SOME OF THE BIGGEST BENEFITS COME IN SMALL Packages

Nurses in the U.S. Air Force not only serve their country and care for its Airmen and their families—they’re also commissioned Air Force Officers, treated as essential members to the healthcare team. As a nurse, you’ll get the respect and advantages that allow you to advance your career as far as you’d like to go. Plus, you’ll find excellent work-life balance with generous retirement benefits that start the day you retire.

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In talking with my environment students, they wholeheartedly agree that they love the earth. But when I ask them the question of does the earth love you back, there’s a great deal of hesitation and reluctance and eyes cast down, like, oh, gosh, I don’t know. Are we even allowed to talk about that? That would mean that the earth had agency and that I was not an anonymous little blip on the landscape, that I was known by my home place.

So it’s a very challenging notion, but I bring it to the garden and think about the way that when we, as human people, demonstrate our love for one another, it is in ways that I find very much analogous to the way that the earth takes care of us, is when we love somebody, we put their wellbeing at the top of a list and we want to feed them well. We want to nurture them. We want to teach them. We want to bring beauty into their lives. We want to make them comfortable and safe and healthy. That’s how I demonstrate love, in part, to my family, and that’s just what I feel in the garden, as the earth loves us back in beans and corn and strawberries. Food could taste bad. It could be bland and boring, but it isn’t. There are these wonderful gifts that the plant beings, to my mind, have shared with us. And it’s a really liberating idea to think that the earth could love us back, but it’s also the notion that — it opens the notion of reciprocity that with that love and regard from the earth comes a real deep responsibility.

—Robin Wall Kimmerer


In January, I challenged our community to have a transformative year. Since an important part of transformation is asking questions, I’ve been asking what brings you joy and meaning. You’ve shared your joys while also showing me your indomitable spirit — your will is simultaneously tough and resilient.

Read more in my note on page 30.

Clareen Wiencek
AACN President

Strength does not come from physical capacity. It comes from an indomitable will.

—Mahatma Gandhi
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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Thrive at NTI: 10 Tips for the Best Experience

Start planning your week now for a fulfilling and stress-free conference experience.

Are you joining us in Houston for this year’s National Teaching Institute & Critical Care Exposition? We hope so! The size of the conference alone can challenge both NTI newcomers and veteran attendees. Use this checklist to start planning your week for a fulfilling and stress-free conference experience. Look for more tips on the Hotels & FAQ page at www.aacn.org/nti.

- **Explore My NTI and get connected.** Sign in on the AACN website and look for My NTI on your dashboard to create your schedule, plan your week and participate in discussions with facilitators and other attendees — a great forum for your questions about planning, sessions or Houston.

- **Organize your schedule and special events.** Create your schedule on My NTI, and be sure to add a Sunrise Session to secure your spot. Reservations are required.

- **Get NTI tips from the pros.** Join NTI Program Planning Committee chairs at “Navigating NTI 101,” Sunday, May 21 at 4 p.m. or Monday, May 22 at 8 a.m. They’ll walk you through how to make NTI an enjoyable and rewarding professional experience.

- **Take a tour of the convention center.** If you arrive early, consider joining members of the NTI and API program planning committees for a tour of the convention center on Sunday beginning at 11 a.m. every 30 minutes. Familiarizing yourself with the layout and key locations will make it that much easier to get around quickly once the conference begins.

- **Maximize your conference experience with AACN’s NTI ActionPak: Plan, Learn, Act.** Tools to help you plan, learn and act on your conference education and activities are available at www.aacn.org/nti. The Learning Action Journal is in your attendee bag.

- **Dress for comfort and temperature shifts.** Buy a pair or two of comfortable shoes, and break them in before the trip. Meeting room temperatures often fluctuate, so wear layers. Houston may be hot or humid, so sunglasses, sunscreen and bug spray are a must.

- **Plan meals and snacks, and drink plenty of water.** A participant map in your attendee bag highlights food options and hours at the convention center, but bring along nutritious snacks such as fruit, granola or nuts and bottled water for your midday energy boost.

- **Explore Houston beyond NTI.** The diverse neighborhoods of Houston offer endless opportunities for cultural and outdoor activities. Get started at www.visithoustontexas.com, or ask the locals at the Host Chapter booth on-site.

- **Gear up for a fun-filled Nurses’ Night Off at Houston Museum of Natural Science.** Wednesday, May 24, 7-10 p.m. Explore a fascinating variety of permanent exhibits that examine astronomy, space science, paleontology, energy and much more. NTI registration includes one admission ticket. Children 12 and younger do not need a ticket. The event will include dancing and dessert. Shuttle service will be provided throughout the evening.

- **Stay and make it a vacation.** On a recent episode of “Parts Unknown,” host Anthony Bourdain confessed that he wasn’t prepared for Houston to be such an interesting place. But with over 90 languages spoken, Houston is among the most ethnically diverse cities in the country. That diversity has helped create a vital food scene, dynamic music and arts, vibrant street culture and colorful attractions.

Safe travels. See you in Houston!
Stepping Up Your Nursing Career: Subspecialty Certification

AACN’s CMC and CSC subspecialty certifications enable acute/critical care nurses to deepen their expertise in caring for cardiac patients.

Working with seriously ill cardiac patients requires a breadth of expertise spanning both acute/critical care and cardiovascular care. While many cardiac nurses earn their specialty certification in acute or critical care, a much smaller number take the next step and pursue a cardiac subspecialty credential.

Achieving cardiac subspecialty certification enables nurses to demonstrate a greater depth of knowledge and experience within a narrower field, elevating their daily practice and their confidence — and helping optimize cardiac patient outcomes.

For Seth Durant, a cardiovascular-surgical ICU charge nurse at Community Medical Center in Fresno, California, subspecialty certification was a natural next step on his nursing journey.

“Nursing is getting so specialized that you just have to take your credentialing to another level. You can’t be too qualified for something, especially because technology and practice are always stretching new boundaries.”

After first earning CCRN certification, Durant continued on to earn both of AACN’s cardiac subspecialty certifications:

- **CMC certification (cardiac medicine)** — For certified nurses providing direct care to acutely/critically ill adult cardiac patients. Nurses interested in this certification may work in areas such as CCUs, medical ICUs, telemetry, progressive care, heart failure clinics, home care, interventional cardiology, cardiac cath labs and/or electrophysiology units.

- **CSC certification (cardiac surgery)** — For certified nurses providing direct care to acutely/critically ill adult cardiac surgery patients in the first 48 hours postoperatively.

Tools to Help You Succeed: CMC/CSC Prep Resources

For candidates considering cardiac subspecialty certification, the prospect of where and how to begin preparing for the exam can be overwhelming. To help you build a solid foundation for success, AACN offers a variety of certification exam preparation resources.

- **Test Plan**
  The test plan for each certification exam breaks down content areas and assigns a percentage indicating how each topic area is weighted on the exam. Test plans are your go-to exam resource and should be reviewed thoroughly as part of your preparation process. Find the CMC and CSC test plans in the exam handbook for each program, available on AACN’s website.

- **Certification Review Course**
  Newly updated certification review courses for both CMC and CSC are available through the AACN online store.

Presented by nationally recognized subject matter experts, each course aligns with the latest test plan and provides an in-depth review of knowledge addressed in the respective exam.

- **Practice CMC/CSC Exam Questions**
  Use the practice questions booklet for CMC or CSC to gauge your exam readiness and boost your test-taking confidence. Each booklet aligns with the test plan and includes 100 questions with answers and rationales, plus reference validation.

- **Exam Bibliography**
  The exam handbook for each credential includes a list of references used by the exam item writers to validate correct answers. You may find it helpful to review some of these sources as you prepare.
Nurses interested in this certification may work in areas such as cardiothoracic surgery, cardiovascular surgery and post-anesthesia care units.

Durant reflects on his experience and shares his thoughts about cardiac subspecialty certification:

“After earning my CCRN, I started working in cardiology and then started taking care of open-heart-surgery patients. I pursued both subspecialty nursing certifications, because I felt there was so much synergy between the two. A person would not be a cardiac surgery patient if they didn’t also have a list of cardiac medicine-type problems.

I felt that CMC would be a great foundation to start from. Cardiac surgery is such a specialized field, I wanted to get certified in that, too.

“For a long time I was the only CMC- or CSC-certified nurse on our unit. Almost everybody had their CCRN, so it really boosted my confidence to know that I had something tangible to show I belong in those units.

“I remember one time a cardiothoracic surgeon was pushing back about something going on with a patient. The surgeon made a comment like, ‘Do you really know what you are doing?’ I chuckled and responded, ‘Why yes, doctor. I am certified in critical care, cardiac medicine and cardiac surgery nursing.’ Being able to answer in that way really empowered me to stand up for what I’d been doing.

“My cardiac subspecialty certifications help me feel like I belong where I’m at. If I were an ED nurse, I would want an ED certification; if I were a neuro nurse, I would want a neuro certification. They just give you that concrete stepping-stone in your career.”

For more information about CMC and CSC certifications, visit the Certification section of AACN’s website at www.aacn.org/certification.
Patients and Families Recognize Nursing Excellence With DAISY Award

The award program was born out of a family’s positive experience with nurses.

Patrick Barnes awoke one morning with blood blisters in his mouth. Having survived Hodgkins disease twice, the 33-year-old was concerned. He was soon admitted to the hospital, where he was diagnosed with an autoimmune disease, idiopathic thrombocytopenic purpura.

