Mary Stahl earned a diploma in nursing from Saint Luke’s Hospital School of Nursing, a BSN from Webster College and an MSN from UMKC. In 30 years of practice at Saint Luke’s Hospital, she has worked as a staff nurse, charge nurse and clinical educator. In her current practice as a clinical nurse specialist working in progressive care, medical cardiology, Mary focuses on developing the knowledge and skills of the nursing staff, collaboration within the interdisciplinary team and developing clinical processes that facilitate the delivery of optimal patient care. Her other professional accomplishments include providing education at local, regional and national levels, several publications and involvement at both local and national levels with professional nursing associations. Mary is passionate about the unique contributions of nursing to patient care and to the healthcare system, and how nurses can apply their creativity, thoughtful contributions and interdisciplinary collaboration to not only achieve excellent patient outcomes, but to lead transformation within our work environments.

Good morning.

Welcome to NTI! I’m really glad you’re here. We are in for an amazing week of learning, fun and reconnecting with what makes us so proud of our profession.

If you’re an NTI regular—and according to our surveys, at least half of you are—you know that the President’s Address used to consist primarily of the president, me in this case, standing behind a podium giving a speech. You also know that in the last few years, that model has been changing.

What was once considered a time for the AACN community to hear what the president had to say is transforming into an event where the president has an opportunity to share what members of our community have to say. To hear about what they’ve learned. To shine a spotlight—literally—on the amazing things the exceptional nurses in this AACN community are doing.

Based on the positive feedback you’ve given us on this new approach, my aim today is to continue bringing members of our community to the center stage. I think we learn more, and are more inspired to strengthen our practice, when we hear firsthand what others are doing. We gain more than we ever could through a traditional lecture or speech.

So with that in mind, what you can expect for the remainder of this session is to see a little bit of me up here doing the speech thing and to hear a whole lot from other nurses who are making us a Stronger, Bolder community of exceptional nurses.
Community

I’ve only been talking for a minute, but you may have already noticed that I’ve been using the word “community” a lot. That’s because as an association, we are a community, and that is our greatest strength. We’re now 96,000 members strong, and the contributions of this community have helped create the bold, gold standard of nursing organizations that we’ve become.

A community is the product of the contributions of its members. Communities take all sorts of shapes. Some, like our neighborhoods, are based on proximity. Others are based on our professional and personal relationships. Our AACN community’s unique characteristic is that we are all nurses who care for acutely and critically ill patients and their families. It is through our community, and by contributing to its growth, that we continually teach and learn from each other how to be better nurses in a rapidly changing healthcare system. As members of the same community, we don’t always agree on things. Sometimes not being exactly Together on an issue is actually what makes us stronger. Challenging each other is part of how we advance our profession, which is a vital role of an association.

Can you imagine where we would be if we weren’t advancing the science together, developing and using new technologies and treatments? If we didn’t have a way to share the advances like we do through AACN, we might still be withholding hot and cold liquids from MI (myocardial infarction) patients for fear we’d overstimulate their damaged heart. We might still be putting patients in the Trendelenburg position for hypotension. Or instilling saline before endotracheal suctioning, because we think that will loosen up secretions. We wouldn’t know about the many practices that are not only not beneficial to patients, but can be harmful.

Positive change, like testing and adopting new practices, happens only when we have daring individuals who engage and influence others—who then engage and influence others still—to advance our profession and achieve better outcomes for our patients and their families. Think about recent advances like induced hypothermia, early mobilization and the prevention and treatment of delirium. It took dedicated, courageous teams to analyze patient data, experiment with alternative approaches and refine the practice. And then to share the results so that the greater community could learn about the benefits of the new practices and adopt them.

The ultimate proof that a team is strong and bold are the outcomes we produce for patients. The teams we belong to in our daily practice are defined by our patients’ outcomes—whether they are stellar or whether they need improvement.

