Leadership in nursing campaigns

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Quinn WV. Winning strategies for full access to care. *Journal of the American Association of Nurse Practitioners*. 2019;31(3):149-51. The Center to Champion Nursing in America and the *Future of Nursing: Campaign* for Action envision everyone in America can live a healthier life, supported by nurses as essential partners in providing care and promoting health equity and well-being. This column describes the history of partnerships created in support of these efforts and strategies learned through grassroots efforts. The discussion offers an example of how one person’s experiences and education led her to positions in support of actions designed to promote healthier life by all and practical strategies everyone can use in support of the goal of promoting care, health equity, and well-being for all Americans. 

Hitchcock SC, Ruhl C. Nurses Leading Safe Infant Sleep Initiatives in the Hospital Setting. *Nursing for women's health*. 2019;23(2):148-62. Every day, 10 otherwise healthy infants die from sleep-related deaths in the United States. These deaths, termed sudden unexpected infant death, remain the leading cause of post-neonatal death in the United States despite known modifiable risk factors and prevention recommendations. In birthing hospitals, many parents report being given incorrect and sometimes no information about infant sleep safety, which creates immediate and long-term safety concerns. In this article, we provide an overview of sudden unexpected infant death, including sudden unexpected postnatal collapse, and the latest safe sleep recommendations from the American Academy of Pediatrics. We also offer practical guidelines for nurses—those working at the bedside and those in leadership positions—who may be seeking to improve the quality of infant sleep practices in their organizations.

Arora VM, Machado N, Anderson SL, Desai N, Marsack W, Blossomgame S, et al. Effectiveness of SIESTA on Objective and Subjective Metrics of Nighttime Hospital Sleep Disruptors. *Journal of hospital medicine*. 2019;14(1):38-41. We created Sleep for Inpatients: Empowering Staff to Act (SIESTA), which combines electronic "nudges" to forgo nocturnal vitals and medications with interprofessional education on improving patient sleep. In one "SIESTAenhanced unit," nurses received coaching and integrated SIESTA into daily huddles; a standard unit did not. Six months pre- and post-SIESTA, sleep-friendly orders rose in both units (foregoing vital signs: SIESTA unit, 4% to 34%; standard, 3% to 22%, $P < .001$ both; sleep-promoting VTE prophylaxis: SIESTA, 1
15% to 42%; standard, 12% to 28%, \( P < .001 \) both). In the SIESTA-enhanced unit, nighttime room entries dropped by 44% (-6.3 disruptions/room, \( P < .001 \)), and patients were more likely to report no disruptions for nighttime vital signs (70% vs 41%, \( P = .05 \)) or medications (84% vs 57%, \( P = .031 \)) than those in the standard unit. The standard unit was not changed. Although sleep-friendly orders were adopted in both units, a unit-based nursing empowerment approach was associated with fewer nighttime room entries and improved patient experience.


Fulton JS.
Nursing Now! A Campaign for the Future.

Bowles J, Malloch K.
Caregiver Leadership: The Pathway to Achieving and Sustaining National Initiatives.
In 2010, the Institute of Medicine recognized the challenges facing nurses meeting the healthcare needs of the nation and issued the report The Future of Nursing: Leading Change, Advancing Health. The report acknowledged nurses as the largest segment of the health care delivery workforce and recommended that nurses should play a fundamental role in leading change and advancing the health of our population in the ever-changing health care reform environment. In section 7 of the report, the authors recommend that nursing education programs integrate leadership theories across the nursing education curriculum continuum and in practice settings. In addition, the Institute for Healthcare Improvement and the American Nurses Association has also called for greater involvement of nurses in achieving national initiatives and specifically identifying and facilitating change to improve quality (Table 1).


Southampton: University of Southampton; 2019.

Common Challenges to Effective ABCDEF Bundle Implementation: The ICU Liberation Campaign Experience.
Although growing evidence supports the safety and effectiveness of the ABCDEF bundle (A, assess, prevent, and manage pain; B, both spontaneous awakening and spontaneous breathing trials; C, choice of analgesic and sedation; D, delirium: assess, prevent, and manage; E, early mobility and exercise; and F, family engagement and empowerment), intensive care unit providers often struggle with how to reliably and consistently incorporate this interprofessional, evidence-based intervention into everyday clinical practice. Recently, the Society of Critical Care Medicine completed the ICU Liberation ABCDEF Bundle Improvement Collaborative, a 20-month, nationwide, multicenter quality improvement initiative that formalized dissemination and implementation strategies and tracked key performance metrics to overcome barriers to ABCDEF bundle adoption. The purpose of this article is to discuss some of the most challenging implementation issues that Collaborative teams experienced, and to provide some practical advice from leading experts on ways to overcome these barriers.


All nurses have the potential and responsibility to effect positive change in nursing practice and healthcare. This article details the characteristics of leaders and effective followers and clarifies that one does not need to be in a management position to function as a leader.


