Local and national volunteer activities are listed, if applicable.
- AACN Ambassador, 2008-present
- Chair, NTI Program Planning Committee, New Orleans, 2016
- Member, NTI Program Planning Committee, Denver, 2014
- Coordinator, Children's Hospital Colorado sponsored Pediatric ExpoEd sessions at National Teaching Institute, Denver, 2014
- Coordinator and Speaker, Children's Hospital Colorado sponsored Regional Pediatric CCRN Certification Exam Preparatory Course. Offered annually since 2009.
- Facilitator, National Teaching Institute, Boston, “Pediatric Oncologic Emergencies: Improving the Odds of Survival," 2013

Key Professional Activities outside AACN, 2013-present
Includes involvement with other professional organizations, teaching and/or speaking engagements.
- Member of Children's Hospital Association's Improving Pediatric Sepsis Outcomes National Expert Advisory Committee and Member of Steering Committee, Co-Lead of ICU Taskforce, 2014-present
- Podium Presentation, “Preventable Harm in the Pediatric Trauma Patient,” Colorado Pediatric Trauma Conference, Aurora, CO, November 2015
- Completed University of Colorado’s Institute for Healthcare Quality, Safety and Efficiency Certificate Training Program, 2014

Candidate for Director
Beth Wathen
RN, MSN, PNP, CCRN
Clinical Practice Specialist, Pediatric Intensive Care Unit
Children’s Hospital Colorado
Aurora, CO

- Member, Society of Critical Care Medicine, 2005-present
- Posters presented at Society of Critical Care Medicine’s Annual Congress, San Francisco, January 2014
  - “Characteristics of Codes and RRTs in a Pediatric Tertiary Care Children’s Hospital,” Wathen B, Roth J, Reese J, Ward K, Mashburn D, Dobyns E, Gunville C
  - “Time Out of PICU Required by Clinicians Responding to RRT Consults,” Mashburn D, Ward K, Gunville C, Dobyns E, Roth J, Wathen B

Issues Statement
Critical care and progressive care units are, without a doubt, dynamic, fast-paced, complex and challenging environments in which to work. Critical care nurses are faced daily with the task of providing high-quality compassionate care to patients and families in this ever-changing environment. Evolving technologies, new regulatory requirements, increasing patient acuities, new equipment, electronic medical records and organizational initiatives all represent the change inherent in the critical care environment.

We can respond to this continual change in two ways. A reactive approach to change contributes to a sense of chaos, increased burden, imminent burnout and lack of control. A proactive approach leads to a sense of ownership, empowerment and control. How we as nurses respond to change is critical not only to our own well-being but also in order to continue to meet the ever-changing demands of the dynamic critical care environment.

As an organization, AACN has always been a proactive leader in the changing healthcare environment and is a role model for organizational effectiveness, improvement and progressive development. Many of AACN’s initiatives provide the tools needed for nurses to become proactive change agents. We need to continue to develop innovative strategies for adapting to the ever-changing healthcare environment. Embracing healthy work environments, building strong shared governance structures and developing nurse-led improvement teams are all examples in which we can proactively meet the challenges of the dynamic critical care environment. We must continue to engage and empower all nurses to become catalysts and advocates for positive change and to develop strategies to support change safely and effectively in their environment.

Change is inevitable in the critical care environment. We can’t stop it. What we can do is anticipate it, embrace it and continue to be transformational leaders of change.
EXPERIENCE AND ACTIVITIES

AACN Commitment and Involvement, 2013–present
Includes ways in which the candidate integrated the mission and work of AACN into her current role and practice. Local and national volunteer activities are listed, if applicable.

• Reviewer, Critical Care Nurse, 2001–present
• AACN Liaison, 2016 National Nursing Research Roundtable
• NTI Planning Committee, 2015–2016
• AACN Nominating Committee, 2014–2015
• Advanced Critical Care Textbook: Chapter Review, June–November 2015
• NTI, San Diego, 2015 - Presentation, “AACN Tele-ICU Nursing Practice Guidelines: Defining an Emerging Sub-Specialty in Critical Care Nursing,” NTI Exhibit Hall, Tele-ICU booth
• Presentations, NTI and Tele-ICU Expo booth, 2015, 2014
• “Tele-ICU Steps Forward: Standards and Guidelines Shape Practice,” AACN, NTI, Denver, 2014
• Co-Editor, AACN Tele-ICU symposium articles, July–September 2013

Candidate for Director
Theresa M. Davis
PhD, RN, NE-BC
Clinical Operations Director
Inova Health System
Falls Church, VA

Key Professional Activities outside AACN, 2013–present
Includes involvement with other professional organizations, teaching and/or speaking engagements.

• Principal Investigator, Inova Foundation grant, “Effects of Healing on the Outcomes in Persons Experiencing Orthopaedic Surgery,” 2016/2017
• Principal Investigator, awarded American Nurses Foundation grant for “The Effects of Healing Touch on the Vital Signs of Critical Care Patients,” 2015/2016
• Alumni of the Year, George Mason University College of Health & Human Services, 2015

Issues Statement
Healthcare reform is both an opportunity and a challenge in our complex intensive care environments. Nurses play an integral role in the creation of a new care model. Nursing resiliency is essential, as we take leadership roles that will impact the future of healthcare delivery. Partnering with our physician colleagues to impact quality, safety and efficiency of the care we deliver enhances an individual’s journey toward wellness. The nurse as a leader at the point of care influences the perception patients have about the care they receive. Making a personal connection has a significant impact on patients during their most vulnerable moments.