If we’re not consistently seeing optimal outcomes for the patients on our units, wouldn’t you agree this is an indicator that we need to urgently evaluate what isn’t working on our teams? And when we’re consistently seeing great outcomes, what a perfect time to not just celebrate our strength as a team, but to evaluate what contributed to our success and share those practices with our broader community. That’s what those teams we just recognized did. It takes a lot of consistent, intentional practice to eliminate healthcare-acquired infections.

It’s really amazing what they’ve accomplished. And the beauty of us gathering here at NTI is that we can learn more from them about how they got there. They will be sharing those stories at their best practices panel later today. Similarly, we have a great opportunity to learn from this year’s Beacon Award for Excellence recipients, many of whom will be sharing their best practices at panel discussions this afternoon and again on Wednesday. All our award recipients are excellent examples of how being Together Stronger Bolder produces great outcomes. And by sharing their work in keeping patients safe, they facilitate our learning and raise the bar for our profession. That is the benefit of community.

When I was on this stage at last year’s NTI, I told you about another high-performing team—the team that is responsible for my dad having an excellent outcome after a major stroke that occurred shortly before NTI last year. Thanks to the team at Saint Luke’s Hospital of Kansas City and their collective skill, dedication to cutting-edge, evidence-based practice and their seamless collaborative processes, my dad made a full recovery. I can’t begin to tell you how grateful I am for their excellence. My dad’s case may have been an everyday event to a team like that—just part of the job. To me, of course, what they did was extraordinary. As you can see, my dad is back to his normal self, living life just as he did before his stroke.

Together Stronger Bolder
Here is a photo of him with my mom, whom I credit for saving his life—after all, if she hadn’t recognized he was having a stroke and quickly called 911 to get him to lifesaving treatment, none of the other excellent contributions would have mattered!

Since I told you that story a year ago, I have had the privilege of traveling around the country visiting and talking with AACN members like you in their hospitals, at their chapter meetings and at regional events. Along the way, I have heard or learned of countless stories about what it means to us as nurses—and to our patients and their families—when we are Together Stronger Bolder.

Some of those stories were about nurses like all of us, practicing with excellence every day, skillfully navigating the barriers that sometimes get in the way of optimal patient care. And some of those stories were extraordinary. Especially the ones I recently heard from nurses who cared for patients during and after the F5 tornado that hit Joplin, Missouri, one year ago tomorrow.

Now I’d like to turn over the spotlight so that two of those nurses—Tammy Fritchey and Joan Wilson—can share their heroic stories with you. They are joined onstage by their colleagues who also braved that storm, caring for patients while the world around them was in chaos.

[Tammy Fritchey, Shift Coordinator, ICU at St. John’s Hospital]

May 22, 2011 seemed like a typical workday. We had 10 patients in a 12-bed ICU. Seven of them were on ventilators. Then we heard “Execute Condition Gray” announced urgently three times on the overhead—this meant a tornado was headed our way. We all began our response duties, closing blinds in patient rooms and placing pillows on our patients. I went to the waiting room and instructed visitors to get in the center hall. We were ready, so I thought, for the tornado.

I heard a scream and glass breaking; then stuff started flying in through the windows. We all ran to take cover. Two co-workers and I crawled under the unit secretary’s desk. It felt like the entire building was going to fly away.

It seemed like forever. When the winds stopped, I stepped out of the office. What I saw when we emerged did not register in my mind. It looked like a bomb had gone off—that’s the only way to describe it.

I looked over at my patients and could hardly see them for the equipment that had been thrown around the room. They were all covered in mud, leaves, twigs and the material from the ceiling that had collapsed. Wires were hanging down everywhere and they were sparking. Water was at least 6 inches deep. Ventilators had been torn from patients. IV poles were hanging out windows. Arterial lines still attached to patients were stretched and hanging out the window too.

Everyone just sprang into action! It was like we were having some megacode. Our tech found ambu bags and supplies. We began digging our patients out of their rooms and assessing injuries. Some visitors and family members helped. One of the respiratory therapists helped us move heavy closets and debris so that we could get to the patients.