In order to meet the needs of an increasingly diverse patient population, nursing schools around the United States have been trying to recruit future nurses from a variety of racial/ethnic backgrounds, with limited success. To date, the literature does not describe
how to develop culturally appropriate engagement models that can successfully transform minority nursing students into nurse researchers and leaders. Thus, the purpose of this article is to describe a promising research and leadership program for underrepresented undergraduate students entitled, “EMBRACE - Engaging Multiple-communities of BSN students in Research and Academic Curricular Experiences”. More specifically, this article will: 1) describe the steps one College of Nursing has taken toward developing the EMBRACE program; 2) describe the theoretical framework developed for the program; and 3) present the initial challenges and positive outcomes of the program. The theoretical framework of the program is based on principles of excellence for diversity and inclusion as well as student and faculty engagement. The EMBRACE framework includes components of education, faculty contributions, social connections and emotional intelligence. The EMBRACE program consists of group mentoring with peers, one-on-one mentoring with faculty and graduate students, and working on a hands-on project relating to research or leadership.


Attenborough J, Reynolds L, Nolan P.  
**The Nurses That Roared: Nurses From History Who Found Their Voices and Challenged the Status Quo.**  

In this article, we explore how nurses from history challenged norms of nursing and society, and consider how they can influence and inspire nurses today. We discuss the role of nurses in the fight for women's suffrage, campaigning for the vote, and caring for women who suffered in their fight to achieve it, and present examples of outstanding bravery in the past and present day. The article contains examples of the bravery of some relatively unknown nurses in wartime, who also fought for equality and inclusion, and nurses who challenged the care of marginalized groups, campaigning for improved treatment, sometimes at great personal cost. Finally, we consider the courage of present-day nurses. Drawing on the global campaign of “Nursing Now,” we suggest that learning from these exceptional nurses and acknowledging and highlighting their contribution can inspire us to strengthen and promote nursing and to empower women globally.


Adams E.  
**Future Proofing: The Nursing Now Campaign.**  

In many Western democracies, nursing consumes a comparatively large proportion of the health service budget and delivers the highest proportion of direct patient care. Therefore, identifying and representing the contribution of nurses to clinical effectiveness as well as the wider social benefit to populations and the economy is crucial. Predictive models on health and social care requirements for the next quarter of a century report a staggering shift in population age, multimorbidity, and complexity of need. This is leading to the widespread realization that change is needed to ensure that health care throughout the
world meets the emerging needs of humankind. Currently, 97% of health budgets are spent on treatment, while only 3% are invested in prevention. Targeted initiatives that redistribute a higher proportion of national health policy budgets to the prevention of disease offer opportunities for nurses to address gaps in service provision. Nursing Now is a campaign focused on raising the status and profile of nursing globally while maximizing the contribution that nurses make to the health and well-being of individuals and communities. Nursing Now is a 3-year campaign, launched in 2018. The campaign has a very clear strategic goal to position nursing to optimize the profession’s potential to fully contribute and make a real difference to the health of the global population.


Rosenbluth G, Destino LA, Starmer AJ, Landrigan CP, Spector ND, Sectish TC.
I-PASS Handoff Program: Use of a Campaign to Effect Transformational Change. 
Background: Behavior change is notoriously difficult to achieve within health care systems. Successful implementation of the I-PASS handoff bundle with subsequent decreases in medical errors and preventable adverse events represents an example of successful transformational change within academic medical centers. Objective: We designed a campaign to support and enhance uptake of the I-PASS handoff bundle at 9 study sites from 2011 to 2013. Methods: Following Kotter’s model of transformational change, we established urgency using local data and institutional mandates, and site leaders built local guiding coalitions with institutional leaders, key faculty, and Chief Residents. We created and communicated our vision using a branded campaign and empowered others to act by soliciting and acting on feedback and supporting systems changes. Site leaders planned for and created short-term wins by recognizing residents who engaged with I-PASS, consolidated improvements, and institutionalized new approaches. Results: Implementation of I-PASS was successful, with achievement of substantial improvements in rates of medical errors and preventable adverse events. Data from the initial I-PASS study have continued to drive a national campaign that has included national recognition by leaders in the field of patient safety and pediatrics. Momentum has increased significantly to support mentored implementation of the I-PASS handoff program at over 35 academic medical centers across North America. Conclusions: I-PASS provides an example of transformational change achieved through a combination of educational interventions and change management to address resistance/barriers, supported by a robust campaign. We encourage others in academic medicine to consider using change models, including campaigns, to support health care improvement programs.


Randolph SA.
The Nursing Now Campaign. 
Nursing Now is a 3-year global campaign (2018-2020) to improve health by raising the profile and status of nursing. Nurses are urged to use their knowledge and skills to the
fullest and be leaders and decision makers to provide quality health care.