While we experience the evolution of advanced technological solutions to deliver care, we will be obligated to continue to develop skilled communication in ways we never imagined. We will be challenged to relay a sense of caring across distance and technology. We have many opportunities to develop new communication competencies as our methods of care delivery change over time. It is essential that we recognize and address the stressors that create burnout and high turnover for our nursing teams during times of great transition. We must create opportunities for nurses to participate in reinventing their environments to keep up with the evolution of healthcare while simultaneously building a healthy work environment. This can be achieved with collaborative interprofessional teams who have established relationships based on mutual respect and common goals.

AACN is the leader in nursing education for the acute care nurse. AACN stays at the forefront of change and is involved in the most current issues facing nursing today. Continuing to use various methods to communicate current priorities for nursing issues is essential. Addressing technological changes and the evolution of the healthcare environment continue to be opportunities for the AACN community.
**EXPERIENCE AND ACTIVITIES**

**Chapter Membership**
- Greater Atlanta Chapter, 2013-present
- Greater Pittsburgh Chapter, 1995-2004

**AACN Commitment and Involvement, 2013-present**
Includes ways in which the candidate integrated the mission and work of AACN into her current role and practice. Local and national volunteer activities are listed, if applicable.
- AACN Ambassador, 2016-present

**Key Professional Activities outside AACN, 2013-present**
Includes involvement with other professional organizations, teaching and/or speaking engagements.
- Current appointed APRN representative, Georgia Board of Nursing, 2015-present
- Society of Critical Care Medicine (SCCM)
  - Active Member, 2002-present
  - SCCM Member on Graduate & Resident Education Committee, 2014-present
  - SCCM Advanced Practice & Professional Development Committee, 2014-present
  - Member, Nursing Section Committee
- Content Expert for AGACNP Board Exam, American Nurses Credentialing Center
- Society of Trauma Nursing Nominations Committee
- Leadership Fellow, American Association of Nurse Practitioners, 2015-2016

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**Issues Statement**
While critical care nursing faces many challenges, the one that I feel most strongly is improving the work environment, which in turn will benefit each other and, ultimately, our patients. Critical care nursing is an inherently stressful position that takes a toll on us emotionally and physically; while some of this is unavoidable it is possible for employers to make the workplace better so that we retain nurses in this important field. Since many of our members work in environments that are subject to emotionally excited patients and family members, it is imperative that the physical security of nurses be ensured. Furthermore, there are many activities that we are required to do that have no impact on patient care and are redundant. Improving electronic data collection where information has to be entered only a single time will reduce frustrations our members face on an hourly basis. If we can reduce the unnecessary frustrations, then job satisfaction for our members can be improved. I want to help our members love their jobs and find their own ideal work/life balance and as a result better satisfaction with their lives overall.

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**Candidate for Nominating Committee**

**Jennifer Adamski**  
DNP, APRN, ACNP-BC, CCRN  
Assistant Professor and Program Director, Adult Gerontology Acute Care NP Program  
Emory University  
Atlanta, GA
EXPERIENCE AND ACTIVITIES

Chapter Membership
• Greater Portland Chapter, 2009–present

AACN Commitment and Involvement, 2013–present
Includes ways in which the candidate integrated the mission and work of AACN into her current role and practice. Local and national volunteer activities are listed, if applicable.
• Member, Advanced Practice Institute Program Planning Committee, 2016–present
• Online Journal Editor, AACN Advanced Critical Care, 2011–present
• CCRN Virtual Exam Development Committee, 2016
• Co-Author, Caring for the pediatric patient in an adult critical care unit. In: Good V, ed. Advanced Critical Care Nursing, in press

Key Professional Activities outside AACN, 2013–present
Includes involvement with other professional organizations, teaching and/or speaking engagements.
• Conference Planning Committee Member, National Association of Pediatric Nurse Practitioners Oregon Chapter Annual Spring Conference, 2012–present
• Pediatric CCRN course direction and review book author, Allegro Reviews, Scappoose, OR, 2012–present
• Preceptor, Graduate Nursing Students, Oregon Health & Science University, 2010–present
• Member, National Association of Pediatric Nurse Practitioners, Oregon Chapter, 2009–present
• Instructor, Pediatric Advanced Life Support, American Heart Association, 2001–present

Issues Statement
AACN is not merely an organization of over 100,000 nurses; it is a change agent that serves to strengthen the voice of nursing and to relentlessly and without apology pave the way for nurses to become thoughtful leaders serving to improve patient care at the bedside. In 2001, AACN committed to promotion of a Healthy Work Environment (HWE) with a landmark standards document focusing on creating and sustaining an HWE, with the goal of driving excellence, because nothing less is acceptable. The 2003 NTI theme, Bold Voices: Fearless and Essential, served as a calling to envision a future where HWEs are the standard, not the exception. This message is as applicable today, as unhealthy work environments and barriers to nursing practice continue to exist. Patient and family satisfaction, electronic health records and a more technologically advanced healthcare system demand that nurses be able to communicate collaboratively and effectively, not only with the extra-professional team, but with each other. The second edition of the HWE standards adds an additional decade of evidence further supporting the six original standards.

