

## When innovation meets practice



■ Pain management ■ Married colleagues ■ ANA elections



# ANA provides nurses with strategies to unleash their inner innovators

By Susan Trossman, RN

Registered nurses are keen observers, willing to take action when they identify a need or problem, and they have the collaborative skills that can help them turn their ideas into real-world solutions.

“You have the ability to do more innovation than anyone [within healthcare],” business futurist and inventor Nicholas Webb told the nearly 1,000 RNs and other professionals attending the American Nurses Association’s (ANA) 2018 Quality and Innovation Conference this spring in Orlando. He pointed to nurses’ history of innovation, including the achievement of Jean Ward, a nurse who first recognized the effects of sunlight on jaundice in newborns, leading to the creation of neonatal phototherapy in the 1950s.

But the thrust of his keynote presentation focused on the critical role nurses can and must play in the dynamic, fast-changing healthcare environment of the future.

“Our patients are looking for a ‘consumerized’ experience,” said Webb, who noted that companies like Amazon have helped to fuel this trend with services like Amazon Prime. “Nurses’ role in how we deliver consumer experiences is absolutely critical.”

He foresees a future where consumers will have more healthcare choices, and will want more human-focused, personalized care at every step—or “touchpoint”—of the healthcare process. That means they will no longer accept waiting 7 days for an appointment and 2 hours at the physician’s office before receiving a diagnosis that might be correct only 50% of the time. Clearly, innovative models of care are needed.

Continuing into the future, Webb stated that most nurse-led innovations likely would focus on new ways to improve workflow, quality, safety, and the patient experience. And he said innovation will be a core competency within nursing.

Webb emphasized the ongoing importance of genomics and innovation around technology in healthcare. For example, he pointed to innovative wearable technology, which can gather more and better data to help healthcare professionals anticipate disease

processes in patients sooner, and, as a result, intervene sooner.

This “anticipatory healthcare” will lead to lower costs and ultimately better outcomes for patients, he noted.

ANA President Pamela F. Cipriano, PhD, RN, NEA-BC, FAAN, also focused on the many changes taking place in healthcare, noting Apple’s entrance into the electronic health record game with Apple Health and CVS’s purchase of insurer Aetna.

“This is our landscape in 2018, and disruption is ubiquitous,” Cipriano said. “The landscape may be changing, but we [nurses] are steadfast in our goals to provide the safest, highest quality healthcare to all.”

To help nurses meet these goals, ANA’s conference provided participants with the opportunity to learn about and share successful strategies and real-world innovations around quality, safety, and staffing that they could bring back to their own facilities.



ANA President Pamela Cipriano

### Let the innovation begin

Capitalizing on innovative formats, ANA held its first and nursing’s largest-ever hackathon, an approach that uses crowdsourcing to find solutions to intractable problems.

In this instance, conference attendees were asked to use their innovative thinking to determine ways to advance safe patient handling and mobility, prevent violence against nurses, strengthen moral resilience and ethical practice, and protect healthcare workers against needlestick and sharps injuries. Participants initially generated their own ideas on assigned topics and subsequently shared them with other nurses at their tables. In a succession of votes with increasingly larger groups, hackathon participants ultimately selected 8 winning solutions.

Among the innovations were:

- a relaxing virtual reality room—equipped with appropriate lighting, aromatherapy, and a sound system—where nurses could take a much-needed break from their unit
- an app nurses could use to report their own violent incident, potentially get help right away or be connected with a violence prevention



Nicholas Webb

advocate, and track the total number of violent incidents in a 24-hour period

- disposable, affordable gloves that would serve as armor against needlesticks and other sharps injuries.

Conference participants also had the opportunity to hear from panelists who shared their personal journeys in innovation, their work, and some practical and inspiring strategies.