Rafferty AM.
Nurses as change agents for a better future in health care: the politics of drift and dilution.
Health economics, policy, and law. 2018;13(3-4):475-91.
This paper takes the 70th Anniversary of the National Health Service (NHS) in the United Kingdom as an opportunity to reflect upon the strategic direction of nursing policy and the extent to which nurses can realise their potential as change agents in building a better future for health care. It argues that the policy trajectory set for nursing at the outset of the NHS continues to influence its strategic direction, and that the trajectory needs to be reset with the voices of nurses being more engaged in the design, as much as the delivery of health policy. There is a growing evidence base about the benefits for patients and nurses of deploying well-educated nurses at the top of their skill set, to provide needed care for patients in adequately staffed and resourced units, as well as the value that nurses contribute to decision-making in clinical care. Yet much of this evidence is not being implemented. On the contrary, some of it is being ignored. Policy remains fragmented, driven by short-term financial constraints and underinvestment in high quality care. Nurses need to make their voices heard, and use the evidence base to change the dialogue with the public, policy makers and politicians, in order to build a better future for health care.

Peate I.
Putting an end to pyjama paralysis: the benefits.


Love TA.
The be ethical campaign: Ending healthcare gender workforce disparity.
In November 2018 the Harvard Medical School “Career Advancement and Leadership Skills for Women in Healthcare” Continuing Medical Education (CME) will invest in the #BeEthical strategic initiative with the aim of ending workforce disparities as an ethical imperative. The 2002 Institute of Medicine Report, “Unequal Treatment: Confronting Racial and Ethnic Disparities in Healthcare,” was a ground-breaking research study identifying undeniable disparity in care provided to patients based on race and ethnicity. This report recommended increasing the proportion of underrepresented minorities in the healthcare workforce as a strategy to improve health outcomes for diverse patients. In 2011 the American Hospital Association (AHA) took this recommendation a step further with the Equity of Care
campaign, enlisting healthcare organizations to pledge to act to improve care provided to diverse patients and increasing diversity in the healthcare executive suite leadership. The Institute for Diversity in Health Management commissioned the AHA’s Health Research and Educational Trust to conduct a national survey of U.S. hospitals to quantify the measures they have taken. The results of “Diversity and Disparities: A Benchmarking Study of U.S. Hospitals” have been disappointing. Results demonstrated a decrease in minorities in executive healthcare leadership to 11% in 2015, which was down from the 12% reported in 2013 and 2011. For decades the healthcare executive suite has remained 86% white male. Therefore, it is important to take a new approach and call for leaders to make workforce gender equity an ethical imperative by promoting accomplished women and minorities to the executive suite.


BACKGROUND: Inaccurate and cliched images of nurses are well documented and need to be challenged. For too long, the image of nursing has been formed by television and movies, which typically portray the nurse as the doctor’s assistant or as a background character rather than an integral member of the interdisciplinary team. METHOD: “The New Script of Nursing”, using a multi-media digital approach, was launched by Johns Hopkins University to break through the stereotypical images of nursing and showcase the depth and breadth of the nursing profession. Using a case study method, using temporal limits, the method of the campaign is described and the impact assessed using digital analytics. RESULTS: Within two weeks there were: 23,030 views on Facebook including 1467 reactions, comments and shares; Twitter received 12,208 impressions and 832 engagements; YouTube received 4518 views and 107 views on Instagram. The We Got This website received more than 7000 visitors from Canada, Australia, the United Kingdom, South Africa, Portugal, Lebanon, and Hong Kong. Engagement has been sustained and within nine months, the video on social media received 32,000 views and 400 shares. CONCLUSION: Social media, cellphones, and portable devices enable not just rapid but widespread communication and there is a compelling imperative to engage this media. The accessibility and affordability of social media is empowering and allows the voice of nurses to be heard. Impact Statement: Social media is an accessible, affordable and efficacious method to address misconceptions and inaccuracies of nursing as a profession. Nurses must adopt communication science and social media to profile the profession.


Kane HS, Dacanay D, Renzi J, Wilson L. The Shhh Campaign: Noise Reduction to Improve Patient Outcomes. 29th International Nursing Research Congress: Innovative Global Nursing Practice and Education Through Research and Evidence-based Practice, July 19-23,
The I Will Help You mental health initiative: A pedagogy for nursing leadership and a call to action for nurses.


Mental illness is a major cause of morbidity and mortality in society. Undergraduate nursing students designed and implemented a mental health awareness campaign called the I Will Help You initiative as part of their senior leadership nursing course. The aims of the initiative were to: spread awareness on mental illness; give the general public the skills and resources needed to identify and assist individuals who are struggling with mental illness; and decrease the stigma surrounding mental illness. A website, four online educational modules, four social media accounts, and two videos were designed by the students in order to promote the initiative. One month following the initiative's launch, the website had over 4000 page views, the videos had over 20,000 views, there were over 200 pledges, and the educational modules had 60 users. The initiative received substantial media attention and was featured via a variety of platforms including: a local news story, numerous health blogs, the state nurses' website and across the university campus. The I Will Help You initiative provided real life application of nursing leadership to an undergraduate student population while building a sustainable, evidence-based tool that can be used as a public health resource for mental illness.

Nursing Now campaign: raising the status of nurses.


The Choosing Wisely Campaign for Nursing.


Ongoing efforts to identify and reduce the use of unnecessary tests and procedures.

How guiding coalitions promote positive culture change in hospitals: a longitudinal
mixed methods interventional study.