Pat’s wife, Tena, had just delivered their first child two months before he became ill. He would not live to see his daughter’s first birthday: After eight weeks of hospitalization, Pat died.

Despite the sadness of losing Pat, his family committed to doing something to honor the nursing excellence he received. His father, Mark Barnes, says, “We are so blessed that we were able to spend the eight weeks of his hospitalization with him and his family. During those weeks, we experienced the best of nursing. We were there to see the clinical skill that dealt with his very complex medical situation, the fast thinking of nurses who saved his life more than once, and the nursing excellence that took years to hone to the best of the profession.”

Even more important, they were awed by the way Pat’s nurses delivered care and the kindness and compassion they gave him and every other member of the family.

The family was so touched by the care they received, they created The DAISY — Diseases Attacking the Immune SYstem — Award For Extraordinary Nurses. The family then piloted the program at Seattle Cancer Care Alliance, where Pat received care during the last weeks of his life.

“Our goal was to ensure that nurses know how deserving they are of our society’s profound respect for the education, training, brainpower and skill they put into their work, and especially for the caring with which they deliver their care,” Mark Barnes says. “At the time we started the program, we could not have anticipated that The DAISY Award would come to be regarded as a strategic tool for nurse recruitment and retention and would be adopted by healthcare facilities all over the U.S. and beyond.”

Eighteen years later, the award created in Patrick Barnes’ memory still honors nursing excellence. Over 75,000 nurses have received the award from more than 800,000 nominations. There are now more than 2,500 healthcare facilities in the U.S. and 15 other countries committed to honoring nurses with The DAISY Award. Recipients of the award are nurses who consistently demonstrate excellence in the delivery of patient care and exemplify the nursing values of extraordinary compassion, courage and integrity.

Access www.daisyfoundation.org/daisy-award for more information.

Jim Jordan
Tampa, Florida

A nurse in the Neuroscience ICU at Tampa General Hospital. Jim Jordan was honored with The DAISY Award based on how he treated a father dying of cancer.

“Jim immediately developed a rapport with my dad,” his daughter writes. “Never once did Jim make my dad feel undignified, which is a hard thing to accomplish when one is dying of cancer. My dad was a professional athlete, a real man’s man. Cancer managed to chip away his physical strength and masculinity, but Jim never chose to acknowledge the parts of my dad that were slowly fading and instead always treated him like the man he was underneath.”

She says that Jim and her father enjoyed each other’s company, talked about sports and cracked jokes, and that when it was time to make difficult decisions, Jim provided emotional support for the family.
“There are not enough words to accurately articulate the gratitude I feel for Jim,” she adds. “He made my dad feel less like a dying man and more like just a regular man, a human being with stories and friends — and a heartbroken daughter.”

Caitlyn Russell
Middletown, Ohio

Caitlyn Russell, an ICU nurse at Atrium Medical Center, received The DAISY Award in recognition of the care she gave to a severely ill man who was also a heroin user.

“Caitlyn Russell is an amazing nurse,” his sister says. “Late last year my brother was living in my basement, and as I finished my day at work, I learned that he was in the ER. I was impressed by how brilliant Caitlyn was. She managed my brother medically with confidence and a wealth of knowledge. I was 100 percent certain that he was getting the best possible care when she was his nurse.”

She relates that Caitlyn went out of her way to ensure the family felt good about leaving him in the hospital under her care, especially since a younger brother had died recently. She was impressed with Caitlyn’s interpersonal style and openness: “She hugged us. She answered every tedious question that we asked without hesitation. She skipped lunch ... she stayed late.”

“There are now more than 2,500 healthcare facilities in the U.S. and 15 other countries committed to honoring nurses with The DAISY Award.”

Despite Caitlyn’s efforts, the patient went into respiratory and cardiac arrest several days after admission. His mother had to make what she called the hardest decision of her life: to stop CPR.

“Mom still agreed to blood and medication administration,” she says, “and Caitlyn worked feverishly to administer these things. I finally had to take her hand and tell her to stop. She hugged me so tightly; I was overwhelmed with empathy for her.”

A few days later, the family held a memorial service for him, and Caitlyn left work early to attend.

“I cannot express how dynamic Caitlyn’s role was to our family during this time,” she says. “Caitlyn genuinely wanted to give my brother the best care, regardless of the circumstances that brought him to the hospital. I respect her and truly believe that The DAISY Award was developed for nurses like her.”
Updated Sepsis Guidelines Provide Consensus Recommendations

The Surviving Sepsis Campaign guidelines provide best-practice updates and both strong and weak recommendations — with a focus on early management — for clinicians with adult patients in sepsis and septic shock.

“Surviving Sepsis Campaign: International Guidelines for Management of Sepsis and Septic Shock: 2016,” in Intensive Care Medicine, is an update of the guidelines that were first released in 2012.

Major recommendations include:
- Administering IV antimicrobials within one hour of sepsis recognition
- Diagnosing the specific anatomic infection site as quickly as possible to begin source control interventions
- Daily assessment for de-escalation of antimicrobial therapy to avoid risks associated with unnecessary prolonged use
- Initial fluid resuscitation using at least 30 mL/kg of IV crystalloid fluid within the first three hours
- Frequent reassessment of hemodynamic status to determine the need for additional fluids, following initial fluid resuscitation
- Targeting an initial mean arterial pressure of 65 mm Hg for patients requiring vasopressors
- Using norepinephrine as the first-choice vasopressor
- Implementing hospital programs that include sepsis screening for acutely ill, high-risk patients

A committee of 55 international experts from 25 organizations, including AACN, evaluated evidence to provide clinicians the most current consensus on sepsis care. They offer 32 strong and 39 weak recommendations, plus 18 best-practice statements. The article explains, “Although a significant number of aspects of care have relatively weak support, evidence-based recommendations regarding the acute management of sepsis and septic shock are the foundation of improved outcomes for these critically ill patients with high mortality.”

The article acknowledges that the guidelines do not replace clinicians’ ability to make decisions based on individual assessments of patients.

CRE More Resistant, Evasive Than Previously Believed

A study of carbapenem-resistant Enterobacteriaceae (CRE) strains identifies previously unrecognized resistance mechanisms that spread without causing symptoms, indicating that CRE continues to evolve and evade “last line” antibiotics.

“Multi-Institute Analysis of Carbapenem Resistance Reveals Remarkable Diversity, Unexplained Mechanisms, and Limited Clonal Outbreaks,” in *PNAS: Proceedings of the National Academy of Sciences*, finds a significant degree of CRE diversity and resistance, suggesting the need for an aggressive approach to surveillance and isolation.

“We provide evidence for considerable asymptomatic carriage and unrecognizable mechanisms of carbapenem resistance that, together, indicate continued innovation by these organisms to thwart the action of this important class of antibiotics and underscore the need for continued surveillance of CRE,” the study explains.

More than 250 CRE isolates were drawn from patients in three Boston-area hospitals and one California hospital over 16 months. The study sought to determine the frequency and characteristics of outbreaks, the transfer of strains within and between hospitals and the frequency of resistance transfers between lineages or species.

“We found eight species exhibiting resistance, with the majority of our sample being the sequence type 258 (ST258) lineage of *Klebsiella pneumoniae*,” the study adds.

A related article in *Tech Times* notes that some species have managed to avoid the effects of antibiotics in ways that researchers are not aware of. The resistance appears to spread without obvious cases of illness or infection.

“While the typical focus has been on treating sick patients with CRE-related infections, our new findings suggest that CRE is spreading beyond the obvious cases of disease,” researcher William Hanage, Harvard T.H. Chan School of Public Health in Boston, says in the article. “We need to look harder for this unobserved transmission within our communities and healthcare facilities if we want to stamp it out.”

More research with both healthy and sick people is needed to corroborate the results, the article adds.

Air Pollution May Affect the Aging Brain

Exposure to air pollutants may increase disorientation and memory loss as well as amyloid beta protein clumps in the brain.

T

iny airborne particles known as PM\textsubscript{2.5} may greatly increase older women’s risk of dementia, including Alzheimer’s disease (AD), according to a study led by the University of Southern California, Los Angeles.

“Particulate Air Pollutants, APOE Alleles and Their Contributions to Cognitive Impairment in Older Women and to Amyloidogenesis in Experimental Models,” in Translational Psychiatry, examined 3,600 women between the ages of 65 and 79. None had dementia when the study began. Researchers also studied female lab mice and brain tissue in petri dishes.

The study finds that older women who live in areas with fine particulate matter (PM) exceeding the federal standard have an 81 percent higher risk for global cognitive decline and are 92 percent more likely to develop dementia, including AD, explains a related article in USC News.

Results suggest that exposure to air pollutants increases disorientation and memory loss and amyloid beta protein clumps in the brain. The study provides the first evidence from female transgenic mice with AD that exposure to urban airborne particulates can intensify amyloid accumulation and neurodegeneration. “Moreover, these joint data from humans and mice provide the first evidence that neurodegenerative effects of airborne PM may involve gene-environment interactions with APOE e4, the major genetic risk factor for pathological brain aging and AD.

“The association between PM\textsubscript{2.5} exposure and increased dementia risk suggests that the global burden of disease attributable to PM\textsubscript{2.5} pollution has been underestimated, especially in regions with large populations exposed to high ambient PM\textsubscript{2.5}.”

However, “the study does not prove definitively that air pollution causes the risk of dementia to rise. What’s more, results from animals don’t always produce similar results in humans,” notes a related article in The Charlotte Observer. More research is needed.