“My innovation journey started out of necessity,” said Kristi Henderson, DNP, NP-BC, FAAN, FAEN, a Texas Nurses Association member. While running a trauma center in Mississippi, she witnessed firsthand the great distances people in rural areas had to travel to access lifesaving and other vital health-care. To provide them with the care they needed, she led the development of the first telehealth program for her health-care system, which also used nurse practitioners.

“We saw the difference we made, so we ended up taking the program statewide,” Henderson said. Now vice president for patient access, healthcare transformation and virtual care at Ascension Healthcare, she continues to use technology to integrate services and deliver care in homes, workplaces, and other locations.

Christi DeLemos, MSN, CNRN, ACNP-BC, an ANA\California member, uncovered a knowledge gap among nurses while hospitalized after falling off a

horse. She realized that some nurses lacked solid neurological assessment skills, as well as easily accessible information on neurological conditions. As a result, DeLemos, director of advanced practice, patient care services, UC Davis Health, Sacramento, developed a free, mobile app called Neuroscience Nurse that gives nurses’ point-of-care access to information on stroke, traumatic brain injuries, and other neurological issues.



Panelists share their inspiring work and practical strategies for innovation.

Michele Davey, RN, didn’t like waking pediatric patients while unwrapping Velcro protective covers to check their I.V. sites. Davey, a clinical nurse at Children’s Hospital of Philadelphia, knew there had to be a better way. So she and her colleagues began experimenting with plastic bags, fabrics, and other materials to create a better I.V. site protector, testing their early models on their own children. Their innovative thinking eventually led to co-developing, in collaboration with Medline, a see-through, wrap-around I.V. protector with a quiet closure called the See IV, which is expected to hit the market soon.

## Offering some advice

The panelists also offered attendees inspiration and strategies to begin their own innovation journeys.

“We need to get people to believe in their own creativity,” said Karen Tilstra, PhD, co-founder of the Florida Hospital Innovation Lab, where nurses and others can bring their challenges and innovate solutions in a safe, trust-based space, and connect with leadership. (Conference attendees also had the opportunity to tour the lab).

“Innovation is always a step in the dark,” she said. “It takes courage. But you don’t have to know everything to start [finding solutions].” She also described the importance of building authentic connections with team members, because those connections can help when undertaking future challenges.

Davey, who now also helps guide nursing ideas and projects with the office of entrepreneurship and



ANA’s first and nursing’s largest hackathon generated innovative solutions.



# ANA 2018 Quality and Innovation Conference

innovation at her hospital, added, "If you believe in a project, you can get the help you need." She also emphasized that it's important for nurses to consider whether their innovation will improve patient care and free up resources, as well as determine if their idea already exists.

Henderson pointed out the importance of persistence. She faced and overcame technical, policy, reimbursement, and other barriers along the way to get the telehealth program in Mississippi up and running. "What was rewarding was the community, grassroots support we received," she said.

## More learning and networking opportunities

Participants had the opportunity to learn even more quality and innovation strategies through about 25 concurrent sessions and about 140 poster presentations, visit nearly 100 exhibitors, and engage in formal and informal networking activities. Concurrent session topics covered the gamut, from enhancing quality through changes in staffing, to the effect of work-related stress on positive thinking in acute care nurses, to reducing alarm fatigue for improved patient safety and quality. Attendees were able to earn a maximum of 20.25 contact hours from the conference.

Cipriano also spoke to ANA's theme for 2018, the Year of Advocacy. She raised nurses' past and ongoing advocacy on the legislative front, as well as self-advocacy. Regarding the latter, she addressed ANA's innovative Healthy Nurse, Healthy Nation™ Grand Challenge to



Attendees were able to network, relax, and let their creativity emerge at a painting event.

improve RNs' health and well-being, and another ANA initiative, #EndNurseAbuse, which in part, calls for zero-tolerance policies when it comes to violence against nurses.

Cipriano also announced the launching of a new program, the ANA Innovation Awards™. They are made possible through the generosity of BD, a global medical technology company, and will be presented to a nurse and to a nurse-led team who best exemplify nurse-led innovation. (Stay tuned for more details on this new initiative.)