BACKGROUND: Quality collaboratives are widely endorsed as a potentially effective method for translating and spreading best practices for acute myocardial infarction (AMI) care. Nevertheless, hospital success in improving performance through participation in collaboratives varies markedly. We sought to understand what distinguished hospitals that succeeded in shifting culture and reducing 30-day risk-standardised mortality rate (RSMR) after AMI through their participation in the Leadership Saves Lives (LSL) collaborative.

PROCEDURES: We conducted a longitudinal, mixed methods intervention study of 10 hospitals over a 2-year period; data included surveys of 223 individuals (response rates 83%-94% depending on wave) and 393 in-depth interviews with clinical and management staff most engaged with the LSL intervention in the 10 hospitals. We measured change in culture and RSMR, and key aspects of working related to team membership, turnover, level of participation and approaches to conflict management. MAIN FINDINGS: The six hospitals that experienced substantial culture change and greater reductions in RSMR demonstrated distinctions in: (1) effective inclusion of staff from different disciplines and levels in the organisational hierarchy in the team guiding improvement efforts (referred to as the 'guiding coalition' in each hospital); (2) authentic participation in the work of the guiding coalition; and (3) distinct patterns of managing conflict. Guiding coalition size and turnover were not associated with success (p values>0.05). In the six hospitals that experienced substantial positive culture change, staff indicated that the LSL learnings were already being applied to other improvement efforts. PRINCIPAL CONCLUSIONS: Hospitals that were most successful in a national quality collaborative to shift hospital culture and reduce RSMR showed distinct patterns in membership diversity, authentic participation and capacity for conflict management.


Global nursing campaign is set to raise the status of nursing all over the world. *International nursing review. 2018;65(2):152-8.*

Waring J, Crompton A. **A 'movement for improvement'? A qualitative study of the adoption of social movement strategies in the implementation of a quality improvement campaign.** *Sociology of health & illness. 2017;39(7):1083-99.*

Given the difficulties of implementing 'top-down' quality improvements, health service leaders have turned to methods that empower clinicians to co-produce 'bottom-up' improvements. This has involved the adoption of strategies and activities associated with
social movements, with clinicians encouraged to participate in collective action towards the shared goal of improvement. This paper examines the adoption of social movement methods by hospital managers as a strategy for implementing a quality improvement 'campaign'. Our case study suggests that, despite the claim of empowering clinicians to develop 'bottom-up' improvements, the use of social movement methods can be more narrowly concerned with engaging clinicians in pre-determined programmes of 'top-down' change. It finds a prominent role for 'hybrid' clinical leaders and other staff representatives in the mobilisation of the campaign, especially for enrolling clinicians in change activities. The work of these 'hybrids' suggests some degree of creative mediation between clinical and managerial interests, but more often alignment with the aspirations of management. The study raises questions about the translation of social movement's theories as a strategy for managing change and re-inventing professionalism.


Ward U.
A vision for the future of nursing.

Walker N.
Embrace Action: Protect the Future of Nursing.

Quail MT.
What's the Stop the Bleed Campaign?

Polansky P, Gorski MS, Green A, Perez GA, Wise RP.
Nurses leading change to advance health.
BACKGROUND: The article includes a review of selected past and current leadership initiatives as well as a summary of three leadership meetings convened by The Center to Champion Nursing in America, a partnership of the Robert Wood Johnson Foundation (RWJF), AARP and the AARP Foundation. PURPOSE: These "Leadership in Action" meetings were designed to address the Campaign for Action's (CFA) goal to increase the number of nurse leaders in health- and health care-related boardrooms at the local, state and national levels. METHODS: RWJF supported key nursing organizations in initial discussions around integrating state and national efforts to get more nurses onto boards leading to a active vibrant coalition making significant progress. CONCLUSION: This article concludes with a call to action encouraging all nurses to consider board service as an essential component of improving health and health care and to do their part to help build a Culture of Health in...
the United States.


Oliver D.

**David Oliver: Fighting pyjama paralysis in hospital wards.**

*Bmj (Clinical research ed).* 2017;357:j2096.


Nelson-Brantley HV, Ford DJ.

**Leading change: a concept analysis.**


AIM: To report an analysis of the concept of leading change. BACKGROUND: Nurses have been called to lead change to advance the health of individuals, populations, and systems. Conceptual clarity about leading change in the context of nursing and healthcare systems provides an empirical direction for future research and theory development that can advance the science of leadership studies in nursing. DESIGN: Concept analysis. DATA SOURCES: CINAHL, PubMed, PsycINFO, Psychology and Behavioral Sciences Collection, Health Business Elite and Business Source Premier databases were searched using the terms: leading change, transformation, reform, leadership and change. Literature published in English from 2001 - 2015 in the fields of nursing, medicine, organizational studies, business, education, psychology or sociology were included. METHODS: Walker and Avant’s method was used to identify descriptions, antecedents, consequences and empirical referents of the concept. Model, related and contrary cases were developed. RESULTS: Five defining attributes of leading change were identified: (a) individual and collective leadership; (b) operational support; (c) fostering relationships; (d) organizational learning; and (e) balance. Antecedents were external or internal driving forces and organizational readiness. The consequences of leading change included improved organizational performance and outcomes and new organizational culture and values. CONCLUSION: A theoretical definition and conceptual model of leading change were developed. Future studies that use and test the model may contribute to the refinement of a middle-range theory to advance nursing leadership research and education. From this, empirically derived interventions that prepare and enable nurses to lead change to advance health may be realized.