I believe it is time to reaffirm our statement of intention and take a seat at the table to shape the preferred future of nursing. According to the 2013 AACN Critical Care Nurse Work Environment Survey, there has been a decline in the overall health of critical care nurses’ work environments. This trend cannot continue as patients and families deserve to be well cared for, by respected bedside nurses who are allowed to make their optimal contribution. As nurses across the nation continue to communicate challenges with initiating and sustaining an HWE, AACN is constantly finding ways to support us to drive excellence, because nothing less is acceptable. After all, the “stakes are high, and patients’ lives depend” on us. It Matters.
EXPERIENCE AND ACTIVITIES

Chapter Membership
- Sacramento Area Chapter, 2013-present
  - President, 2015-2016
  - President-Elect, 2014-2015

AACN Commitment and Involvement, 2013-present
Includes ways in which the candidate integrated the mission and work of AACN into her current role and practice. Local and national volunteer activities are listed, if applicable.
- Member, Chapter Planning Committee for Sacramento Area Chapter, assist in planning/organizing all educational and leadership events, 2013-present
- Co-Chair, Region 19 Leadership-Networking Event at NTI, 2015
- Community Event Planning for “Love Your Heart Day,” a collaboration between AACN’s Sacramento Chapter, the American Heart Association, Sutter Health and Roseville Galleria Mall, 2015

Up to 5 Key Professional Activities outside AACN, 2013-present
Includes involvement with other professional organizations, teaching and/or speaking engagements.
- Current Member
  - National Association of Clinical Nurse Specialists
  - American Association of Neuroscience Nurses
  - Sigma Theta Tau International, Honor Society of Nursing
- Academy of Medical-Surgical Nurses
  - Leadership Development Program
  - Member, Clinical Leadership Development Program Task Force, 2014-2015

Candidate for Nominating Committee
Laura Ullery
MSN, RN, CCNS, ACNS-BC, PCCN, SCRN
Clinical Nurse Specialist
Sutter Health: Sutter Roseville Medical Center
Roseville, CA

Issues Statement
The nursing profession plays a key role in producing bedside leaders to transform healthcare forward. The National Academy of Medicine recognizes the struggle hospital organizations have with finance, personnel shortages, nurse turnover and the need for efficient care.

In a world of ever-changing clinical evidence, technology and complex patients, it is important to consider innovative strategies to redesign models of care in order to enhance patient safety.

Many hospitals utilize a Rapid Response Team (RRT) to help provide a resource for nurses and patients in non-critical care units. The RRT nurse originates in a critical care unit that closely monitors the highest acuity patients in the hospital. Many organizations pull critical care charge nurses, or nurses with a patient assignment, away from their unit, to assist the nurses in non-critical care units with changes in patient condition or to facilitate a code blue. It is a challenge for a critical care unit to pull resources from an already highly monitored area.

Some hospitals have developed a clinical position referred to as the critical care resource nurse. This role is not impacted by patient assignment, but instead rounds on the non-critical care patients experiencing a rapid response or patients who had a recent rapid response within 24 to 48 hours, as well as responding to code blue alerts. This is a potential win for critical care units, hospitals, patients and interdisciplinary collaboration.

I believe a critical care resource nurse is a valuable role for hospital care. AACN is an excellent organization to help address or champion innovative strategies to improve patient safety, while empowering clinical and professional growth for critical care nurses.
EXPERIENCE AND ACTIVITIES

Chapter Membership
• Southeastern Pennsylvania Chapter, 2015-present

AACN Commitment and Involvement, 2013-present
Includes ways in which the candidate integrated the mission and work of AACN into her current role and practice. Local and national volunteer activities are listed, if applicable.

• CSI Advisory Group and AACN Thought Leader Summit, Phoenix, March 2016
• NTI poster presenter, CSI 2016, 2015: “ABC Delirium: Fighting the Dysfunction Head On”
• Clinical Scene Investigator Academy, Philadelphia cohort, 2014

Key Professional Activities outside AACN, 2013-present
Includes involvement with other professional organizations, teaching and/or speaking engagements.

• Speaker, “ICU Delirium Detection and Prevention: Nurses Creating Change at the Bedside” and “EBP Mentorship Program for New Graduate Nurses,” World Wide Nursing Conference, Singapore, 2016
• Creator/Coordinator, Clinical Nurse Scholars Program, Fox Chase Cancer Center, 2016
• Coordinator, Student Nurse Extern and New Graduate Nurse Residency Program, Fox Chase Cancer Center, 2016

Issues Statement
Nurses today are plagued with new initiatives aimed toward improving patient care. It seems that every day a new initiative, bundle or protocol has been developed with the aim to keep our patients safe. The inundation of new practices can be difficult to navigate, prioritize and implement in the clinical setting.

AACN is a beacon for those who struggle to find a place to turn to for answers to clinical inquiries, latest practice updates and camaraderie among other professionals who are striving toward excellence in healthcare. AACN continues to provide critical and acute care nurses with the education and resources needed to become innovators and leaders who address new initiatives for patient care.

We need to continue to promote programs that develop innovative solutions to successfully implement initiatives that are meaningful and safe for our patients and our staff. Programs such as the Beacon Award for Excellence and CSI Academy should continue to be showcased, as they are conduits for creating transformative leaders for the future of nursing. The CSI program teaches nurses the value of excellence in both patient outcomes and fiscal impact by teaching them to work together to create new solutions to old problems. The Beacon Award for Excellence allows for nurses to put into writing the impact they make on their patients, their unit and their institution; so much is learned during the process of realizing how excellent you already are and how to achieve higher levels of excellence as a team. AACN is a platform for nursing excellence and in a unique position to cultivate a community of over 100,000 nurses to stand with them in and use their bold voice to innovate and create lasting change in our healthcare system.
At AACN’s premier educational conference for high-acuity and critical care nurses, 7,000 colleagues come together to share, learn and celebrate. Create your educational plan with more than 300 clinical and professional practice topics, while earning up to 37.5 CEs on-site. Add more CEs when you view and share sessions at home.
Taking on New Challenges
An Interview With Lisa Lampkin

Lisa Lampkin is a critical care nurse at Mission Hospital in Mission Viejo, California. Helping to save lives at the hospital for 12 years wasn’t enough for the apparent adrenaline junkie, so for the past five years, she’s been a volunteer professional service responder (PSR) on the Search and Rescue (SAR) Team as a Technical Ropes Rescue and Medical Team member with the Orange County Sheriff’s Department.