The 2019 ANA Quality and Innovation Conference will be held April 24-26 at Gaylord Palms Resort and Convention Center in Orlando.

— Susan Trossman is a writer-editor at ANA.

## Everyday Advocacy

### Therapy dogs for military families

For the American Nurses Association's (ANA's) Year of Advocacy in 2018, we're featuring stories of nurses engaged in a variety of advocacy efforts. In the first quarter of the year, the campaign focused on nurses advocating locally. We heard from Cindy Brosig, MSN, RN, a USAF Nurse Corps veteran and Wisconsin Nurses Association member, who shares her story:

"As a US Air Force Nurse Corps veteran, spouse of a Wisconsin Army National Guardsman, and mother of two children who have endured their father's multiple deployments, I have the privilege and passion to support military children and their family members.

"My canine partner, Ted, and I are a registered therapy dog team that visits military children in the community to bring awareness of the unique challenges they face and also to assist them in sharing their stories of resilience.

"After attending community meetings, connecting with our local and state newspapers, and participating in speaking engagements based on the current status

of military children, we were able to enlist the support of the Wisconsin State Superintendent to designate a day in April 2017 for school leaders, teachers, and students, to wear purple in appreciation of the sacrifices of military children.

"Connecting a community starts with one person!"

Watch for stories from RNs on themes for the second quarter: nurses influencing elected officials and other key decision-makers, third quarter: nurses get out the vote, and fourth quarter: global impact and making every year a year of advocacy.

Visit [RNaction.org](http://RNaction.org) to stay up to date on ANA's Year of Advocacy.

Members can access the Year of Advocacy community to participate and download a social media kit at [community.ana.org/csnaessentials/YOA](http://community.ana.org/csnaessentials/YOA).



# What does health policy mean to nursing?

By Gregory Craig, MPA, MS

One of the most common questions stakeholders ask about the American Nurses Association's (ANA) health policy work is also one of the most difficult to answer: "What exactly is health policy?" After all, policy is such a nebulous term; Webster's Dictionary defines it as, "A plan or course of action, as of a government, political party, or business, intended to influence and determine decisions, actions, and other matters."

At ANA, we specifically seek to influence decisions, actions, and other matters as they relate to nursing practice and the U.S. healthcare system through the lens of ANA's strategic goals, *ANA's Principles for Health System Transformation*, position statements, and *Code of Ethics for Nurses with Interpretive Statements*. In short, health policy is foundational to ANA's efforts to advance and promote nursing practice and to elevate issues that nurses care most about to key decision-makers.

ANA engages in health policy through a multitude of forms and touches many stakeholders. To be effective, we must be agile and responsive to changes in the healthcare and policy arena, yet our actions also must be grounded in the stable principles of nursing that ANA embodies.

## Federal Register

One of the most obvious, and perhaps underappreciated, aspects of ANA's health policy work relates to monitoring and commenting on proposed regulations published in the *Federal Register*. ANA monitors numerous federal agencies—including the U.S. Department of Health and Human Services, Department of Labor, and Department of Veterans Affairs—to stay current with federal regulatory policy proposals and changes. ANA submits dozens of comments annually to these agencies to spell out its policy positions, advocate for nursing in these policy deliberations, and influence the course of federal policy as it relates to nursing practice and healthcare overall. Comment letters also are opportunities for external collaboration;

for example, ANA recently submitted a comment letter with the American Academy of Nursing on proposed statutory conscience rights regulations, which could lead to certain patients being denied care because of healthcare professionals' moral beliefs.

## Professional issues panels

ANA also manages professional issues panels that rely on member leadership and critical input to form ANA's policy positions and help guide other organizational initiatives. Currently, ANA has convened a panel on connected health/telehealth to update the association's position statement on this pressing issue, with anticipated completion in fall 2018.