McKew M.

**'PJ paralysis' campaign gets patients up and trusts moving.**

*Nursing standard (Royal College of Nursing (Great Britain) : 1987).* 2017;31(40):12-3.

The aims of the #EndPJparalysis campaign are simple: get patients out of bed and dressed during the day, and then into chairs, activity rooms or to dining rooms for meals. Increased activity can help recovery, reduce muscle wastage, maintain independence and lead to patients being discharged sooner.

Jones-Berry S.  
**Nursing Now! campaign to support and empower nurses.**  
*Nursing standard (Royal College of Nursing (Great Britain) : 1987).* 2017;31(51):7-8.  
Nurses are too often ‘invisible, taken for granted and prevented from being as effective as they could be’, a former health minister and NHS leader spearheading a global campaign to boost the profile of nursing said.  

Dolan B.  
**Mindset shift on PJ paralysis.**  
*Nursing standard (Royal College of Nursing (Great Britain) : 1987).* 2017;31(47):32.  
When I first created #EndPJparalysis, little did I know it would be adopted globally - and particularly across the UK - as a vehicle for enabling patients to get up, dressed and moving while in hospital.  

Byers V.  
**The challenges of leading change in health-care delivery from the front-line.**  
AIM: The public sector is facing turbulent times and this challenges nurses, who are expected to serve both patient interests and the efficiency drives of their organisations. In the context of implementing person-centred health policy, this paper explores the evolving role of front-line nurses as leaders and champions of change. BACKGROUND: Nurses can be seen to have some autonomy in health-care delivery. However, they are subject to systems of social control. In implementing person-centred policy, nurses can be seen to be doing the best they can within a constrained environment. METHOD: A survey of nursing practice in person-centred health-policy implementation is presented. FINDINGS: Despite much being written about managing health-professional resistance to policy implementation, there is a gap between what is being asked of nurses and the resources made available to them to deliver. In this milieu, nurses are utilising their discretion and leading from the front-line in championing change. CONCLUSIONS: Empowering nurses who seek to lead patient involvement could be the key to unlocking health-care improvement. IMPLICATIONS FOR NURSING MANAGEMENT: Health services tend to be over-managed and under-led and there is a need to harness the potential of front-line nurses by facilitating leadership development through appropriate organisational support.  

Brennan T.  
**Follow suit on ‘PJ paralysis’.**  
*Nursing standard (Royal College of Nursing (Great Britain) : 1987).* 2017;31(28):32.  
I congratulate Nottingham University Hospital for encouraging patients to get dressed in day clothes, and encourage other acute hospitals to follow suit (news, 8 February).  
American Nurses Association revamps campaigns to support healthy nurses.  

'Global health' and 'global nursing': proposed definitions from The Global Advisory Panel on the Future of Nursing.  
AIMS: To propose definitions of global health and global nursing that reflect the new paradigm that integrates domestic and international health. BACKGROUND: Increased globalization has led to expanded awareness of the importance of global health and global nursing among students and faculty in the health professions and among policymakers and practitioners. DESIGN: Discussion paper that includes a discussion and review of the literature related to global health and global nursing. DATA SOURCES: A task force searched for and reviewed articles published in English, Spanish or Portuguese between 2005-2015, developed summaries, listed key elements, identified prevalent themes and developed consensus definitions. IMPLICATIONS FOR NURSING: The definitions will be used by the Global Advisory Panel on the Future of Nursing to guide promoting a voice and vision for nursing that will contribute to the advancement of the profession’s contribution to global health. CONCLUSIONS: Definitions of global health and global nursing were developed based on main themes and concepts identified in the literature review to guide contributions of nursing to global health.  

Weng YH, Chen C, Chen KH, Kuo KN, Yang CY, Chiu YW.  
Dissemination of Evidence-Based Practice to Directors of Nursing by an Outreach Campaign in Taiwan.  
BACKGROUND: Directors of nursing (DONs) have an important influence in the dissemination of evidence-based practice (EBP) in hospital settings. The current study examined how the knowledge, skills, and behaviors of DONs changed when EBP was implemented during a 5-year, nationwide promotional campaign providing EBP-related information resources and promotional activities in regional hospitals in Taiwan. METHOD: Cross-sectional questionnaire surveys for a nationwide representative sample of DONs were conducted in 2007, 2009, and 2011 to examine views related to EBP, including changes in beliefs, attitudes, knowledge, skills, behaviors, and barriers. RESULTS: This study enrolled 267 DONs in 2007, 257 in 2009, and 287 in 2011. During the study period, DONs' EBP knowledge and skills increased, but their beliefs and attitudes did not significantly change. Furthermore, the use of Internet-based resources, including web portals, electronic textbooks, electronic journals, and evidence-based online databases, increased. Most barriers significantly declined after the intervention. CONCLUSION: DONs' knowledge, skills, and behaviors regarding EBP increased after the multifaceted intervention. The data suggest...
this outreach program is useful in disseminating EBP implementation to DONs. 