Understanding the Ethics of Euthanasia and Physician-Assisted Suicide

The patient-caregiver relationship is reciprocal, and neither side should force the other into undesired action.

A panel of critical care specialists developed concise opposing viewpoints to increase understanding of the ethical issues related to physician-assisted suicide and euthanasia as end-of-life options.

“Physician-Assisted Suicide and Euthanasia in the ICU: A Dialogue on Core Ethical Issues,” in Critical Care Medicine, explores four questions where intensive care patients’ preferences, as well as those of caregivers, might have significant moral and ethical implications. The article discusses whether death can be considered beneficial, if physician-assisted suicide or voluntary euthanasia (PAS/E) is the moral equivalent of withholding or withdrawing life-sustaining therapy, and if it is morally acceptable for caregivers to cause death intentionally.

“We hope that our discussion enables readers to reflect critically on their own position on PAS/E in order to care for critically ill patients and their families with ever greater compassion and humanity and to discuss these issues among colleagues with clarity and respect,” the article explains, adding that although such issues arise infrequently, it is important to confront them personally and systematically in advance to make effective decisions.

The only question on which the panel reached consensus dealt with conscientious objections from caregivers and whether unwillingness to perform PAS/E represents an undue burden on patients. The panel recommends that objecting physicians transfer patients to a colleague who does not object, when feasible, but acknowledges that the patient-caregiver relationship is reciprocal, and neither side should force the other into undesired action.

The Society of Critical Care Medicine’s annual congress presented a session on PAS/E ethical issues that can be viewed on YouTube. The written report also includes charts summarizing the core arguments to help organizations start their own conversations.

Visionary Leader Awards

Marguerite Rodgers Kinney Award for a Distinguished Career

With this award, the AACN community recognizes individuals who are completing or have completed an extraordinary and distinguished professional career with a significant impact on fulfilling AACN’s mission and vision. The award recipient shows consistent and exceptional contributions to enhance the care of acutely and critically ill patients and their families.

The award was first presented in 1997 to its namesake, Marguerite R. Kinney-Handlin, for her influence on many levels — as AACN president, chair of AACN Certification Corporation, writer, editor and tireless mentor at the University of Alabama at Birmingham — and across the world.

Pam Thompson

Pam Thompson’s work has helped secure the future for upcoming nurse leaders. She has led the way for nurses to become managers, executives and board members.

Pam Thompson
Chief Executive Officer Emeritus
American Organization of Nurse Executives (AONE)
Washington, D.C.

Thompson has influenced the profession locally, nationally and internationally — as vice president at Dartmouth-Hitchcock Medical Center in New Hampshire; in the dual role of AONE chief executive officer (CEO) and American Hospital Association (AHA) senior vice president; and as leadership development faculty in Russia, countries of the former Soviet Union and Africa. In each of these positions, she has been a friend of AACN and a believer in the value of nurse certification.

As CEO of AONE, she relocated the organization’s headquarters to Washington, D.C. There, Thompson coordinated the AHA Workforce Initiative, designed to strengthen the healthcare workforce and redesign patient care delivery. She was also influential in the development of AONE’s 2015 toolkit to mitigate violence in the healthcare workplace.

During her tenure at AONE, the organization joined three peer nurse organizations — American Nurses Association, American Association of Colleges of Nursing and National League for Nursing — to launch Academic Progression in Nursing, a historic collaboration funded by the Robert Wood Johnson Foundation to help nurses earn bachelor’s and higher degrees in nursing.

In her quest to create a more highly prepared nursing workforce to better meet patient needs, Thompson sought innovative ideas such as the AONE-AACN collaboration to create the online Essentials of Nurse Manager Orientation and CNML specialty certification for nurse managers and leaders.

Thompson championed the roles of nurse leaders and raised their profile in the C-suite, elevating nursing’s voice about issues that positively impact the care of patients and their families, including nurses’ critical role as members and chairs of influential boards. She chaired the board of directors for the National Patient Safety Foundation — which is merging with the Institute for Healthcare Improvement — and guided the AONE Foundation to develop fellowships for nurse managers and directors.
**AACN Pioneering Spirit Award**

This award recognizes significant curiosity and exploration that exemplify a pioneering spirit and influence the direction of acute and critical care nursing. The contributions are clearly defined and have a regional or national effect. They are timely and address or resolve a significant issue facing acute and critical care nursing with a relationship to the mission, vision and values of AACN. Recipients may be individuals or groups from any professional field, including those in business, ethics, health policy and legislation, and scholarly arenas.

**Kathy Douglas**
Chief Executive Officer, The Sedona Group  
Sedona, Arizona  
Co-Founder, Wise Women Circles  
Tiburon, California

She transformed from hospital housekeeper to critical care nurse to corporate executive to filmmaker. One day, Kathy Douglas wondered, “What would Florence Nightingale think if she could see nursing today?”

Her answer: “NURSES: If Florence Could See Us Now,” the award-winning film screened at the 2013 NTI in Boston. “NURSES” offers an engaging look at the challenging and ever-changing role of nurses from the bedside to the boardroom. Using interviews from more than 100 nurses across the United States, the film increases public awareness and understanding of our profession.

With her daughter, Sara Moncada, Douglas directed “The Song Within Sedona,” a film about women’s wisdom, and is now working on “Finding Compás,” a documentary about Flamenco dancing that explores the role art can play in healing grief.

**Carolyn Jones**
Photographer, Documentary Filmmaker  
New York

Carolyn Jones is an internationally acclaimed photographer and documentary filmmaker who has focused her creative vision on nurses.


Jones discovered nurses’ work firsthand during her experience with breast cancer, which led her to engage in media projects that enhance public understanding of nurses. She has examined other elements of healthcare with “Living Proof: Courage in the Face of AIDS,” another award-winning book. Her newest film project, “HOPE: Dying in America,” examines the end-of-life experience through the eyes of nurses.

**Judith Nelson ▲**
Chief, Palliative Care Service, Memorial Sloan Kettering Cancer Center  
Professor of Medicine, Weill Cornell Medical College  
New York

Judith Nelson and Kathleen Puntillo exemplify the AACN Healthy Work Environment standard that healthcare team members “must be relentless in pursuing and fostering true collaboration.”

Their joint publications and initiatives meet the communication and palliative care needs of patients and families facing critical illness and cancer. Among the most notable is the pioneering “Improving Palliative Care in the ICU.” Provided by the Center to Advance Palliative Care™ with support from the National Institutes of Health, IPAL-ICU helps integrate palliative and intensive care.

Educated as a physician and lawyer, Nelson is an investigator, educator, clinician and mentor who, as director of the IPAL-ICU project, leads a national, interprofessional, web-based effort to enhance translation of emerging research in clinical palliative care. This work is informed by her role as chief of interprofessional palliative care at one of the world’s premier cancer centers.

An AACN member since 1975, Puntillo is a world-renowned expert in pain management. Her program of research includes studies of symptoms in patients at high risk of dying in ICUs and an intervention for thirst experienced by ICU patients. She led AACN’s Thunder Project II, an international study of procedural pain in ICU patients with 192 ICUs in 28 countries participating.
Circle of Excellence Awards

Each year, the Circle of Excellence awards recognize up to 25 individuals who exemplify excellence in the care of acutely and critically ill patients and their families. Award recipients must be current AACN members and nominated by a colleague who is also an AACN member. The nominating colleague attests to the nominee’s achievement of the award criteria:

- Relentlessly promotes patient-driven excellence
- Models skilled communication, true collaboration, effective decision making and meaningful recognition
- Transforms thinking, structures and processes to address challenges and remove barriers to advance patient-driven excellence
- Enriches own and other organizations by influencing and mentoring others in achieving excellence
- Furthers AACN’s mission and key initiatives at influential forums
- Achieves visible results that validate the impact of individual leadership contribution to organizational excellence

Aimee Anderson
ICU Nurse Manager
Penn Medicine - Lancaster General Hospital
Lancaster, Pennsylvania

Aimee’s passion for all-things patient safety has transcended her role. In a few short years as a nurse leader, she has had many accomplishments, including reducing hospital-acquired pressure ulcers (HAPUs) and central line-associated bloodstream infections (CLABSIs). Her team reduced the facility’s HAPU rate and CLABSI rate nearly 50 percent. As chair of the skincare committee, she collaborated with others to get approval from the medical staff to implement a nurse-driven skincare protocol. Now, all bedside RNs have the ability to order interventions and products without a physician order. This has improved unit-acquired pressure ulcer rates and increased the autonomy of the nurses at the facility. Aimee co-leads the CLABSI task force with the patient safety officer and strives to eliminate CLABSIs.

Gennifer Baker
Director of Clinical Excellence
Decatur Morgan Hospital
Decatur, Alabama

Gennifer has worked hard to establish relationships in order to build trust as she identifies gaps in workflow, safety, quality, patient care and the relationship between the healthcare team and critically ill patients and their families. She thinks of new ways — and recycles and modernizes old ways of doing things — so that all levels of professions and all generations can be included. She encourages nurses toward certification, organizational involvement and practicing at the top of their scope. Gennifer is known for her writing skills, never hesitating to help her fellow nurses and advanced practice nurses prepare to publish and present. When you talk to Gennifer and ask about her everyday role, she will reply, “I am the nurses’ nurse.”