How did you decide to become a nurse?
I have always considered being a nurse my calling in life. I never thought about being anything else! I grew up with a father who was a fireman/EMT. I loved listening to my dad tell me stories of the people he helped and how he ran toward disaster and knew what to do to make the situation better. I wanted to be like him, so becoming a critical care nurse made perfect sense.

How did you become involved in critical care?
When I was a senior at the University of Louisville in the nursing program, I was given a unique opportunity to complete a four-month preceptorship at Jewish Hospital in the CVICU. I loved watching my mentor, Cheryl Brockman, walk into the room of a patient who was on the verge of dying at 0800, do what she does best, then clock out with the patient stable and the family happy. I was hooked. I wanted to be that nurse; the one that made a positive change in just 12 hours! I wanted to be the nurse that walks into a room of chaos and makes things calm again.

But that is your “day” job. You also work as a PSR. How did that happen?
I have had the opportunity to work in many different hospitals, in a multitude of settings and with a diverse patient population. But five years ago, after 12 years of critical care nursing, I wanted a new challenge. I didn’t want to leave my family at Mission Hospital and my comfort zone, so I decided to explore ways to serve my community with the knowledge gained over 12 years in critical care nursing.

A simple snowshoe fitting at REI opened the door to the Orange County Sheriff’s Department and becoming a PSR. The young man helping me started asking what got me interested in snowshoeing. When I told him I was an avid hiker/backpacker and had a lot of free time since I was also a nurse who only worked three days a week, he told me I fit the profile of a search and rescue volunteer. He gave me the phone number of the lead PSR, Brian Clark, and I made the call that evening. Brian answered all my questions and invited me to the next meeting. The day after that first meeting, I was assigned to a patient whose son just happened to be the sergeant of the Technical Ropes Rescue Squad on the search and rescue team (we have 10 different squads). He recognized me from the meeting, and we have been friends ever since. That first meeting was in January 2012.

It must have taken a lot of training.
It takes time, dedication and a lot of training to become a full-fledged member. Once I passed the background screen, I spent a few years proving myself by attending classes, making it to as many training sessions as possible and buying the necessary equipment. We can have a search that includes hundreds of volunteers from surrounding counties and their search and rescue (SAR) teams. I can’t just decide to do my own thing even though I feel I can be better used elsewhere. I have to trust my command staff just as much as they have to trust me to carry out my mission well. It’s something that I see carry over into my profession at Mission Hospital. Teamwork,
If you want to go somewhere or experience something new, call me, I’m in!

depending on the team to do what they do best and succeeding at a common goal is something we do every day.

In the five years I’ve been on the team, the Orange County Sheriff’s Department has, in turn, encouraged me to becoming Alpine Certified, Mountaineering Certified and Technical Rescue level I and II certified. With these certifications, I have had the honor of training with Air5 and the Los Angeles SAR team, climbing Mt. Rainier for cancer research with members of the L.A. SAR team and attending SAR conferences.

How did the Technical Rope Rescue training happen?
My Tech Rescue team is a small team of 10-15 guys (yes, I’m the only girl on the team). I couldn’t ask for a better group of mentors. I remember one of my team members drilling me on different knots. I was hesitating and laughing at myself because I couldn’t remember the first thing about tying a certain knot. He looked straight at me and said, “Lisa, you have to know these knots inside and out with your eyes closed. You might be asked to tie a knot that will save the life of one of your mates!” From that day on, I have practiced those knots in the rain, in the dark, in the freezing cold with gloves on and after being exhausted after a long hike. I never want to be the one who fails my teammates.

Talk about the major differences between these two careers and delivery of care?
In the hospital, I get to be a nurse. On the SAR team, I get to be a civilian with a lot of knowledge. I can only act as a person with her BLS/first aid training while functioning on the SAR team. As a nurse in the hospital, I am covered by MD protocols. There are no protocols set by an MD in the Sheriff’s Department to cover my practice as a nurse, so BLS and first aid are as far as my scope will reach. An EMT/paramedic is covered by the county through protocols set in place by an MD, so in the field, the EMT/paramedic has precedence over me when it comes to treating the victim.

What’s great about being a nurse?
Simply helping others. It’s those hundreds of instant gratifying moments throughout the day that add up to a happy soul when I clock out at night. It’s knowing that another human being is better tonight because of something I contributed. Even when my patient passes away, I pray their loved ones feel my compassion and feel their loved one was also somehow shown love by me. It’s been a very rewarding career. After 17 years, I still feel excited to show up at work and see the challenge before me.

You have a very healthy life outside of work. Is it easy for you to balance the two?
I feel very balanced outside of work. I have a strong connection to my church and to my friends who are not healthcare workers. My best friends are all nurses, since they are the only ones who truly understand my sick sense of humor. But, I also have many friends from all walks of life who keep me grounded in reality: not everyone lives in a “Grey’s Anatomy” world.

I love getting outdoors and experiencing life. That goes from skydiving to road trips to Death Valley to camp out under the stars to meeting up with friends for dinner and a night of bowling. If you want to go somewhere or experience something new, call me, I’m in!

Anything you’d like to add?
With all the changes in healthcare and the effects nurses are experiencing in the trenches, I want my colleagues to know they do make a difference and their voice does matter. Get involved with your practice council, educate the nurse struggling next to you, smile and be kind to one another. We are advocates first for our patients, and second for ourselves. If we don’t take care of ourselves, who will be around to care for our families and for our patients?