The unit was filling with some sort of smoke, and for a while we thought we were on fire. Then the smell of gas sent a different kind of fear through us all. We kept going until we had our patients lined up at the stairway and ready for evacuation down seven flights in the dark. All the patients had someone assisting with bagging them if needed.

Along the way, I found a visitor with a broken leg. Another patient’s chest tube was hanging from her chest, but I never found the Thora-Seal (chest drainage unit). There was a patient lying quietly in bed (she had died). Another patient was laying on the floor and looked dead, but then said to me, “I am OK, but please don’t forget about me.” And there was a patient with a piece of wood embedded in his chest.

[Joan Wilson, Educator, St. John’s Hospital]

My husband and I are watching the weather on TV to decide if it is too bad to go to church. There are heavy dark clouds and thunder rolling in the distance. At about 5:40 p.m. the weatherman says, “We are going off air to take shelter. Everyone in Joplin take shelter NOW!” When programming resumes, we begin to understand the devastation that has occurred.

My husband says, “You’d better get ready to go help.” I take a shower not knowing when I might get my next one and pack my scrubs and supplies for a four-day stay. Just as I get out of the shower, Kelli, my director, calls to say they need me. I kiss my husband goodbye and head for Joplin, which is 48 miles away, listening to radio reports all the way.
The radio says that power lines are down everywhere. Trees and debris are blocking the streets. There are large gas leaks near St. John’s and the risk of a fire or explosion is very real. Travel is impossible in the vicinity of the hospital. Kelli calls to tell me to go instead to Memorial Hall, a large building where concerts are held.

As I drive up to the hall I am amazed at the number of cars, buses, ambulances, walking wounded and emergency workers I see. It is unreal. Many staff and victims are inside. Ordinary tables have been set up to serve as gurneys. We set up 100 tables, and still there are more victims laying on the floor. A child starts crying, and I have to shut off my brain to that sound or I won’t be able to function.

I search for a chest tube tray or even a needle to decompress a patient’s chest. I find one. Now one of our cardiovascular surgeons is walking in, close enough for me to hear him ask where he is most needed. “Here!” I shout to him. We place the chest tube with no pain medication.

Another man needs intubation. He is very much alert and communicating. We explain what we need to do, why we need to do it and that we have no medications to make it easier for him. He nods for us to go ahead. Oh, I felt so bad for that man. I squeeze his hand and pray silently as the tube goes in. We request a helicopter for him. I hold my arms in the air to get attention when the next one arrives.

Gradually through the night more and more staff arrive. Many have helped evacuate patients from as high as eight floors up, walking over twisted metal and broken glass, in the dark, wind and rain. Some of them can see from the hospital that their nearby homes are literally gone. With communications down in that area, they do not know if their own family members are alive.

All night we work together triaging patients at our makeshift hospital in Memorial Hall. Early in the morning, truckloads of supplies begin arriving from a sister hospital. We work hard to create a “Supply Department,” a “Pharmacy” and an “ICU.” We are building a small hospital in this big room. We number the tables and begin a system for some minimal documentation.

We are all completely amazed at the team that has formed out of the chaos. We find ourselves working side by side with paramedics we have never seen before and doctors and nurses from as far away as Kansas City. Without anything being said, each seems to know his or her role as patients are assessed, treated to the extent we are able and triaged for transport to the next care available. It was as if we had practiced for years, but no drill could ever have prepared us for an event like this. We make it happen because we have to. People are looking to us for help and calm in this storm.

It is now 9:30 Monday morning. I have been awake more than 26 hours. No one wants to leave, but many staff arrive who did not work through the night. It is time to turn this over to them. We are going to have to stay strong and maintain this amazing teamwork in the days, weeks and months ahead.

We will be called upon to build a field hospital to serve our community, because St. John’s is uninhabitable. And by Sunday, a week after the tornado, we did it. I am proud to have been a part of that team and the history, though I certainly wish it had never happened.