Leah Borchardt
Critical Care Nurse Practitioner
Wheaton Franciscan Healthcare - All Saints Hospital
Racine, Wisconsin

Leah possesses valuable ICU experience along with an impressive knowledge of pathophysiology and treatment modalities. She serves as a role model, researcher, educator, leader, resource and important colleague with a never-ending drive to use evidence-based and best-practice methodologies to achieve sustainable care practices that continue to yield successful clinical outcomes. She helped develop guidelines for PEP-UP, therapeutic hypothermia and massive transfusion protocols. The PEP-UP protocol was instituted because Leah recognized that patients’ nutritional needs were not being met. She did further research and discovered the main cause of this deficiency was that nurses were frequently stopping or holding the tube feedings. Leah worked with her colleagues to develop the protocol for the delivery of volume-based tube feeding.
Amy Brandon
Director of Critical Care Services and Clinical Documentation
East Alabama Medical Center, Opelika

In her expanded role, Amy leads the Critical Care Nursing Division and clinical documentation initiatives to further the organization’s mission “to promote high quality, compassionate health care” through excellence in nursing. Amy’s transformational leadership inspires her team to create vision and execute change within the healthcare system. Amy values continued learning, as she maintains certification as a clinical nurse specialist, advanced nurse executive and critical care nurse, and she enriches patient care by influencing her team to collaboratively aim for excellence and to share knowledge with other organizations. She has led her units on their journeys as Beacon units of critical care excellence and serves skillfully as an administrator with the heart of an ICU nurse.

Garry Brydges
Chief Nurse Anesthetist
The University of Texas MD Anderson Cancer Center, Houston

Garry is sought after by the center’s top surgeons to provide anesthesia for the most difficult surgical procedures. He is on the frontlines, passionately leading his team by example. He is a true patient advocate, leading initiatives in Joint Commission readiness, quality and safety, and value-based healthcare delivery. He has actively led performance improvement projects to improve patient outcomes. Garry is a clinical assistant professor for two anesthesia programs and lectures locally, at the state level and at national meetings. He works closely with the anesthesia programs to make certain their clinical experience is both challenging and rewarding. Garry continually improves his knowledge and skills through formal and informal education not only in nursing but also in business management.

Suzette Cardin
Associate Adjunct Professor
UCLA School of Nursing, Los Angeles

Suzette is an authentic leader who tirelessly promotes patient-driven excellence, models healthy work environments and addresses challenges to remove barriers to advance nursing. At UCLA School of Nursing, she was assistant dean for student affairs (2006-2014) and has been an adjunct professor since 1998. She continues to contribute new knowledge through her pioneering research on critical care nurse manager leadership styles and the relationship of unit effectiveness to outcomes, which provide a basis for open communication, team building and conflict resolution. Since 1992, Suzette has served on the editorial board of Critical Care Nurse, where she works to provide accurate, relevant and useful information. In 2015, Suzette was a contributing editor to the second edition of “AACN Standards for Establishing and Sustaining Healthy Work Environments.”

Alice Chan
Nurse Manager
Cardiac Medicine and Cardiac Surgery ICUs
Cedars-Sinai Medical Center, Los Angeles

Alice is highly respected by the nurses and other staff who report to her as well as the physicians and all the inter-professional team members she works with. She is actively involved in research and education focused on the care of patients with cardiac disease. Alice authored chapters in “AACN Procedure Manual for Critical Care,” and co-authored “Cardiac Surgical Nurses’ Use of Atrial Electrograms to Improve Diagnosis of Arrhythmia,” which was published in American Journal of Critical Care. She has lectured to nursing audiences locally and internationally. She also received the President’s Award in 2016, the highest honor that can be bestowed on a Cedars-Sinai employee, in recognition of her clinical, educational and leadership excellence.
In her current role, Jana oversees the daily operations of approximately 215 hospital beds, as well as 400 nursing and ancillary staff members in four critical care and two telemetry nursing units. Jana holds herself and her team to high standards to ensure high-quality care and optimal patient outcomes. She was a driving force in implementing the health system’s progressive mobility program for ventilated patients in the ICU setting, and she was instrumental in the Trauma/Surgical ICU’s achievement of the AACN Beacon Award for Excellence. Additionally, Jana motivated her team to find innovative methods to almost eliminate device-related hospital-acquired pressure ulcers, and she introduced a new policy and procedure that eliminated iatrogenic pneumothoraces in the health system.

Leanne Fowler
Director, Adult-Gerontology ACNP Program
LSU Health New Orleans School of Nursing
New Orleans

As a nurse, nurse practitioner and nurse educator, Leanne has touched many lives. Continuing to practice and teach allows her to touch exponentially more. Leanne uses her leadership excellence and innovation to design curricula for nurse practitioner students that reflect contemporary healthcare trends to help prepare them to function effectively in the healthcare environment. Her commitment to develop and maintain competence is evident in her determination and drive to facilitate learning and develop students into optimal contributors to patient and family needs. She has a reputation as a change agent who gets things done, as opposed to being a passive participant. Leanne is an excellent theory, practicum and simulation instructor.

Marjorie Funk
Professor
Yale School of Nursing
New Haven, Connecticut

Marge has made outstanding contributions to critical care through role modeling, mentorship, research and leadership at regional, national and international levels. The focus of Marge’s research is the wise use of technology in the care of critically ill patients. Most recently, she has addressed ECG monitoring and clinical alarms. She was principal investigator of the PULSE Trial, a six-year 17-site randomized clinical trial on implementing practice standards for ECG monitoring. Marge is an active member of the AAMI Alarm Coalition, leading a national study on monitor watchers. She collaborates with manufacturers on methods to decrease nonactionable and false alarms, thus supporting a healing environment in the ICU. Her research has made a significant impact on the care of critically ill patients.

Julie Gamboa
Surgical-Trauma ICU Nurse
Crisis Nurse on Rapid Response Team
The Queen’s Medical Center, Honolulu

Julie has been a nurse and patient advocate for 18 years. She participated in shared governance in the Surgical Trauma ICU as a Unit Council member and chair. She is an active member of AACN’s Hawaiian Islands Chapter as a board member, secretary, president and committee chairperson since 2012. As a humanitarian with Aloha Medical Mission, Julie delivers nursing care and organizes volunteers of surgeons, anesthesiologists, dentists, nurses, students and laypersons to help relieve suffering in Nepal, the Philippines, Cambodia, Ecuador, Honduras, Myanmar and the Marshall Islands. In addition, she shares her expertise with nursing students by coordinating a crisis management course (Crisis Management Bootcamp) for graduating senior students.

Steven Keller
Nurse Manager II
Carolinas Medical Center
Charlotte, North Carolina

Steve manages a 29-bed neurosurgical intensive care unit (NSICU) and leads over 100 employees. He strives to improve the workplace for his employees and always looks for ways to push them and encourage them to develop into successful members of the unit, hospital and profession. Steve has been an essential driver of maintaining metric goals, including decreasing the unit’s central line-associated bloodstream infections 50 percent and decreasing catheter-associated urinary tract infections 40 percent. Steve fosters communication among the interdisciplinary team, encourages the staff to be active participants and promotes teamwork. He is also an integral part of keeping up staff morale by promoting and engaging in interactive morning huddles and playing on the NSICU kickball team.
Joseph Moffa
Nurse Manager
PACU & Ground White
(Second Stage Recovery Unit)
Hospital of the University of Pennsylvania
Philadelphia

Joseph is a leader committed to delivering safe, high-quality patient care, high patient satisfaction scores and positive patient outcomes. Under his leadership, 43 percent of his clinical nurses are certified, 27 percent have an MSN degree and 100 percent have a BSN. His nurse satisfaction scores are above national benchmarks, and his outpatient Press Ganey patient satisfaction scores rank in the 92nd percentile. In the past year, Joseph has reduced patient falls in perioperative nursing 68 percent. His extended-stay recovery unit has decreased patient discharge time 2 ½ hours. He establishes a partnership with patients and families to respect their wants and needs and to participate in postoperative care.

Rhae Newbill
RN IV
Centra Lynchburg General Hospital
Lynchburg, Virginia

Rhae has been a lead preceptor for new hires as well as a resource for many others, not only in the MICU. She currently leads a community-based project in the MICU that serves as a CPR training service for families and friends in many counties in the area. She brought the unit together to lead these CPR classes to help the community be more comfortable in performing bystander CPR and hopefully improve survival. Rhae designed and initiated a research study to establish journal usage for critically ill patients. The ICU journal for critically ill patients treated for ARDS, sepsis and cardiac arrest is thought to improve health by decreasing memory gaps, anxiety and sleep disturbances perceived by patients and their families.

Jose Sala
Night Shift Nurse Manager
Surgical/Liver Transplant ICU
Houston Methodist Hospital

Jose collaborates with many different departments, as well as nursing teams, in multiple ongoing unit projects. With the help of the charge nurses, he reorganized the unit shared-governance committee structure to focus on improving clinical outcomes in various areas of the unit, including infection control, patient- and family-centered care, knowledge and innovation, and staff satisfaction. CAUTI rates decreased 63.16 percent, and pressure ulcer rates decreased up to 70 percent after the team implemented an early mobility program, which Jose championed on both day and night shifts. He is truly not only an excellent example of a great leader, but also a very versatile, hardworking and humanitarian individual, pleasant to be around and always encouraging others.