Tothy AS, Limper HM, Driscoll J, Bittick N, Howell MD.  
The Ask Me to Explain Campaign: A 90-Day Intervention to Promote Patient and Family Involvement in Care in a Pediatric Emergency Department.  
BACKGROUND: Patient satisfaction is a central outcome measure of patient-centered care and is associated with improved patient safety, but the effect of specific interventions in pediatric emergency medicine on patient satisfaction is not well studied. In 2013 the University of Chicago Medicine Comer Children's Hospital's Pediatric Emergency Department identified substantial room for improvement in communication both among physicians and nurses and between hospital staff and patients. A pilot study was conducted to quantify the impact of a specific package of improvement activities on patient satisfaction in the Pediatric Emergency Department. METHODS: Using a 90-day action plan (December 2013- February 2014), the Ask Me to Explain campaign included visual signage to remind clinicians and staff to focus on addressing the concerns of their patients. Providers were educated on the campaign tools, their purpose, and how to use them to initiate discussion and provide answers to patient concerns. Education was then spread to support staff throughout the department. The primary outcome measure was the response to questions on a patient satisfaction survey delivered by a third-party vendor, specifically, "Likelihood of your recommending our Emergency Department to others." RESULTS: "Top Box" scores increased for all questions during the 90-day intervention period. Specifically, staff sensitivity to patient concerns increased from 44.0% to 59.2% (p = 0.041), and patient satisfaction with being informed about delays increased from 34.7% to 51.1% (p = 0.024). Interestingly, patient satisfaction either remained above baseline or continued to improve for all questions after the campaign had concluded. CONCLUSION: A 90-day action plan may provide a successful template for improving communication between providers and patients in a pediatric emergency department or in other health care settings.  


Feng H, Li G, Xu C, Ju C.  
Educational campaign to increase knowledge of pressure ulcers.  
BACKGROUND: A pressure ulcer (PU) steering group was set up in Zhongda Hospital in China to develop a campaign to increase knowledge of PUs, to improve management and reduce incidence. METHOD: Questionnaires were completed by 275 nurses to ascertain their knowledge of PUs. The initial questionnaire indicated that the nurses had insufficient knowledge of PUs. The steering group then ran a campaign focusing on standardising the
management of PUs. The measurement of PU knowledge for all nurses was tested after 2 years of training. RESULTS: After 2 years, the nursing staff's knowledge of PUs had improved. Usage of the Braden scale had risen from (60.0+/-22.9) to (88.0+/-9.0) and showed a statistically significant difference (p<0.01). Moreover, the rate for patients reported as being at high risk of developing a PU had increased from 0.98% in 2012 to 1.24% in 2013, while the occurrence rate of PUs in the hospital had decreased from 0.09% in 2012 to 0.05% in 2013. CONCLUSION: The campaign significantly enhanced the knowledge of PUs and improved the ability of nursing staff to evaluate PU risks, resulting in a decrease in the occurrence of PUs.


Many nursing professionals—may be reluctant to engage in or are confused about appropriate use of social media in a clinical, research, or policy context. To address this issue, we developed a study to enhance nurse leaders’ facility with social media in the context of a national professional meeting. This study examined a social media campaign at the 2015 American Academy of Nursing conference. The campaign was intended to bridge the gap between active social media users and nonusers attending the conference. Following a targeted social media campaign at the American Academy of Nursing 2015 Transforming Health, Driving Policy Conference, responses to the conference evaluation questions about social media were reviewed and analyzed. Overall, evaluations were positive about the campaign; however, some conference attendees were not aware of its various components. Despite perceived barriers to its use, there is significant curiosity about social media use among nurse leaders. With the engagement of these leaders, there may be opportunities to enhance social media use at professional meetings and to make broader use of this valuable tool throughout the nursing profession.


CONTEXT: Four challenge campaigns in 2012 and 2013 were undertaken to promote organ donor registrations in New York State. Challenge campaigns relied on community advocates statewide to initiate month-long outreach efforts with top teams earning monetary rewards and public recognition. OBJECTIVE: To significantly increase the number
and proportion of New York residents who have consented to donation through the electronic registry. DESIGN: Four month-long campaigns undertaken in fall and spring of 2012 and 2013. SETTING: Statewide recruitment efforts organized by New York Alliance for Donation and the 4 organ procurement organizations in New York State. PARTICIPANTS: Adult residents of New York State. INTERVENTION: Project staff recruited team leaders across New York State and used online and offline resources to recruit teams, educate team leaders, and bolster outreach efforts. MAIN OUTCOME MEASURES: Number of completed registration forms within month-long campaign periods. Also investigated were statistics on website use (eg, page views, new visitors) and interviews with team leaders regarding campaign activities after the campaign. RESULTS: Across 4 campaigns, 107 teams were recruited and 2286 persons registered their consent to donate through the state system. Each team recruited a mean of 21 persons; 40% of teams registered 0 persons.