[Tammy Fritchey]

Those of us on this stage are honored to represent the thousands of nurses who responded to that disaster. People in the community and the media have called us heroes. While we know that what we went through was extraordinary, what we did is what any critical care nurse would do—what all of you would do, or have done, in a disaster response situation.

[Joan Wilson]

We did everything we could, with the resources we had available, to help our patients and each other. We are so proud to be among you all this week. It is healing for us all to be together and to be with all of you. Thank you.

Being from the region, I have heard from many nurses about their experiences with that epic tornado. I’m still overcome by the skill, courage and self-sacrifice these nurses and their colleagues demonstrated under such dire circumstances. What they did, together with their healthcare colleagues, is an extreme example of what Together Stronger Bolder means. I am a proud member of the AACN Kansas
City Chapter that raised money to honor all the nurses who responded to the disaster and for scholarships to send some of the nurses from Joplin to NTI this year. They are so deserving of the recognition and rejuvenation NTI brings, as are all of you.

There are times we are called upon as nurses to practice in extraordinary circumstances, like these nurses did. Most of the time, though, we provide excellent care under what feels like ordinary circumstances. While it may seem mundane to us, we know that these are extraordinary times for our patients and their families, and our presence is essential to their experience and to achieving the right outcome. As our patients’ primary advocates, we must take the lead in engaging the whole healthcare team, including the patient and family members, to determine the appropriate plan of care.

Becca Rowe did that for a patient and his wife, who will forever remain in Becca’s memory. The experience was so profound for her, that she wrote about it in her journal and will never forget the experience.

[Becca Rowe, Staff Nurse, Utah Valley Medical Center]

It was Easter weekend, and I was assigned a patient on our Neuro Shock Trauma Unit who I will refer to as John. He was admitted early in my shift and after my assessment and lab results, I had the feeling something was not right.

I approached one of our amazing intensivists, Dr. Sperry, during rounds and told him how I felt. He listened and together we assessed the patient’s status and organized a plan of care.

As the day progressed, John’s health quickly declined. He soon lost consciousness, needed to be intubated and by the end of my shift continuous dialysis had to be initiated. To help his family be a part of John’s care, Dr. Sperry held a family meeting in which he discussed with them John’s status, educated them on the need for the different interventions and answered questions about what to expect in the next 12 to 24 hours.

I also spent many hours talking with John’s wife and kids, getting to know them as a family, allowing them to vent their frustrations and feelings, and bearing this burden with them. By the end of the day, John’s wife was calling me her second daughter.

As I left work, I knew John probably wasn’t going to make it. I hugged his wife goodbye and told her I’d see her in the morning. All night, I tossed and turned hoping and praying for this amazing family I had met; hoping that they would have a miracle that Easter season. However, when I returned to work John had not improved.

In the early morning, his wife approached me and said she was ready for it to end. I informed Dr. Sperry, and we took John off the life support machines. Surrounded by his loving family, John soon passed. I talked and cried with the family as they told me stories about their dad and husband. He was an amazing man.

As his family prepared to leave, they expressed their gratitude for the care John had received. They truly felt, as his healthcare team, we did everything we could to save him. During our last goodbye, John’s wife smiled at me, gave me a huge hug and thanked me for being their Easter Angel.

What struck me about this story was how the excellent collaboration between nurse and physician—Becca and Dr. Sperry—ensured that the patient’s wife had clear communication and cohesive support for the hardest decision she’d ever faced. Too often, we hear stories from nurses in moral distress because they have to struggle with their physician colleagues to ensure that their patients’ wishes are honored, that their lives not be artificially prolonged. Other times, the moral distress comes from families insisting on “doing everything” when the healthcare team knows it is futile.