Joanna Sanzone
Clinical Nurse IV
Memorial Sloan Kettering Cancer Center
New York

Joanna approaches her calling as a nurse with a fierce, fero-cious fervor that is truly rare, yet so important to delivering the kind of care the sickest patients need and deserve. She is a fierce patient advocate who always makes sure that her patients have complete understanding of their plan of care and their voices and wishes are heard. She has become a CCRN, a delirium-reduction champion and a passionate advocate for the reduction of sedative agents and for early mobilization of ICU patients who are mechanically ventilated. She joined a multidisciplinary group of physical therapists, occupational therapists, respiratory therapists, nurse practitioners, registered nurses and physicians who developed and promoted standards of early mobilization for these patients.

Maria Suvacarov
Associate Vice President of Nursing
Emergency and Critical Care Services
AMITA Health Adventist Medical Center
La Grange, Illinois

In this position, Maria’s span of control is incredibly wide and varied, which includes leading the house directors, PICC Services, Respiratory Therapy, ICU, Progressive Care Unit, Telemetry and the Emergency Department at the two sister hospitals. She strives for excellence in every area by incorporating evidence-based practice and collaboration between all units, all disciplines. Maria leads by example, advocating the importance of continuing education and certification. She has been instrumental in incorporating best practices to greatly decrease hospital-acquired infections, falls and pressure ulcers. She shares the latest data on patient outcomes with her leadership team, troubleshooting areas that may need improvement and sharing the wins of improved patient outcomes.
Paul Thurman
Clinical Nurse Specialist
R Adams Cowley Shock Trauma Center
Baltimore

Paul’s relentless quest to ensure excellent care for acutely and critically ill patients and their families has led to a number of outstanding outcomes. He spearheaded efforts to reduce catheter-associated urinary tract infections (CAUTIs), in large part by developing and implementing a nurse-driven catheter removal protocol and bladder scan algorithm now used throughout the medical center. In FY16, CAUTI rates for the trauma center decreased 45 percent. Similarly, he championed a reduction in catheter-associated bloodstream infections on his critical care unit and decreased rates 48 percent in FY16. One of Paul’s true talents is inspiring, motivating and empowering others to take responsibility for the integrity of their own practice through continuing education, collaborative care and research.

Emily “Kate” Valcin
Associate Director of Adult Critical Care Nursing
University of Rochester Medical Center
Strong Memorial Hospital
Rochester, New York

Kate is a transformational leader who is highly engaged in furthering AACN’s vision by implementing evidence-based bundles that improve the quality of nursing care for patients and their families. She leads the nursing program, which provides expert consultation to prevent pressure injuries in critically ill patients. Her vision to promote delivery of highly specialized care by expert and competent nurses led her to enhancing the clinical resource nurse role, which deploys a team of experienced ICU nurses throughout the hospital to provide clinical support at the bedside 24 hours a day. Kate’s leadership priority is maintaining high-quality care for patients and families coupled with staff engagement.

Jane Whalen
Clinical Nurse Specialist II
TriHealth – Good Samaritan Hospital
Cincinnati

During the 33 years she has been associated with critical care in this organization, Jane has contributed immeasurable leadership to the culture of nursing excellence at Good Samaritan Hospital. She personifies professionalism and is well respected by so many fellow APNs, as well as physicians, nurses, residents and students. Jane is an incredible teacher who is driven by her intellectual curiosity. An advocate of evidence-based practice, Jane is an avid reader of nursing and medical literature. Patients and their families love Jane. She guides them through acute hospitalization and follow-up with skill, expertise and absolute compassion. The HCAHPS scores for the CV unit routinely exceed the 90th percentile, with frequent comments citing Jane’s care.

Michele Wilson
Clinical Nurse Specialist
Loma Linda University Children’s Hospital
Loma Linda, California

Michele has been instrumental in the implementation of many initiatives focused on improving patient care, including nurse involvement in rounds, improved monitoring of patients on PCA/PCEA, flipped classroom training for new staff and many others. Using Lean performance improvement strategies, Michele co-led a team that created a structured template for bedside rounding in the PICU that includes physicians, nurses, respiratory therapists, pharmacist, case manager, social work, child life and most importantly families, to ensure that all members of the care team are working as a cohesive unit. This process resulted in quantifiable improvements in patient, family and staff satisfaction, and rounds efficiency. Michele is the go-to person for all regulatory questions; she has an amazing memory and a wealth of experience.

Lucia Wocial
Nurse Ethicist
Indiana University Health
Indianapolis

Lucia plays an integral role in RN advocacy by mentoring and supporting bedside caregivers who face ethical dilemmas. Her expertise is highly regarded by nursing colleagues in practice and academia. Because of her experience and skill facilitating difficult discussions, team members often seek her advice and assistance to navigate the most difficult clinical situations. Lucia is often consulted when communication has broken down. She is able to role model how to have a difficult conversation and set boundaries. She approaches each situation individually and without bias. The team is able to navigate their way through any difficult situation with the aid of her expertise. Lucia’s passion, dedication and “love for the work” are evident in all that she does.
Edith Woltman
Volunteer Nurse
Christ Clinic
Katy, Texas

Edith loves sharing her time and efforts with the clinic, and it shows through her contagious positive attitude. She is vital to the education of patients with diabetes, teaching them how to use their glucometer and administer insulin properly. Edith not only educates the patients, she educates the staff and her fellow volunteers by sharing her experiences as an RN over the years. Edith is a true leader who understands that working collaboratively will make a team stronger and the results more obtainable and sustainable. Edith has been active with the West Houston Chapter of AACN since its inception. Edith’s hard work, passion, determination and mentoring as chapter president led the chapter to greater heights in promoting AACN’s mission, vision and values.

Brandee Wornhoff
Clinical Nurse Specialist, Critical Care Areas
Hendricks Regional Health
Danville, Indiana

Brandee has facilitated multiple improved outcomes in a short period of time. Her leadership has also led to decreased sepsis mortality rates system-wide. With the implementation of sepsis core measure elements in March 2016, SEP-1 compliance improved from 38.9 percent to 64.5 percent in just the first month. As part of a team, Brandee works to increase access to new technology, such as CRRT, RotoProne therapy and noninvasive cardiac output monitoring. Her diligence has produced remarkable patient outcomes for the ICU. In the past four years, there was one ventilator-associated pneumonia and zero central line-associated bloodstream infections. She works to integrate evidence into practice to produce safe, high-quality, cost-effective outcomes and advance the practice of nursing.

Bethany Young
Clinical Nurse Specialist V
Hospital of the University of Pennsylvania
Philadelphia

Bethany’s commitment to the staff and patients/families is unmatched at Penn Medicine. Her clinical expertise is revered by the nursing staff, and she is sought out by the clinical faculty to partner on quality and research initiatives. Since she is responsible for implementation and evaluation of practice standards, optimization of nursing process and efficiency, delivery of high-quality comprehensive care to patients and families as well as nursing education, one can imagine that Bethany has her work cut out for her. However, she manages multiple responsibilities with ease. Simply put, she is superb. She is a highly intelligent skilled communicator and quickly earns the respect of those she works with, while nurturing teamwork and interdisciplinary collaboration.

National Nurses Week
May 6-12

The AACN community celebrates National Nurses Week and the enduring enthusiasm and unwavering spirit of our exceptional nurses. We applaud you and the care you deliver every day — it Matters. You inspire us with your commitment to the profession and the extraordinary knowledge and compassion you give to your patients and their families.
Turning Moral Distress Into Positive Action

Individuals can build moral resilience if they learn to recognize it when it occurs and if their organizations support them in finding ways to manage ethically challenging situations.

Nurses encounter morally distressing situations, but instead of being purely negative, moral distress can be a catalyst for positive action.


At the two-day symposium in August 2016 at Johns Hopkins School of Nursing in Baltimore, 45 nurses, researchers, ethicists and other stakeholders developed recommendations to build moral resilience in four areas: practice, education, research and policy.

A related article in “Off the Charts,” in AJN, notes that moral distress cannot be eliminated entirely, as situations involving angst always will exist. “But individuals can build moral resilience if they learn to recognize it when it occurs and if their organizations support them in finding ways to manage ethically challenging situations.”

Moving forward, symposium participants hope their work will mitigate the effects of moral distress and improve the quality of healthcare.

“Nurses and other healthcare professionals and administrators are encouraged to review the recommendations from this symposium and consider how specific ideas can be moved forward — even implemented — through their personal and organizational efforts,” the article adds.


AACN Resources on Moral Distress

• Ethics/Moral Distress: www.aacn.org > clinical resources > ethics/moral distress
• CE article in American Journal of Critical Care: “Burnout and Resilience Among Nurses Practicing in High-Intensity Settings”
• CE article in AACN Advanced Critical Care: “Moral Resilience: A Capacity for Navigating Moral Distress in Critical Care”

2017: Year of the Healthy Nurse

Monthly topics promote different health, safety and wellness concerns to share with co-workers, families, patients and communities.

In recognition of nurses’ positive impact on healthcare and patients, the American Nurses Association (ANA) designated 2017 as the Year of the Healthy Nurse.

The ANA defines a healthy nurse as one who actively focuses on a healthy balance of “physical, intellectual, emotional, social, spiritual, personal and professional wellbeing.”

Backed by the slogan “Balance Your Life for a Healthier You,” the year-long event includes the Healthy Nurse, Healthy Nation Grand Challenge. This five-point initiative — which focuses on improving physical activity, nutrition, rest, quality of life and safety — hopes to elevate the health of the nation by improving the health of the country’s 3.6 million RNs. The ANA believes that nurses who practice healthy habits can be role models and have a positive influence on others.