Last year, an ANA panel on care coordination contributed expertise on policy and payment issues for RNs.

One outcome was a new ANA white paper, "Medicare payment for registered nurse services and care coordination," which examines the current ways Medicare pays for nursing services and patient care coordination, and how legislative or regulatory actions would allow care coordination programs to compensate nursing services. Professional issues panels not only serve to keep ANA's policy positions relevant, but allow members



to directly engage in meaningful ways.

ANA's health policy work is both foundational and forward thinking. It's crucial to achieving ANA's goals of optimizing professional nursing practice and the work environment; ensuring that nurses are used to the full extent of their knowledge, skills, and competencies; and, critically, developing and advancing nurse leaders to shape policies that affect the health of the nation.

**To learn more and stay up to date, visit the health policy page on ANA's website at [nursingworld.org/practice-policy/health-policy/](https://nursingworld.org/practice-policy/health-policy/).**

— Gregory Craig is a health policy advisor in the Health Policy Department at ANA.



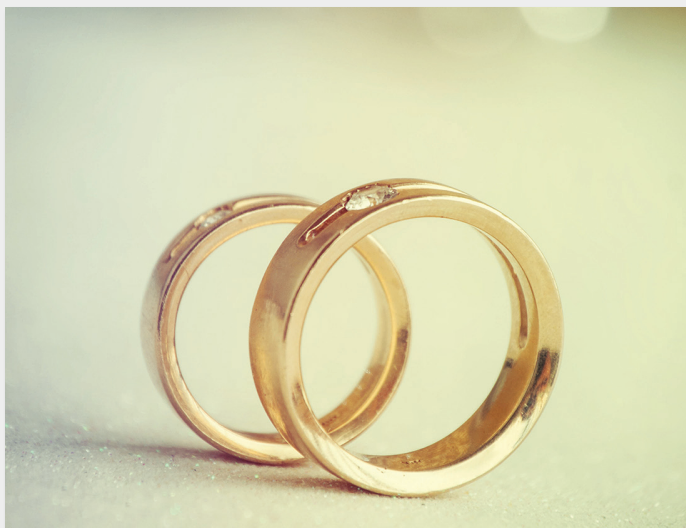
# Ethical considerations when hiring spouses and relatives

To: **Ethics inbox**

From: **Nurse manager**

Subject: **Hiring conundrum**

I'm the nurse manager of a medical-surgical unit and have two staff vacancies. I interviewed two qualified candidates, but it turns out they are engaged to each other. What should I do?



From: **ANA Center for Ethics and Human Rights**

Deciding whether to hire employees who are related, especially significant others, can certainly be challenging.

There are a host of things to consider. What is the nature of their relationship? Will they be able to separate their personal and professional issues while at work? Specific questions regarding the hiring of spouses can often be answered by a clear and consistent personnel policy.

From an ethical perspective, the American Nurses Association's (ANA) *Code of Ethics for Nurses with Interpretive Statements* (the *Code*) Provision 5.3 states that "nurses have both personal and professional identities that are integrated and that embrace the values of the profession, merging them with personal values." Nurses, regardless of their relationship to each other, must be able to competently and compassionately deliver quality care to patients and must be able to create a morally sound environment.

Other issues can affect the moral milieu of the unit. What if the two employees commute together? If one person is late, both will be. How do you manage their schedule? They both may want to be off at the same time, potentially leaving the unit short-staffed. What if they get into a disagreement and ask their colleagues to pick a side? The *Code* guides nurses to maintain professional, respectful, and caring relation-

ships with colleagues and also be committed to resolving conflicts. It will be essential that the couple is able to resolve any conflict without affecting patient care or disrupting the work environment. Additional concerns center on the potential for sharing confidential information and could result in breaching patient privacy rights.

On the positive side, there are potential benefits of spouses working together. A spouse or partner who is also a colleague can understand the unique challenges nurses face. They can easily relate to the situation and be a source of moral support on challenging days. Nurses have flexible schedules, which may allow for simultaneous time off, and nurses generally can find employment when relocating.