Interview by Paul Taylor, paul.taylor@aacn.org
Critical Care Specialists Visit Remote Hospitals via Tele-ICU

Tele-ICU expands its reach to hospitals of different sizes and capacities.

Advanced ICU Care, St. Louis, is one of several companies offering tele-ICU services that bring intensivists to remote hospitals without specialists on staff.

Ram Srinivasan, an ICU physician who practices on-site and via tele-ICU, says his company’s tele-ICU team has live access to patient monitors and data, and sees and communicates with bedside teams, in “Tele-ICU Technology Brings Intensivists Virtually to Remote Clinics: Interview With Dr. Ram Srinivasan” for medGadget.

Tele-ICU systems tie directly to hospital systems. “We, therefore, have real-time access to all the data I would have if I were present at the hospital. In fact, because I am always in front of my twelve monitors, I have ‘real-time’ access versus needing to leave the bedside to retrieve data that are not on bedside monitors. Our teams can even be alerted while the patient is still in transport, before they even reach the ICU,” he explains in the interview.

Srinivasan draws on the same experience and skills as a tele-intensivist as he does at the bedside. “I can step back, assess, and draw upon a wider view not always available when you are actively tied up at the bedside,” he adds. “24/7 tele-ICU is additive. We complement the work of the bedside team with an arsenal of experienced clinicians, data intelligence, and clinical best-practices to provide excellent care to our critically ill patients,” he explains.

“Tele-ICU is really the new standard of critical care for hospitals of different sizes and capacities,” Srinivasan notes in the interview. “Whether or not there is an intensivist physically at the patient’s bedside, there are quantifiable benefits in reducing lengths of stay and improving outcomes that reinforce tele-ICU.”

Antimalarial Drug Effective Long After Swallowing

The new treatment is a simple, easy-to-swallow capsule that delivers ivermectin, which kills mosquitoes.

Difficult access to large rural areas has hindered malaria eradication, but a new extended time-release capsule may help.

Although other long-acting delivery systems are available, most are invasive and require injections or implantations. “Oral, Ultra-Long-Lasting Drug Delivery: Application Toward Malaria Elimination Goals,” in Science Transitional Medicine, says the new treatment is a simple, easy-to-swallow capsule that delivers ivermectin, a broad-spectrum, anti-parasitic agent that kills mosquitoes.

Once the capsule is swallowed and dissolved, it releases a star-shaped delivery package that slowly releases measured doses of the medication. The unique shape and size of the package keeps it in the stomach and prevents it from passing through the pylorus.

Studies on swine indicate the treatment can last up to 14 days and eventually pass out of the body harmlessly. “Modeling studies show that long-term delivery of this drug may move us closer to the elimination of this problematic disease by improving patient adherence to treatment,” the study adds.

A related article in Fox News Health notes, “The long-acting technology could also have a range of other applications ... from use in treating Alzheimer’s disease and mental illness to HIV and tuberculosis.”

Redesigning Routines Can Lead to Healthy Living

Families can adopt healthy behaviors by redesigning their daily routines and activities rather than emphasizing willpower and motivation.

“Family Self-Tailoring: Applying a Systems Approach to Improving Family Healthy Living Behaviors,” in Nursing Outlook, describes the SystemCHANGE model for goals ranging from healthy eating and exercise to improved sleep and medication adherence. “The family system-oriented changes brought about by these experiments build healthy living behaviors into family daily routines so that these new behaviors happen as a matter of course, despite wavering motivation, willpower, or personal effort on the part of individuals,” the article reports.

Based on a series of pilot tests at Case Western Reserve University (CWRU) in Cleveland, unhealthy habits were changed by altering the environment. The approach involves meeting with a health professional for several months to design and monitor the success of family experiments.

For example, a related CWRU article explains that a family who decides to eat more fruits and vegetables could move them to the middle of the refrigerator for easier seeing and reaching. The family can then count what they ate to determine whether the plan was effective; if not, they can design a new experiment.

“SystemCHANGE has also been tested in both HIV-positive and cardiac rehabilitation patients and is a key part of a National Institutes of Health-funded study to curb obesity in children in urban areas.”

This approach “allows you to focus effort on the family changing habits together,” study co-author and nursing scientist Lenette Jones, a research postdoctoral fellow at Frances Payne Bolton School of Nursing, adds in the article. “If the family doesn’t meet a goal, they move on and design another experiment, until they succeed.” The approach “focuses on manipulating the environment, to assist families to make small changes over time — it’s a team effort.”


Brain Implant Enables Patient With ALS to Communicate

The device might help patients with severe paralysis convey their needs and be adapted to restore motor abilities in patients with stroke.

An experimental implant has given a patient with late-stage amyotrophic lateral sclerosis (ALS) the ability to communicate without assistance.

According to “Fully Implanted Brain-Computer Interface in a Locked-In Patient With ALS,” in The New England Journal of Medicine, the interface allows a 58-year-old Dutch woman — who had lost all voluntary muscle control — to spell words on a computer monitor.

The implant consists of four electrode strips placed over the motor cortex and thorax. Sensors pick up still-functioning nerve activity and send it to an amplifier and transmitter implanted under her collarbone. When the patient thinks to move her hand on the side opposite the electrode, a signal is transmitted to a tablet device and translated into a typing instruction.

A related article in CBS News notes that the brain implant “lets her remote-control a computer with her brain, at home, without any help from researchers,” adds study co-author Nick Ramsey, a professor at University Medical Center Utrecht, Netherlands. “We hope this system proves to work in more than this first participant,” he adds.