The initiative focuses on monthly topics to promote health, safety and wellness, and encourages sharing them with co-workers, families, patients and communities. The topic for May is women’s health and National Fitness and Sports Month.

Additional resources, available on the ANA website at www.nursingworld.org, include sharable logos, tweets and Facebook posts; a calendar of events; nursing webinars; and a toolkit for National Nurses Week (May 6-12).
Florence Nightingale (May 12, 1820-Aug. 13, 1910) was an English social reformer, statistician and the founder of modern nursing. Born in Florence, Italy, into a wealthy family, she defied the expectations of the time and pursued what she called her “God-given calling” of nursing. Determined to practice her true calling despite her parents’ objections, Nightingale eventually enrolled as a nursing student at the Institution of Protestant Deaconesses in Kaiserswerth, Germany, from 1850-1851. Nightingale came to prominence during the Crimean War while serving as a manager of nurses trained by her, where she organized the tending to wounded soldiers. She improved the reputation of nursing and became an icon of Victorian culture, especially as “The Lady with the Lamp,” making the rounds of wounded soldiers at night.

To honor her service, Queen Victoria presented Nightingale with an engraved brooch (now known as the “Nightingale Jewel”). A “Nightingale Fund” was also established at this time, raising £45,000 (equivalent to 4.5 million in current dollars) through private donations. She used the money to further her cause, funding the establishment of St. Thomas’ Hospital and, within it, the Nightingale Training School for Nurses. Nightingale was a beloved public figure, with poems, songs and plays written in her honor and young women aspiring to be like her. Even women from the wealthy upper classes began enrolling at Nightingale’s school. Because of her efforts, nursing was no longer frowned upon as an occupation. In fact, it had begun to be considered an honorable vocation.

What in particular do you owe your success to?
I attribute my success to this: I never gave or took any excuse. So never lose an opportunity of urging a practical beginning, however small, for it is wonderful how often in such matters the mustard-seed germinates and roots itself.

You worked mostly with English patients. Was there anything exceptional about working with them?
The only English patients I have ever known to refuse tea have been typhus cases; and the first sign of their getting better was their craving again for tea.

If you were building a hospital, what is the first requirement you would have?
The very first requirement in a hospital is that it should do the sick no harm.
Do you have a motto you live by?
Rather. 10 times, die in the surf, heralding the way to a new world, than stand idly on the shore.

You accomplished so much. How was this possible? Were you afraid of failure?
How very little can be done under the spirit of fear. I am of certain convinced that the greatest heroes are those who do their duty in the daily grind of domestic affairs whilst the world whirls as a maddening dreidel.

Is there a principle or statement that helps guide your practice?
Let whoever is in charge keep this simple question in her head (not, ‘how can I always do this right thing myself?), but ‘how can I provide for this right thing to be always done?’

What is nursing to you?
Nursing is an art: and if it is to be made an art, it requires an exclusive devotion as hard a preparation, as any painter’s or sculptor’s work; for what is the having to do with dead canvas or dead marble, compared with having to do with the living body, the temple of God’s spirit? It is one of the fine arts: I almost said the finest of fine arts.

And what makes a good nurse?
Women should have the true nurse calling, the good of the sick first, the second only the consideration of what it is their ‘place’ to do — and that women who want for a housemaid to do this or the charwomen to do that, when the patient is suffering, have not the making of a nurse in them.

That sounds like you’re being a little critical of your fellow nurses. What exactly do you mean?
If a nurse declines to do these kinds of things for her patient, “because it is not her business,” I should say that nursing was not her calling. I have seen surgical “sisters,” women whose hands were worth to them two or three guineas a week, down upon their knees scouring a room or hut, because they thought it otherwise not fit for their patients to go into. I am far from wishing nurses to scour. It is a waste of power. But I do say that these women had the true nurse-calling — the good of their sick first, and second only the consideration what it was their “place” to do — and that women who wait for the housemaid to do this, or for the charwoman to do that, when their patients are suffering, have not the making of a nurse in them.

When you received the call asking for your service in the war, why did you go?
I did not think of going to give myself a position, but for the sake of common humanity.

You treated a lot of wounded soldiers. What did that teach you?
What the horrors of war are, no one can imagine. They are not wounds and blood and fever, spotted and low, or dysentery, chronic and acute, cold and heat and famine. They are intoxication, drunken brutality, demoralization and disorder on the part of the inferior … jealousies, meanness, indifference, selfish brutality on the part of the superior.

You were one of the first to embrace data collection and statistics to support your theories or conclusions. Why?
I collected my figures with a purpose in mind, with the idea that they could be used to argue for change. Of what use are statistics if we do not know what to make of them? What we wanted at that time was not so much an accumulation of facts, as to teach the men who are to govern the country the use of statistical facts.

And what did you learn?
In watching diseases, both in private houses and in public hospitals, the thing which strikes the experienced observer most forcibly is this, that the symptoms or the sufferings generally considered to be inevitable and incident to the disease are very often not symptoms of the disease at all, but of something quite different — of the want of fresh air, or of light, or of warmth, or of quiet, or of cleanliness, or of punctuality and care in the administration of diet, of each or of all these. And this quite as much in private as in the hospital nursing. The reparative process which Nature has instituted and which we call disease has been hindered by some want of knowledge or attention, in one or in all of these things, and pain, suffering or interruption of the whole process sets in. If the patient is cold, if the patient is feverish, if the patient is faint, if he is sick after taking food, if he has a bed-sore, it is generally the fault not of the disease, but of the nursing.

You wrote more than 200 books, pamphlets and articles, yet you claim you are not a big fan of writing. Why?
I think one’s feelings waste themselves in words; they ought all to be distilled into actions which bring results.

When you reflect on your life, do you have any regrets?
There is no part of my life upon which I can look back without pain.

Finally, what do you say about your life, and what you were able to accomplish?
If I could give you information on my life it would be to show how a woman of very ordinary ability has been led by God in strange and unaccustomed paths to do in His service what He has done in her. And if I could tell you all, you would see how God has done all, and I nothing. I have worked hard, very hard, that is all; and I have never refused God anything.

The very first requirement in a hospital is that it should do the sick no harm.”

Resources on Florence Nightingale:
1. Florence Nightingale Museum in London www.florence-nightingale.co.uk/?v=7516643aada
2. National Women’s History Museum www.nwhm.org/education-resources/biography/

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When You're New to the ICU

By Marissa Labate

If you’ve just been hired into the intensive care unit, congrats! Or maybe you’re a few shifts in, and you’re wondering, “What the heck am I doing here?” Or, if you’re just considering ICU nursing, I hope this brings you some comfort, motivation and reality.

Being new in the ICU is not easy. I was a new grad in the ICU, starting straight out of nursing school. I knew that’s where I belonged and had wanted ICU all four years of school, with no hesitations. And even with that insane passion and devotion to the field of critical care, I went home in tears — A LOT — and lost 15 pounds during my three-month orientation.

A lot of people who work in ICU tend to be perfectionists. I’m one of them and think that’s why it was so hard. I wanted to be good immediately, and, boy, was I humbled. It takes years to feel comfortable in the unit, no matter how smart you are.

I work in a pretty unique ICU — cardiac ICU, neuro/trauma ICU and surgical ICU combined. We can take care of a fresh heart transplant one night and a traumatic brain injury the next. It’s pretty awesome but was a lot of information to learn. So my goal with this post is to teach you eight of the, like, 1,000 things I learned being new to intensive care, while giving you motivation to get through orientation and the years following.

1. Don’t get distracted by the technology. It’s overwhelming to walk into a room with 10 drips, a vent, CRRT, IABP, therapeutic hypothermia, whatever! It’s even harder when there’s family scattered in between each of those. Keep in mind, there’s actually a patient in the bed! A patient that has a family, that has a future, and YOU are the one in charge of managing that. So when you’re feeling overwhelmed by the technology that is new to you, don’t ever forget to look at your patient, assess that patient head to toe, touch that patient. Numbers can look good, but how does the patient look? Are their extremities cold? Do they have delayed wound healing or a pressure ulcer? Are they getting good nutrition in the midst of all the machinery? All these things can lead to complications that could possibly lead to death. It’s disappointing when you’re managing a sick patient with all the technology, but they die from something totally different from their initial diagnosis. It’s your job as a nurse to prevent that, and it’s not the technology that’s going to help you do that. Technology is your partner. Utilize it, but combine it with your clinical knowledge and intuition.

2. Learn outside of your shifts. Yes I know. The last thing you want to do after a 12-hour shift is to go home and continue working. But this solidifies what you have learned during the day. If you don’t immediately look up information after your shift, you’re going to forget a lot of it the next day. When I was orienting — and even now — if there’s a condition/medication/surgery I didn’t know, I wrote it down and looked it up when I got home, if I didn’t have time at work. So take the time to learn what you don’t know at home, because those machines and medications aren’t going away any time soon.

3. Don’t be overconfident. You need to prepare to be a student of critical care … your entire career. New diseases will be discovered, new medications will be prescribed and new technology will be introduced. No one likes nurses who walk into units acting like they know everything. Being cocky is dangerous. Nurses that don’t ask questions or ask for help when it’s needed can be deadly. I’ve walked into patient rooms to help after seeing bad vitals at the nurses’ station, and my help has been declined when it was very much needed. I’ve been told, “Do you think I can’t handle this on my own?” Don’t take help offered as a jab to your ego! Take the help, if it’s offered — always! Some patient assignments in the ICU wouldn’t be possible without the help of several nurses in a room.