## Potential solutions

Looking at the overall hiring issue, one potential solution is to discourage relatives and friends from working on the same unit, but allow them to work in the same facility. Another solution is to prevent any form of supervisory relationship between family members, including spouses, although this could potentially limit a person's career, especially in a small facility or organization.

Provision 6 of the *Code* states that "the nurse through individual and collective effort, establishes, maintains and improves the ethical environment of the work setting and conditions of employment that are conducive to safe, quality health care." As a manager, you should assess the situation, including the knowledge, skills, abilities, and experiences of the applicants against the needs of the unit and make the best hiring decision possible to provide safe, high-quality nursing care.

All organizations, from large multinational companies to small one-facility healthcare institutions, should have a clear, well-defined personnel policy regarding familial hiring that is applied consistently throughout the organization. Always consider the assessed need, but be sure to also consider the organization's policies and recognize the impact on patient care and the overall work environment.

— Response by Kathryn Schroeter, PhD, RN, CNOR, CNE, and Thomas Ray Coe, PhD, MBA, MHA, RN, NEA-BC, FACHE, members of the ANA Center for Ethics and Human Rights Advisory Board.

**Do you have a question for the Ethics Inbox?**  
Please submit inquiries to [ethics@ana.org](mailto:ethics@ana.org).

## Selected reference

American Nurses Association. *Code of Ethics for Nurses with Interpretive Statements*. Silver Spring, MD: American Nurses Association; 2015.

# New tools support nurses' board journeys

By Allison Nordberg

A national movement is underway for more nurses to take their seats at the boardroom table. National movements require multiple tactics, and that's just what the American Nurses Foundation has employed since 2013 in its ongoing effort to improve the health of communities nationwide through the service of nurses on all types of boards of directors.

The Foundation recently released a suite of new tools that foster both conversations and actions about board service at all levels of nursing within an organization. These tools were designed in consultation with stakeholders around the country to be incorporated into existing programming, such as grand rounds and residency programs, and shared with all nursing staff. Because organizations have different priorities, a variety of engagement opportunities are available to fit a particular culture. Individual nurses also can use the resources that most closely align with where they are in their board journey.

The Foundation also has made the tools available on its website, [nurseboardleadership.org](http://nurseboardleadership.org). The resources are organized as follows.

### How to get on board

The Getting on Board Toolkit ([bit.ly/2qknMuM](http://bit.ly/2qknMuM)) provides a compilation of tips, resources, and ideas for identifying and getting on the right board. It highlights the importance of starting with a passion for an issue or cause and using that as a basis for the board search.

Do you serve on a board of directors? As a founding member of the Nurses on Boards Coalition (NOBC), we recommend that all nurses serving on boards register in the NOBC database at [nursesonboardscoalition.org](http://nursesonboardscoalition.org). Your service will help NOBC reach its goal of 10,000 nurses on boards by 2020; all registrants can receive resources and information about open board opportunities.

### Bringing board service to the entire nursing staff

The Foundation has created PowerPoint slides ([nursingworld.org/foundation/programs/nurses-on-boards/nurse-leaders](http://nursingworld.org/foundation/programs/nurses-on-boards/nurse-leaders)) that can be incorporated into existing professional development programming, town halls, nursing grand rounds, and residency programs. These slides can be customized and adapted to align with an organization's existing programming.

### Organization's board

The Making the Case to Your Healthcare Organization

Toolkit (<https://bit.ly/2GS1gSD>) was inspired by Cole Edmonson, DNP, RN, NEA-BC, FAAN, FACHE, based on his experience advocating for a nurse to join the board of Texas Health Presbyterian Hospital Dallas. The toolkit includes suggestions on how to communicate to a hospital's senior leadership and board about the positive effect nurse board service can have on hospital operations.