Millions more insured Americans. Increasing numbers of older patients. Higher rates of chronic illness. Fewer providers. How can our healthcare system not only manage these challenges but also improve performance and access to care while containing costs? The answer lies with our nurses. In some parts of the United States, nurses provide the full spectrum of primary and preventive care. They have successfully improved access and quality in rural areas. In other parts, nurses' hands are tied by antiquated laws and regulations that limit their ability to expand access to care. Our system cannot increase access when we have providers who are not allowed to perform to the top of their education, training, and capability. It is time to rethink how we deliver primary and preventive care and redefine the roles of doctors and nurses. This article examines the history of the Institute of Medicine's (IOM) Future of Nursing report (chaired by the author) and the resulting Future of Nursing Campaign for Action, which is working to institute the report's recommendations in all 50 states. The IOM report's recommendations are simple: 1. Remove outdated restrictions on nursing practice. 2. Promote nurse leadership on hospital boards and in all healthcare sectors. 3. Strengthen nurse education and training, and increase the number of nurses with advanced degrees. 4. Increase diversity in the nursing workforce to better reflect the patient population. 5. Improve data reporting and compilation to predict workforce needs. New York, Kentucky, and Minnesota are three recent states to remove barriers preventing advanced practice registered nurses from practicing at the top of their license. Similar efforts in California, Florida, and Indiana failed initially but are expected to make progress in the near future. The article makes clear how and why the Center to Champion Nursing in America (an initiative of AARP, the AARP Foundation, and the Robert Wood Johnson Foundation) is working to advance healthcare through nursing, and it explores the progress being made to remove unnecessary restrictions on nursing practice.


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To advance care for patients and families requires that providers and administrators in clinical settings place a high priority on the scientific domain of nursing. New knowledge intended to benefit nursing care is most effectively and efficiently achieved when a vibrant and well-supported nursing research program is embedded within a health care system. An endowed chair in nursing research is an esteemed strategy acknowledging the contributions of nursing science, providing credibility to a researcher and research programs, and demonstrating commitment to the infrastructure for nursing research. Organizational readiness through leadership; systems thinking; relationship development; and knowledge of the dynamics, process, and expectations of philanthropy are essential to establishing an endowed chair. Philanthropic endeavors can be used to strategically develop a high-impact campaign that resonates across public and private sectors to secure funding to solidify and advance nursing research. By actively engaging stakeholders including system leaders, frontline nurses, and other care providers and development leaders, a successful campaign can establish and sustain an endowed chair in nursing research. This article describes the stakeholders, processes, structure, and outcomes for the first endowed chair in nursing research at Children's National Health System in Washington, DC.


INTRODUCTION: Mass media campaigns are widely used to expose large populations to health-risk behaviour messages through routine uses of media. The Act F.A.S.T stroke campaign, which highlights the symptoms of stroke, has been endorsed globally. The aim of this study was to identify the influence of the campaign on the general public in Ireland. METHODS: Descriptive pre and post comparative study design was conducted. Phase one was conducted in April 2010 prior to the campaign. Data were collected on a cross-section of the public (n=1925) to obtain baseline information on stroke warning signs. Phase two involved collecting data from participants (n=688) 18 months after the campaign launch. RESULTS: The majority of participants from both phases were between 30 and 50 years of age. Results from phase two reported that 93% heard or saw the campaign yet only 37% could recall the campaign name or the slogan. Post the campaign over 80% recognized the warning signs of stroke. The increase in symptom recognition is evident from pre campaign to post campaign with an increase in knowledge across all the stroke symptoms.
Post the campaign there was an increase of 54% of who stated that they would go straight to hospital for stroke symptoms. CONCLUSION: Findings suggest the campaign was well executed given the high percentage of participants recall and the increase in the recognition of stroke symptoms. However, the influence of the campaign in changing behaviour was not as evident. Further research is needed to examine factors that influence behaviour when a stroke strikes.


Nursing was not a part of the coalition of multiple nursing home stakeholders at the roll out of the Advancing Excellence Campaign (AEC). In January 2007, several nurse organizations proactively approached the AEC leadership, were welcomed and immediately began to volunteer for leadership positions such as committee chairs and conference coordinators. This paper presents an example of how a proactive stance, even when not initially included, allowed nurses to secure chairs at the decision making table of this quality campaign and contribute to improved resident outcomes.


AIM: The aim of this paper is to provide a review of the hand hygiene literature and to give an example of the use of this literature to create a multimodal sustainable hand hygiene program. BACKGROUND: The literature describes six key ingredients to consider when designing a hand hygiene program. These ingredients include leadership engagement, environmental assessment, education, a tight feedback loop, communication and routine revitalization. Programs tend to be more successful when several of these ingredients are utilized. PROGRAM IMPLEMENTATION: The multimodal program created and implemented at one academic medical center is described. This program is an example of using the six key ingredients found in the literature with an interesting marketing and revitalization strategy. CONCLUSION: The literature offers strategies that have led to successful programs in the past. The multimodal use of these strategies was demonstrated in the creation of a successful hand hygiene program at one academic medical center.