4. Be a team player. You are not in this alone. Physicians, technicians, therapists, housekeeping, transport, etc., ALL contribute to the patient’s overall well-being. Collaborate with them, ask questions and give your suggestions. Again, I reinforce what I said in number three: Ask for help. And help others around you. Nobody likes the nurse that stays in the patient’s room all night so they’re not bothered to help. Don’t be that nurse. If you have time, walk around to see if other nurses need you.

5. Learn to take constructive criticism without it hurting your ego. You’re going to have a lot of people telling you how to
do things, and you’ll get tons of feedback when you have a preceptor. Don’t take these comments personally. Most of your co-workers genuinely want you to succeed. So try to listen to their suggestions if they’re helpful to you and incorporate them into your practice. When I started out, one of my first meetings on orientation started out with, “So, I’ve heard you’re struggling.” OUCH. I remember walking out of that room in shock, never having “struggled” with anything in my life. School had always come easy — I’d ace tests without studying and stay out late before class. But after that meeting, I went and cried with my preceptor in an empty room. After I let all my feelings out, the feedback motivated me to continue doing what I had a passion for, and that was critical care. Please don’t let any negative feedback turn you away from the ICU if you know you belong there. Turn it into something positive, and let it drive you even more to prove them wrong.

6. Use your resources to help when you’re feeling stressed. I think it’s normal to say that your anxiety level when you start in the ICU is HIGH. You have someone’s life in your hands every shift, and you’re not yet comfortable with the technology and drips you’re using. We’ve all been there. Understand that, and try your best to treat yourself well during this time. Stop negative self-talk, and engage in self-care outside of work. Talk to people on your unit about how they felt when they were new compared to how they feel now. It helps a lot to be able to relate to people who have gone through the same thing. If you’re nervous to talk to co-workers (don’t be), then talk to your family and friends. Vent about what’s hard.

7. Be compassionate. Your patient and their family are going through an avalanche of emotion and possibly the worst day of their lives. Try your best to put yourself in their place and think about how you would react in their situation. I learned this well when I was a trauma patient last year. There were some nurses I trusted with my life, and some that scared me. Some I could tell genuinely cared about controlling my pain and others that were annoyed with how often I pushed the call light. It meant a lot that they allowed my family (and half of my SICU co-workers) to stay and be with me in my room. When you’re in that hospital bed, visitors mean everything to you. So, yes, sometimes they ask a lot of questions or are in your way. Try to accommodate them the best you can while still being able to care for the patient. Every patient is going through something different with different needs, so try and treat all of them with the same respect you would expect for yourself.

8. Don’t be so hard on yourself! You will get there. If you have the motivation and passion for ICU nursing, you will eventually be that nurse in the sickest patient’s room, running the show. Don’t give up. Acknowledge that the journey is difficult but rewarding, and try your best to be social on the unit. It helps to have co-workers that support you and help you grow. When you’re finished with a tough shift, don’t go home and tell yourself you’re dumb or incapable of this job. Your brain feeds off that negative self-talk more than you know. Tell yourself one good thing you did that day, and be proud of how far you’ve come.

I wish you the best if you’re new to the ICU! It’s a crazy world, but it is so awesome. Believe in yourself, your mind and your skills.

Please don’t let any negative feedback turn you away from the ICU if you know you belong there. Turn it into something positive, and let it drive you even more to prove them wrong.

Do you have a first-person account of your bedside nursing practice you’d like us to consider for AACN Bold Voices? Send it to us at aacnboldvoices@aacn.org.
Most Nurses Enjoy Their Work

Almost all nurses surveyed would choose the profession again, but many would select a different practice setting.

A n online survey on career satisfaction and compensation reveals that 95 percent of respondents are glad they became nurses, but not as many indicate they would choose the same career if they started over.

“Nurse Career Satisfaction Report 2016,” in Medscape, involves 10,026 practicing nurses in the U.S., including licensed practical nurses, registered nurses (RNs) and advanced practice registered nurses (APRNs).

Most nurses would choose the profession again, with a high of 85 percent for clinical nurse specialists and a low of 73 percent for certified registered nurse anesthetists. Overall, one in five nurses would not select the same career.

“Of all the ‘if I could do it again’ comments, the most frequent was ‘go to medical school,’” adding that many nurses who become physicians consider their nursing experience a huge benefit in practicing medicine.

As for the rewards of a nursing career, RNs chose “working at a job I like” as the most rewarding aspect, followed closely by “being very good at what I do,” while liking their work, gratitude/relationships with patients are the top choices among APRNs. Among the least satisfying aspects of nursing, common responses are salary, the amount of documentation and the lack of respect from physicians, managers or peers.

A related article in Becker’s ASC Review points out that many nurses indicated they would select a different practice setting if they were starting over. Nurses in hospitals would most likely choose the same setting (28 percent), while those in skilled nursing facilities were least likely (11 percent).

Critical Care Nurses Rate Likes and Dislikes

Nurses rate “autonomy in practice” and “skill sets in high demand” as the most-valued features of critical care nursing.

A constant learning environment and making a difference in severely ill patients’ lives were among the top reasons that 97 percent of critical care nurses would recommend their specialty to others, notes a study on Nurse.com.

“Our nurse audience from various critical care settings provided insights into many aspects of their professional lives, from job satisfaction to the most important skills needed in critical care,” Eileen Williamson, Nurse.com senior vice president and chief nurse executive, says in a news release.

A Nurse.com infographic of study results shows that nurses rate “autonomy in practice” as the most-valued feature of critical care nursing, with 61 percent citing that benefit. “Skill sets in high demand” is close behind at 60 percent, followed by “fast-paced environment” at 42 percent.

“When asked to rank the top traits/skills used by critical care nurses, observation was No. 1, followed by adaptability and decisiveness, according to our study results,” Williamson adds in the release.

Critical care nurses were more diverse in expressing their dislikes about their specialty, with 44 percent citing “too much pressure for high performance,” followed by “quick patient turnover” (35 percent) and “skill set expectations are difficult to meet” (21 percent), the infographic shows.
NTI 2017: Come to Houston for the Day

If you live in Texas, this year’s NTI at the George R. Brown Convention Center in Houston is an easy, affordable trip.

Just one day at AACN’s National Teaching Institute & Critical Care Exposition (NTI) — Monday, May 22, through Thursday, May 25 — will benefit your practice. NTI’s high-quality learning sessions, expert learning facilitators and networking will transform an average day off into a valuable day of learning.

If you live in Texas, this year’s NTI at the George R. Brown Convention Center in Houston is an easy, affordable trip.

Drive to downtown Houston from Galveston in an hour. It’s a 2.5-hour drive from Austin and a three-hour drive from San Antonio. From Dallas or Fort Worth, the drive will take you about three and a half hours and from New Orleans about five hours. Fly from Salt Lake City, Denver, Phoenix or Atlanta in about two hours.

Affordable daily rates for the main conference range from $218 for AACN members to $270 for nonmembers. Member rates for preconferences Sunday, May 21, start at $103 ($135 for nonmembers).

To pick the best day for you, visit www.aacn.org/nti. There, you’ll find dates and times for concurrent sessions, the Critical Care Exposition, the Advanced Practice Institute and other activities that will interest critical care nurses in any subspecialty.

If you’re curious about publishing opportunities with AACN, NTI sessions and events can help. Among them is the opportunity for one-on-one consultation with journal editors.

Monday, May 22, 12:15-1:15 p.m. in room 332A, meet the editors of the American Journal of Critical Care (AJCC), Critical Care Nurse (CCN) and AACN Advanced Critical Care (ACC) for “Publishing in AACN Critical Care Journals,” a Q&A panel. They will introduce the journals and answer general publishing-related questions.

Starting Tuesday morning at publishing booth #3051 in the Critical Care Exposition, meet the editors in person during open “Meet the Editor” times.

Tuesday, May 23, 10:45-11:45 a.m., Rich Savel, AJCC co-editor-in-chief

Enhance Your Future With an AACN Scholarship

AACN professional development scholarships, a benefit of membership, are awarded in support of lifelong learning, career enrichment and knowledge acquisition — including academic education.

Aligning with landmark studies such as “The Future of Nursing: Leading Change, Advancing Health,” the follow-up report, “Assessing Progress on the IOM Report: The Future of Nursing,” and other studies and recommendations, AACN offers scholarships for members who are pursuing a Bachelor of Science in Nursing or higher degrees such as a Master of Science in Nursing or a doctorate.

Consider attending a conference or participating in an educational program, nationally or locally, including the following:

- Nursing Alliance Leadership Academy, Louisville, Kentucky, Aug. 26-27
- VitalSmarts — Crucial Conversations, Influencer and other programs
- National League for Nursing — Nursing education and events
- Institute for Safe Medication Practices — Click on Educational Programs or Professional Development

We are here to support you and hope to inspire you along your professional journey. For more information, requirements and an application, visit www.aacn.org/scholarships, and please allow several months for us to process your application. Email scholarships@aacn.org with your questions.

Editorial Consults and Other Publishing Events at NTI 2017

If you’re interested in further consultation about your publishing ideas, a limited number of one-on-one consultations will be available. Sign up outside room 332A after Monday’s Q&A session or during exhibit hours at publishing booth #3051.