Marla Salmon, ScD, RN, FAAN, (front, right) with the Grifols, Inc. Board of Directors. Salmon's path to board leadership is featured on the Foundation's website.

### Promoting leadership

The American Nurses Foundation has promoted nursing leadership by highlighting the impact of having nurses in decision-making roles on boards of directors and supporting nurse leaders on their board journeys. These new toolkit resources build on a series of eight nurse leader profiles that portray the unique experiences that have led nurses to prominent boards. Also, the Building a Board-Ready Resume webinar at [givetonnursing.org/nursesonboards](http://givetonnursing.org/nursesonboards) highlights the steps of transforming a multipage curriculum vitae into a one-page board resume that features a nurse's accomplishments and experiences in a way that's applicable to a board nominating committee.

This initiative is made possible through the generous support of the Rita & Alex Hillman Foundation, other trustee donors, and friends. To learn more, visit [nursingworld.org/foundation](http://nursingworld.org/foundation).

— Allison Nordberg is project manager at the American Nurses Foundation.

## ANA releases new position statement on pain management

**T**he American Nurses Association (ANA) Board of Directors has approved a position statement on “The ethical responsibility to manage pain and the suffering it causes.” The purpose of this position statement is to provide ethical guidance and support to nurses as they fulfill their responsibility to provide optimal care to persons experiencing pain.



The national debate on the appropriate use of opioids highlights the complexities of providing optimal management of pain and the suffering it causes. While effective in treating acute pain and some types of persistent pain, opioids carry significant risks. This causes a tension between a nurse's duty to manage pain and the duty to avoid harm.

## ANA opposes HHS proposed rule on conscience rights

**I**n an op-ed published in *The Hill* on April 4, American Nurses Association (ANA) President Pamela F. Cipriano, PhD, RN, NEA-BC, expressed concerns with the U.S. Department of Health and Human Services Office for Civil Rights Proposed Rule: Protecting Statutory Conscience Rights in Health Care; Delegations of Authority.

The op-ed, co-authored by Karen S. Cox, PhD, RN, FAAN, president of the American Academy of Nursing, argues that “this proposed rule dangerously expands the ability of institutions and entities, including hospitals, pharmacies, doctors, nurses, even receptionists, to use their religious or moral beliefs to discriminate and deny patients healthcare.”

The authors highlight the need to ensure that all people have equal access to comprehensive and nondiscriminatory healthcare services. And, citing ANA's *Code of Ethics for Nurses with Interpretive Statements*, they underscore the role that nurses and all healthcare professionals play in guarding civil rights protections to ensure patients receive quality, medically necessary, and compassionate care.

ANA position statements on ethics and human rights, in tandem with ANA's *Code of Ethics for Nurses with Interpretive Statements*, support nurses by offering an explanation, a justification, or a recommendation for a course of action in particular situations.

### Statement of ANA position

ANA believes:

- Nurses have an ethical responsibility to relieve pain and the suffering it causes.
- Nurses should provide individualized nursing interventions.
- The nursing process should guide the nurse's actions to improve pain management.
- Multimodal and interprofessional approaches are necessary to achieve pain relief.
- Pain management modalities should be informed by evidence.
- Nurses must advocate for policies to assure access to all effective modalities.
- Nurse leadership is necessary for society to appropriately address the opioid epidemic.

Read the full position statement at <http://bit.ly/EthicallyManagePain>.

**Coming soon:** Watch for a new section of ANA position statements to be published in *OJIN: The Online Journal of Issues in Nursing*.

## 2018 candidates for ANA national office

**T**he American Nurses Association (ANA) Nominations and Elections Committee has prepared the slate of candidates for ANA's national elections that will be held at the 2018 Membership Assembly, June 22-23 in Washington, DC.

View the slate of candidates at <https://www.nursingworld.org/~4959b6/globalassets/ana/leadership--governance/2018-candidates-for-ana-national-office-slate-of-candidates03-23-2018.pdf>.