Ideally, the device could help patients with severe paralysis convey their needs to caregivers or communicate with loved ones; it might be especially helpful if an eye-tracking device is not feasible. The technology also might be adapted to restore motor abilities in patients with stroke. The study adds that limiting factors include “cortical damage, cognitive impairment, and unsupportive caregiving.”

AACN’s Facebook Community Weighs In

Responding to a question about a Robert Wood Johnson Foundation report at facebook.com/aacnface, AACN’s community speaks boldly on the 10 reasons nurses leave hospitals. Post your own comments on AACN’s wall, or send them to aacnboldvoices@aacn.org.

AACN: The Robert Wood Johnson Foundation reports that one in five nurses leaves their first nursing job within one year of hire for reasons varying from working conditions to pay to relationships to personal issues. Do you agree with this list of 10 reasons nurses want to leave hospitals?

Jaime Caruso This article is completely true! It’s becoming more of a liability as a hospital nurse.

Brooke Pickrell I absolutely agree with all of these. This article is spot on, and not just for those leaving the hospital setting in the first year.

Elizabeth Siferd Young nurses need mentors! I can think of so many people who informally mentored me over the last 37 years. It makes a huge difference!

Veronica Farrah Cook This has been going on for years … how about big organizations fix the program instead of doing reports and research about it. No matter where you go there are programs. It’s healthcare, it’s about money. Remember if you decide to work in it, you are there for the patients.

Ruairí Fox Staffing. As a relatively new grad with just over 6 months of experience, staffing is probably the biggest factor in creating a negative work environment. It gets tiring when half of your shifts are tripled in the unit. Instead of closing beds, hospitals just overwork you instead.

Meghan Edmondson It’s not just staffing. It’s the general culture of “do more with less.” I think a more important question to ask is how many are leaving within 5 years? 10? It’s not just new grads, it’s everyone who isn’t near retirement age, and that should be a red flag. There is no nursing shortage. There is a shortage of people choosing to stay in bedside hospital nursing. I’m glad someone finally started talking about it.

Nyles Quenzer Also feel like there is a significant number of new nurses that entered the field because of the job security and the reality of nursing being filled in the past year. Drives me crazy to hear a nursing student say they can’t wait to be a nurse so they won’t have to ___ anymore. I think more actual clinical hours and less sim labs would help them feel more prepared. We also see people at their worst. Scared, in pain, and dying. It is hard work, 12 hrs of hyper vigilant thought, physically demanding and often emotionally difficult. Sharing your new grad experience as a seasoned nurse with the new grads also lets them know they aren’t the first one who felt like quiting, or crying every shift on the way home. But that those they see as good nurses did too. We have to be the change as charge nurses. Supporting our new grads. Knowing who we can push to more complex patients and when. Who we can push over the matrix if we have to, and sometimes just be willing to take the extra patients ourselves. Shortage has always been an issue and will continue to be.

Mary Urrutia Lowe Lack of a healthy work environment (bullying) and poor work/life balance. Nurses working against each other (unions & administration).

Amy J. Flores Bullying. More work/greater demands with less resources. Lack of support. Shift work isn’t an option as a single parent.

Brooke Beebe Yes to the bullying issue. I never imagined this would be an issue as an adult with a professional degree but I’ve encountered it several times in the past few years. It’s confusing and emotionally draining.

Nick Leary In the Southeast, pay is typically the #1 reason. It’s less than half of what nurses make in other parts of the country. I would say the next most common in my hospital is nurses leaving for advanced practice roles. So many new nurses immediately go back for advanced practice because it offers solutions to most of the problems on this list.

Liz Symons I don’t think nurses are receiving adequate education in what really is nursing. That is, true patient care. Not delegating, research, how to do papers. The clinical part of nursing school is sorely lacking. When you spend 3 days of 6 or 8 hour shifts as a student a week, you see what the profession really is. I’m not going to get into the whole BSN vs. argument, but by far, the hospital based programs of the past produced the most outstanding nurses. My 2 sisters were, and while I took another path, I envy them. That is how you were prepared for the reality of nursing.

Linda Ikuta I left Massachusetts when my car spun out on highway. Went to California and never came back!

Monica Lozaga All of the reasons are legitimate.
Patrick Dobson Bullying …

Angie Romesaint Shortage in staffing has been an issue.

Kim Reibling Very accurate.

Gail Pike Boston I agree with the list from the research I have read about this. Not all facilities are alike however so all 10 may not fit in every situation.

Anh Le True.

Alan Fridy That lists looks DEAD ON to me …

Diane Marsh Pretty spot on.

Shalonda Nero-Bremby Clicks. Will kill a unit every time!!!

Kristin Bender Kowalske I have said, and will continue to say, that the expectations of bedside nursing are unrealistic and unattainable. Nurses are routinely spread too thin and then reprimanded when standards aren’t met — standards impossible to meet given that nurses are humans with only 2 hands who cannot be in more than one place at a time. Having to care for patients while also being in charge and/or having to leave the unit for codes and RRTs also obviously limits the nurse’s ability to be at the bedside. It’s unsafe and nurses know it. Each ICU patient needs their own nurse. Floors should be 2:1. No exceptions.

Patrick Dobson Lack of professionalism. Professional behavior includes assertive respectful behavior, but not aggressive bullying behavior. Too many in the nursing field fail to see benefits of professional behavior. If we can’t respect each other, how can we hope to be seen as anything but an occupation?

Margaret Rhoda This article brings up so many valid points. I’m glad to be mostly retired, given the demands in health care today.