In our particular specialty, we know that recovery is not always the realistic or best outcome for our patients. What defines critical care is that patients’ illnesses or injuries are life threatening. We have learned that helping patients achieve a good death, according to their wishes, can be as important and fulfilling as those great recoveries to which we also contribute. Just as that patient’s wife will never forget what Becca and Dr. Sperry did for her, our patients who survive and thrive do not forget either.
The next story reminds us of the long-term impact our actions have on our patients and their families. It’s not very often that we get to see or hear what has become of a patient whom we cared for years ago. Teri Kiss, Julie Houghton and their colleagues at Fairbanks Memorial Hospital have enjoyed the rare treat of seeing a patient they cared for 15 years ago grow up and have his own family. (See the video segment of the healthcare team, the patient and patient’s family telling this story of what being Together Stronger Bolder means to patients in Mary’s speech video at www.aacn.org/ntiwebcasts.)

Thank you Mike for making the trip to be with us this morning. Nothing makes a nurse happier than to see someone we’ve cared for go on to have a good life out of the hospital. It is a joy to see how your life has turned out—an outcome that would not have been possible if not for that excellent team in Fairbanks, including your mother, the ventilator expert.

As nurses, we know the importance of being part of a cohesive, effective team. Whether it is a full recovery or excellent end-of-life care, the optimal outcomes we produce for patients and their families are evidence of our strength as a team.

High-Performing Teams—the Ultimate Community

There was another story I heard recently that I want to share, about what it means to be an excellent team member. It’s not as dramatic as what we heard from our colleagues in Joplin and Fairbanks, but it is something that we all experience in our everyday work that does have a dramatic effect on patients. And it illustrates what is perhaps one of our most important obligations as a healthcare team member.

Sabrina Muenzing shared this story with her colleagues at last year’s AACN Staff Nurse Summit when asked when she felt she stood tall for a patient.

[Sabrina Muenzing, Staff Nurse, Oklahoma Heart Hospital]

I had been a nurse for only six months, and it was my first time on the night shift. A seasoned nurse I didn’t know yet was about to give regular insulin to a patient with high blood sugar. I had the patient the night before so I had just read over the protocol to be sure I was doing the right thing. So I knew 12 units is the maximum dose to give, and she was about to give 17 units. I was a little nervous to speak up, but I corrected her. I let her know that 12 units was the max.

Instead of getting defensive like some nurses do, she thanked me for reminding her about the protocol. I mean, she was genuinely thankful. Her response has made it easier for me to share what I know with other nurses and to accept their feedback with the spirit of openness she showed me. That positive experience has made me a better partner to my team members and a better nurse.

It may seem like a simple thing to do—challenging a colleague when something she is about to do is wrong—but it can be difficult, especially for new nurses. Building a culture like that, with good communication and true collaboration among team members is essential to patient safety.

As nurses, we know the importance of being part of a cohesive, effective team. Whether it is a full recovery or excellent end-of-life care, the optimal outcomes we produce for patients and their families are evidence of our strength as a team.

As the largest group of specialty nurses caring for patients in hospital settings, our community of exceptional nurses is in a strong position to positively influence our workplaces—making them healthier environments for staff and patients alike.

Our mission compels us to drive excellence, because nothing less is acceptable. We will be bold contributors in our interdisciplinary teams—even when it’s uncomfortable—because patients and their families rely on us to be their primary advocates during the most vulnerable times of their lives. We won’t let them down. We will continue to advance our knowledge, skill and courageous behaviors and be good partners to our colleagues in helping them do the same.

The stories we’ve heard so far today illustrate how we can and do optimize our teams:

- By collaborating effectively, we bring the distinct gifts and diversity of perspectives that are needed to ensure we are creating the right plan of care for our patients and adapting it as conditions change.
- By communicating skillfully, and with intention, we foster the shared understanding and purpose that is essential to delivering excellent care.
• By bringing our best to each interaction, and trusting our team members to do the same, we create optimal outcomes for our patients, as well as creating the work environment that we want and deserve.

• And by relentlessly continuing to advance our professional development, we fill in our knowledge and skill gaps that could otherwise compromise our patients’ safety.

We must be diligent in assessing our skills and set a clear plan for our ongoing learning. The science that we rely on as professionals is changing rapidly. Living up to our code of ethics requires us to keep up with, and practice by, the latest evidence.