Perhaps you want to turn a poster presentation or talk into a manuscript. Maybe you have a specific research question to explore. These 15-minute individualized meetings are your opportunity to get personal advice from an AACN journal editor.
In Our Journals

Hot topics from this month’s AACN journal

Placement of postpyloric feeding tubes in children by nurse practitioners might be safely enhanced by using an electromagnetic device. Researchers compared historical data collected from a control group of 30 patients with prospective data from 43 children who had a postpyloric feeding tube inserted with the CORTRAK device. The nurse practitioners who inserted the tubes received device training, and a three-month washout period between the control and intervention groups allowed for skill acquisition. The intervention group showed significantly less radiation exposure, fewer transfers and a trend toward lower costs. (Brown et al, AJCC, May 2017)

Organizational domains are associated with providers’ attitudes toward the ABCDE bundle. To study barriers regarding bundle use, researchers surveyed healthcare professionals about attitudes toward the ABCDE bundle and about unit and organizational characteristics. The results show that role clarity, clear and accessible protocols, training and understanding, and professional autonomy are associated with greater confidence in implementing the bundle. Interprofessional education, training and protocol development along with peer leader support may improve uptake of the ABCDE bundle. (Boehm et al, AJCC, May 2017)

To see the table of contents for the May issue, please visit www.ajcconline.org.

Transitions

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

“Leadership Symposium: It Matters” at the University of California, Los Angeles, was designed by the AACN Chapter at UCLA to help nurses become leaders who improve patient outcomes and decrease hospital costs. The following nurses are among the conference speakers:

- Mary Kay Bader, neuro/critical care clinical nurse specialist at Mission Hospital, Mission Viejo, California, and an AACN member since 1982
- Kathleen Vollman, clinical nurse specialist at Advancing Nursing LLC and an AACN member since 1981
- AACN board president Clareen Wiencek, associate professor at University of Virginia School of Nursing, Charlottesville, and an AACN member since 1977

Elizabeth Carlson, professor and department chair at Rush University College of Nursing, Chicago, and an AACN member since 1974, receives the Marie L. O’Koren Alumni Award for Innovation in Leadership from University of Alabama Birmingham School of Nursing.

Dave Hanson, AACN past president, a member since 1997, and most recently regional director of nursing practice, education & professional development for Providence Health & Services, California market, becomes chief nursing informatics officer, California market.

Amanda Murphy, previously clinical nursing instructor at Bethesda College of Health Sciences, Boynton Beach, Florida, is promoted to dean of the college and director of the Education Resource Center.


Therese S. Richmond, professor of nursing and associate dean for research and innovation, University of Pennsylvania School of Nursing, is appointed to the Health & Human Services Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2030.

Elizabeth Wise, previously chief nursing officer and chief operating officer at Pocono Health System, Pennsylvania, becomes acting president of Lehigh Valley Hospital-Pocono.

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.
AACN CSI Academy at NTI — Knowledge Sharing at Its Best

Sessions are relevant for both staff nurses and nurse managers/educators.

Attendees at this year’s NTI conference in Houston have the opportunity to experience essential program content and key learnings from the AACN CSI Academy nurse leadership and innovation training program. Sessions are relevant for both staff nurses and nurse managers/educators.

Preconference

This all-day session led by CSI Academy faculty and alumni teaches key concepts from the CSI program using real-world quality improvement methods and tools to further elevate staff nurses’ knowledge and expertise — enabling successful implementation of patient care improvement initiatives and true influence at the bedside.

- “Creating Lasting Change in Your Unit: Concepts From the Clinical Scene Investigator (CSI) Academy”

CSI Faculty-Led Concurrent Sessions

For nurses seeking to initiate positive change on the unit, CSI Academy faculty will present four different concurrent sessions — one each day — focused on a distinct element of the change process. The innovative tools and skills gained enhance nurses’ leadership abilities and instill the confidence to successfully implement change.

- “AACN CSI Academy: Creating a Foundation for Change”
- “AACN CSI Academy: Creating the Business Case for Quality”
- “AACN CSI Academy: Creating Buy-In for Change”
- “AACN CSI Academy: Sustaining and Spreading Change”

CSI Alumni-Led Concurrent and ExpoEd Sessions

Learn more about unit-based quality improvement initiatives and the benefits of empowering staff nurses as leaders.

- “Nurse-Driven Protocol for Management of Patients in Severe Alcohol/Substance Abuse Withdrawal” (Concurrent)
- “Asking Is the Answer: Development of a Clinical Nurse Scholar Program to Empower Staff” (Concurrent)
- “Scaling a CSI Delirium Assessment Improvement Project in High-Risk Patient Populations” (ExpoEd)
- “Improving Communication During PICU Interprofessional Rounds to Support Family-Centered Care” (ExpoEd)

CSI Academy Posters

A section of the poster hall will feature presentations based on CSI Academy team projects, highlighting topics such as delirium, post-ICU syndrome, hospital-acquired infections, patient care delivery models and promoting sleep in the ICU.

To learn more about these and other activities at NTI, visit www.aacn.org/nti.

Call for Nominations: AACN Board, Nominating Committee

Help ensure AACN’s future direction and influence the future of nursing: Submit your nominations for the 2018 election. Open positions include the AACN board of directors (three-year term beginning July 1, 2018, ending June 30, 2021) and the Nominating Committee (one-year term beginning July 1, 2018, ending June 30, 2019).

The call for nominations closes May 31. Visit www.aacn.org/nominations to review the accountabilities and leadership requirements for open positions. Nominating individuals for these positions is an important ongoing contribution that you can make to ensure a strong succession of leaders. Please consider the individuals you have interacted with over the past few years related to the qualifications for these roles, and submit nominations for those whom you feel could successfully fulfill these roles. Self-nominations are also welcome and encouraged.

For questions, please contact Melinda Messenger-Stout at 800-394-5995, ext. 331, or volunteers@aacn.org.

AACN BOLD VOICES
MAY 2017

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In January, I challenged our community to have a transformative year. Since an important part of transformation is asking questions, I’ve been asking what brings you joy and meaning. You’ve shared your joys while also showing me your indomitable spirit — your will is simultaneously tough and resilient.

Joy and meaning matter, as nurses make their unique contribution to the care of patients and families. I’d like to share with you how this matters on a personal, collective and global level.

Did you see “120,000 Nurses Who Shook Public Health,” last September’s article in American Journal of Public Health (AJPH)? It refers to the 1976 Nurses’ Health Study, the largest, longest-running cohort investigation into women’s health and risk factors for chronic disease. A cohort study is only as good as its ability to retain participants. Nurses joined, persisted and used their unique skill set to impact the evidence at the core of treating persons with chronic disease.

Because 94 percent of nurses are still participating after four decades, Alfredo Morabia, editor-in-chief of AJPH, states, “The Nurses’ Health Study stands out as the greatest active contribution an occupational group has ever made to science and to public health.” Grit and collective will have made the study a success, and participation clearly matters to these nurses. Maybe you, your mother or your brother (men joined in 2015) are subjects in this research study. If so, thank you for being indomitable!

I have also seen evidence of the collective indomitable nature of AACN chapters and the joy they spread. The Atlanta Area Chapter instituted “Random Acts of Kindness,” a program that provides meaningful recognition. They also asked the Baton Rouge Chapter — which was in an area devastated by severe floods — what mattered most to them. “Scrubs” was the answer. Soon afterward, 21 boxes of scrubs arrived from Atlanta, filled with boundless joy and meaning.

Or the Greater Kansas City (Missouri) Chapter. Their innovative and popular RNovator program awards nurses micro-grants of $400 to spread joy and meaning. Items funded by this innovative program include ICU diaries, music therapy, fitted sheets for NICU isolettes and bereavement bears for a pediatric ICU.

And the nurses in the Denver Chapter sponsored a CPR training event for residents of an underserved area with considerable health disparities.

The indomitable nature of AACN chapters!

During my rounds in their units, many nurses told me their teams are also a source of joy. It was transformative to tour the 11 Beacon units at Virginia Commonwealth University Medical Center in Richmond, and see the results of indomitable teamwork. Their proud, public displays of those beautiful gold, silver and bronze plaques gave me joy.

Then there is the indomitable power of a single nurse finding or giving joy and meaning. Like Michelle, who activated the rapid response team for her patient with a massive pulmonary embolus, maintained eye contact with the patient throughout the emergency and experienced joy when that same patient returned to tell her, “What you did mattered to me.”

Or future nurse Alexis, who provided distraction techniques to her patient with postoperative pain and who knew she delivered compassionate care that made her patient know that he mattered. Or Nicole, who asked what mattered most to her patient with advanced cancer — and who was instrumental in acting on his request to “just go home.” Or Agi, who explains every step of her insertion of PICC lines to patients who are nonresponsive, intubated and sedated — knowing that it matters. And Amy, who helped grant a daughter’s wish that her critically ill elderly parents be moved into the same room as life support was withdrawn.

The indomitable spirit of nurses! I see it everywhere. In the headlines. In AACN chapters. In Beacon units. In nurses who find and give joy and meaning.

In you.

Share your stories of the transformative, indomitable nature of nurses at ItMatters@aacn.org.

Strength does not come from physical capacity. It comes from an indomitable will.
—Mahatma Gandhi
Raising the protein.

Elevating the outcomes.

IMPROVE YOUR ICU PATIENTS’ OUTCOMES WITH HIGHER PROTEIN DELIVERY
- Reduced infections
- Increased ventilator-free days
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PEPTAMEN® INTENSE VHP HELPS YOU DELIVER MORE PROTEIN WHILE PROMOTING ABSORPTION AND TOLERANCE.
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