Joe Buzzanco Nurse residencies are great if your hospital offers them. They were designed to increase retention because it’s very expensive for a hospital to train a new nurse only to have them leave within a year, and they do this through mentorship and advanced training which helps new nurses feel more confident during the transition from school to professional nursing.

Jennifer Peters Managers …

Margaret Buck Gallagher “However, once the assessment has been completed, someone else could handle the routine of turning the patient for the rest of the shift.” — WRONG! Decubitus s&s or other issues can develop at any point in an 8-12 hr shift; of course the 1st turn is a full assessment, but “quick checks” should happen with EVERY turn.

Mari Mari Staffing, being told to trade days vs. being allowed to use PTO, forced 4 day. Those are the ones that affected my decision. Other than that I would’ve stayed forever.

Marianela P. Barnett Because the pay is miserable and work overload!!!! Take care more than 2 critical ill patients is not safe, but nobody cares.

Karri Shel This should be titled …10 reasons why nurses want to leave nursing!!

Sona Mahal Incompetent nursing leadership.
Your NTI 2017 Education Customized: A Diverse Selection of Hot Topics

Leading experts will present more than 300 high-quality learning opportunities to positively impact your nursing practice. The Advanced Practice Institute (API), a “conference within a conference” at NTI, offers more than 60 sessions and 20 pharmacology contact hours. This year’s hot topics include the following:

- **Novel Anticoagulant Therapies: Prevention and Management** reviews the pathophysiology and circumstances behind clot formation, traditional treatment methods and the newest anticoagulants.
- **Showcasing APRN Value Through Initiatives: Targeting High Value Care** explains how to implement initiatives that improve use of tests and procedures to promote high-value healthcare.
- **Starting the Movement and Spreading the Word: Legal Risks in Critical Care** defines malpractice and identifies situations with the potential for eliciting malpractice allegations.
- **Pharmacology of Sedation in Critical Care: The Good, the Bad and the Ugly** uses a case-based approach to examine the pharmacokinetic and pharmacodynamic properties of commonly used sedatives.

Our return on investment toolkit will guide you to design a program that supports your role, priority educational needs or hospital-wide or unit improvement initiatives at this year’s National Teaching Institute & Critical Care Exposition (NTI), which takes place in Houston, May 22-25. Preconferences are Sunday, May 21. Leading experts will present more than 300 high-quality learning opportunities to positively impact your nursing practice. Some of this year’s hot topics:

- **Barriers to Practice, Owning Your Future** is a four-part series focusing on strategies to help you overcome barriers. Attend all, or select the sessions that fit your educational needs.
- **Skills and Competencies for Emerging Nurse Leaders** shares the skills and competencies needed to lead, so emerging nurse leaders from all areas of practice can embark on a challenging and rewarding leadership path.
- **Snow White Had a Stroke** delves into nontraditional signs and symptoms of stroke in vulnerable populations.
- **Hemodynamic Monitoring’s New Wave: Sound Waves, Pressure Waves, Maneuvers and More** uses a case-study format to introduce the latest evidence on determining fluid responsiveness and new functional hemodynamic parameters.
- **Patient Family-Centered Care Drives Healthcare Standards** presents innovative ideas to promote family-centered care through health literacy, including establishing family support and educating families through teach-backs and show-backs.
- **Enhancing Nurse Engagement Through Technology** discusses the many benefits of using smart technology at the bedside, including improving connectedness and streamlining healthcare delivery.
- **Challenging Pediatric Case Studies: Deciphering the Clues** uses a case study approach to highlight a wide variety of interesting and challenging diagnoses encountered in the PICU.
- **Not Just for the Dying: Progressive Care Unit Patient and Family** discusses palliative care and the benefits for incurably ill patients and their loved ones.

Ready to register? Visit www.aacn.org/ntitx17. To qualify for an early-bird discounted rate for the main conference, complete registration — with payment — must be received by AACN on or before April 5.
Transitions

Events in the Lives of Members and Friends in the AACN Community

Nancy Berlinger, research scholar with The Hastings Center, Garrison, New York; Ramon Lavandero, AACN senior strategic adviser and a member since 1973; and AACN board president Clareen Wiencek, associate professor at University of Virginia School of Nursing, Charlottesville, and an AACN member since 1977; co-authored “From the Team to the Table: Nursing Societies and Health Care Organizational Ethics” for The Hastings Center Report.

Joanne Disch, professor ad honorem at University of Minnesota School of Nursing, AACN past president, a member since 1973 and recipient of AACN’s Marguerite Rodgers Kinney Award for a Distinguished Career, becomes the first nurse to chair the Aurora Health Care board of directors, Milwaukee.

The Kankakee County (Illinois) Chamber of Commerce honors Kelly Frey, critical care nurse manager at Riverside Healthcare, for her professional achievements.

Gerard Hannibal, a nurse in the Progressive Care Unit at Cleveland VA Medical Center, receives an Excellence in Nursing award from the Department of Veterans Affairs. He has also served on several AACN volunteer committees and written many articles, including “Cardiac Monitoring Revisited,” in AACN Advanced Critical Care.

Shazia Memon, a pediatric ICU nurse, wrote “A Pediatric Critical-Care Nurse Has a Message for Her Patients and Their Parents: Thank You,” for The Wall Street Journal. One story involved a young patient who kept asking a nurse to give her various items. Finally, the girl said what she really wanted: “Can you sit me with? I don’t want to be alone.”

For the third consecutive year, John Whitcomb, undergraduate studies coordinator and associate professor at Clemson University School of Nursing, South Carolina, and past AACN and AACN Certification Corporation board member, receives the 2017 Presidential Citation for outstanding contributions to the Society of Critical Care Medicine.