Here, at the NTI, is the perfect opportunity to challenge ourselves—to yank ourselves right out of our comfort zone. This is a time to push the envelope with our choice of sessions and our connection with others in this community. For example, I think it’s critical to include sessions that advance our systems thinking and understanding of informatics—most of us didn’t learn that stuff in school. These are skills we need to possess as our healthcare system continues to evolve and become more complex.

It’s no longer enough to be solely a great clinician—I’m not sure it ever was. We must also be expert communicators and leaders in fostering effective decision making among our interdisciplinary teams. In our privileged role as our patients’ advocates, we are responsible for orchestrating all that it takes to achieve the desired outcomes for them. I know it’s a heavy load, believe me, but we know nursing isn’t for weenies.

To illustrate this fact, here are a few more stories, told by some of my fellow board members. We asked them to describe a time when they were part of a team that was working especially well to achieve an excellent outcome for a patient. Here is what they shared. (See this video segment in Mary’s speech video at www.aacn.org/ntiwebcasts.)

Lifelong Learning

Did all these excellent nurses we’ve heard from learn everything they needed to know in nursing school? Of course not. We all know that some of the most important things we need to know and be able to do, we learn after college. That’s why learning how to learn, and how to think critically, are the most important things we can do for ourselves and our patients. Our learning must be continuous, because no situation we encounter is exactly the same as the one before it.

I used to think as long as I had someone on my team with the needed skills, we’d do just fine. I’ve come to realize that in order to be as effective as I can be, to maximize every team I’m on, to achieve the best outcomes for patients and families, I need to continue to develop my skills in areas I didn’t even know existed when I was in nursing school. Areas like process improvement, quality improvement and the so-called soft skill of communicating effectively. Yes, I know, it’s a BIG task, especially with all that we have going on in our lives.

But, we don’t need to have it all accomplished today; that’s what the lifelong learning journey is about. And we don’t have to accomplish it all by ourselves. That’s what our community of exceptional nurses is about. The educational tools, mentors and experiences for developing and perfecting these skills can be found through AACN. But educational programs, practice resources and certification aren’t the only things we value.

It is community itself.

Community includes how we gather, how we share, how we contribute and how we develop each other. It’s how we connect and experience camaraderie. It’s how our experiences together not only give us what our brains need, what our patients need and what our teams need. It’s how our experiences together give us what we need, at a core level—a sense that we are an integral part of something bigger than ourselves.

The community happens because of all of us participating, sharing our contributions, connecting with each other. It’s in the questions we ask, the answers we give, our volunteer efforts at the local and national levels.
Community is in the things we agree upon, and the things we don’t. Speaking of which, did you follow the Facebook dialogue last December regarding the new Practice Alert on Family Visitation in the ICU? Quite a number of you shared your thoughts, and you didn’t all agree. Part of what makes our community strong is that we respectfully share our diverse perspectives. We learn from each other and help each other create practices that are more effective. All of us together, we are this community of exceptional nurses.

I encourage you to take some time while you are here at NTI to notice the energy. Think about the connections you make, the people you meet, the ideas that arise in you and, yes, the fun you have. Ask yourself, “How does the AACN community benefit me?” “What does it mean for my patients when my team is Together Stronger Bolder?”

You may conclude that it means something like this: (see the video segment in Mary’s speech video at www.aacn.org/ntiwebcasts.)

Speaking of excellence ... our exceptional nurses whose Together Stronger Bolder efforts we’ve showcased today are center stage, where they belong—in the spotlight. Please join me in thanking them for sharing their stories of excellence with us. And to Mike Ballance and his family for making the trip from Tennessee to talk and celebrate with us.

And thank you all so much for your commitment to excellence, making our AACN community stronger and bolder. May you have an exceptionally great NTI week!

Video of this speech is available online at www.aacn.org/ntiwebcasts.

Additional printed copies are available from the American Association of Critical-Care Nurses, 101 Columbia, Aliso Viejo, CA 92656 • 800/899-2226, or online at www.aacn.org.