Send new entries to aacnboldvoices@aacn.org. You may also honor or remember a colleague by making a gift to AACN at www.aacn.org/gifts.

In Our Journals

Hot topics from this month’s AACN journal

Participation in unsuccessful cardiopulmonary resuscitation (CPR) efforts is a source of stress for critical care nurses. A survey described in this month’s AJCC measured the impact of unsuccessful CPR, the prevalence of posttraumatic stress syndrome and effective and ineffective coping behaviors among critical care nurses. The authors report effective coping behaviors were significantly linked to lower rates of post-code stress. Institutional debriefing opportunities appeared to mitigate post-code stress, but higher rates of posttraumatic stress symptoms were reported in nurses whose institutions offered the opportunity to debrief.

(McMeekin et al, AJCC, March 2017)

Electromagnetic feeding tube placement devices are sometimes used in place of radiographic confirmation before initiating feeding. In a review of the FDA database of medical device adverse events, the authors identified 25 unique incidents of feeding tube insertion into the respiratory tract when electromagnetic devices were used. These events may indicate inconsistent operator expertise in the application of this technology. Given the severe impact on critically ill patients when feeding tubes are misplaced, the authors conclude that continued use of radiographic confirmation is warranted.

(Metheny et al, AJCC, March 2017)

Family presence during cardiopulmonary resuscitation (CPR) aligns with the principles of family-centered care, but how do patients feel about having their loved ones witness CPR? In interviews with 117 general medicine patients, half of the respondents said family presence during CPR was important to them. Half of those interviewed also felt they should have a choice about family presence. Participants who felt family presence during CPR was important worried that witnessing resuscitation could be traumatic for their loved ones, and that their presence might be distracting for the healthcare team.

(Bradley et al, AJCC, March 2017)

To see the table of contents for the March issue, please visit www.a江门line.org.
Experts say that healthcare is undergoing a revolution driven by the instant power of social media and digital technologies. You work every day in the midst of that revolution and need essential skills and tools to care for the most vulnerable. Certification should be high on your essentials list.

You may think that certification is too far a reach for you, but let’s look at it through a different lens. Do you remember those old pre-digital-era Polaroid cameras? You’d snap a photo, and soon a clear image would emerge from the gray-green murkiness of the wet film. It seemed so simple, yet instant film is actually one of the most complex processes in imaging.

Is your career as an acute or critical care nurse like that Polaroid? Perhaps a bit blurry at first but then, with time, you complete ECCO and your preceptorship and experience your first code, first trauma resuscitation, first death. With more time, you master those same situations. Your Polaroid gets clearer, bolder, richer and more complex. Does your Polaroid include the accomplishment and pride of being a certified nurse?

Each year, the nation’s nurses and healthcare facilities celebrate Certified Nurses Day on March 19. Certification validates your specialized knowledge, experience and clinical judgment. It is a significant professional accomplishment, worthy of recognition. It says that patient safety and quality matter to you. And certification is needed now more than ever, so nurses can lead the change necessary in our units and systems.

I thought it would be fun to create an AACN Polaroid — in words — about why certification matters to the nurses who serve you on AACN boards. With you, they comprise the more than 101,000 certified nurses who have proudly earned one or more of our 19 credentials. Watch the gray murkiness of the film explode with pride, color and experience.

Certification shows that you are a lifelong learner and gives you confidence that you have passed through the ropes. Units are always looking for nurses who want to keep on learning. —Karen Kesten

I remember the indescribable pride walking out of the testing center knowing that I passed my CCRN exam on my first try, even though co-workers had said, “No one passes it the first time.” —Louise Saladino

Obtaining my CCRN was a personal “high bar” and gave me confidence to make in-the-moment patient care decisions. —Chris Schulman

I will never forget the moment I passed my CCRN exam, because it was the first time I started to really believe in my ability to survive as an ICU nurse. —Wendi Froedge

For my patients, certification matters because I am actively engaged in being the best care provider, and that is what they deserve. —Denise Buonocore

I made the choice to become certified because it demonstrated my commitment to lifelong learning. Why wouldn’t I want to be the best nurse I could be? —Michelle Kidd

Shortly after I obtained my CCRN, a physician documented in his note, “the CCRN reports that the patient is …” — I was so shocked that he had remembered I was certified. —Rose Timmerman

I frequently talk about certification to new nurse residents. One resident told me, “Your words transformed a hard test into a powerful way to express my commitment to critical care and excellence in nursing. Right then, I decided to become certified.” —Megan Brunson

As a CNS, certification reflects my commitment to the nurses in my ICUs, so they can improve patient outcomes using evidence-based strategies. —Debbie Klein

If you are certified, become a coach to another nurse. If you are on your certification journey, I wish you success in bringing your “Certification Polaroid” into focus. Certified nurses make a difference in outcomes and deserve our respect and recognition. Send me your Certification Polaroid at ItMatters@AACN.org.

Certification matters — Happy Certified Nurses Day!
When Your Patient Goes to the MRI, So Should Your Electrodes

The **FIRST** and **ONLY FDA Cleared** MR Conditional*/CT Disposable Electrodes for 1.5 & 3T are available from Rhythmlink.

*patent pending

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When you choose Baxter for your CRRT program, you’re not only choosing industry-leading CRRT technology, you are also selecting a partner dedicated to ensuring your clinical success in treating AKI patients. Our commitment to you starts with an individualized program customized to your facility’s needs and complete support every step of the way:

- Comprehensive Therapy Implementation Program
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- 24/7 Clinical Support Help-line
- 24/7 Technical Support

With so many pieces to consider in treating critically ill patients, choosing Baxter as your CRRT partner is always the right move.