This speech was delivered on 27 October at the 2012 Conference and general meeting of the Italian Nurses Association CNAI (Consociazione nazionale delle Associazioni
infermiere/i) held in Rome from 25 to 27 October 2012. The theme of the conference was "No Nurses No Future". The “No Nurses No Future” is a national campaign developed by the nurses of the Italian Nurses Association to fight for the rights of the profession to sustain not only the practice of the nurse, strong nursing education, research and regulation, but more importantly to ensure that in the future there will be enough nurses in the healthcare workforce to advocate, lead and care for the citizens of Italy. Italian nurses took advantage of the presence of prof. Ferguson and, before travelling to Rome, the Region Lombardy IPASVI Colleges (Coordinamento dei Collegi IPASVI della regione Lombardia) invited her to talk on the same topic during a jointed Conference with CNAI at Circolo della Stampa of Milan on 23rd October.


Clarke PN, Hassmiller S. 
**Nursing leadership: interprofessional education and practice.**
The column presents a scholarly dialogue about nursing's role in interprofessional education, practice, and collaboration. Susan Hassmiller, PhD, RN, FAAN, is the Robert Wood Johnson Foundation (RWJF) senior adviser for nursing. In this role, she shapes and leads the foundation's strategies to address nurse and nurse faculty shortages and ensures that RWJF's commitments in nursing have a broad and lasting national impact. In partnership with AARP, Hassmiller directs the foundation's Future of Nursing: Campaign for Action. This effort, active in 50 states plus the District of Columbia, strives to implement the recommendations of the Institute of Medicine's 2011 report, The Future of Nursing: Leading Change, Advancing Health, for which Hassmiller served as the study director.


Moore A, Waters A. 
**All eyes on the patient.**
As part of the Care campaign, nurse leaders and patients' representatives drew up ten 'priorities for action' that should be implemented by all healthcare providers. Top of the list is to ensure that every organisation makes patient care its core focus. This article looks at how some hospitals are already seeking to achieve this objective and what is being done to make patient care the top priority everywhere.


Lomas C. 
**Leading by example.**
Promoting support for nurse leaders is one of the ten priorities for action identified by Nursing Standard's Care campaign. All nurse leaders need local and national role models and mentorship. In this article we outline the qualities of effective nurse leaders.


BACKGROUND: In 2008 Henry Ford Health System launched its "No Harm Campaign," designed to integrate harm-reduction interventions into a systemwide initiative and, ultimately, to eliminate harm from the health care experience. METHODS: The No Harm Campaign aims to decrease harm events through enhancing the system's culture of safety by reporting and studying harm events, researching causality, identifying priorities, and redesigning care to eliminate harm. The Campaign uses a comprehensive set of 27 measures for harm reduction, covering infection-, medication-, and procedure-related harm, as well as other types of harm, all of which are combined to comprise a unique global harm score. The campaign's objective is to reduce all-cause harm events systemwide by 50% by 2013. A wide range of communication processes, from systemwide leadership retreats to daily e-mail news sent to all employees and physicians, is used to promote the campaign. In addition, the campaign is on the intranet "Knowledge Wall," where monthly dashboards, meeting minutes, and best practices and the work of our teams and collaboratives are documented and shared. RESULTS: From 2008 through 2011, a 31% reduction in harm events and an 18% reduction in inpatient mortality occurred systemwide. DISCUSSION: Building infrastructure, creating a culture of safety, providing employee training and education, and improving work process design are critical to systemwide implementation of harm-reduction efforts. Key actions for ongoing success focus on leadership, disseminating performance, putting everyone to work, and stealing ideas through national and local collaborations. A financial model was created to assess cost-savings of reducing harm events; early results total nearly $10 million in four years.

Dean E. It's not all bad news: how the Care campaign challenges are being met. Nursing standard (Royal College of Nursing (Great Britain) : 1987). 2011;26(13):12-3.

McLaws ML, Pantle AC, Fitzpatrick KR, Hughes CF. Improvements in hand hygiene across New South Wales public hospitals: clean hands save lives, part III.
OBJECTIVE: To describe improvements in hand hygiene compliance after a statewide hand hygiene campaign conducted in New South Wales public hospitals. DESIGN AND SETTING: The campaign was conducted in all area health services in NSW (covering all 208 public hospitals). Alcohol-based hand rub (AHR) was introduced into all hospitals between March and June 2006. In each hospital, five overt observation surveys of hand hygiene compliance by health care workers (HCWs) were conducted: one pre-implementation survey and four post-implementation surveys (in August 2006, November 2006, February 2007 and July 2008). MAIN OUTCOME MEASURES: Overtly observed hand hygiene compliance rates by HCWs, stratified by before- and after-patient contact, Fulkerson’s contact risk categories, and four health care professional groupings. RESULTS: The overall hand hygiene compliance rate improved from 47% before the intervention to an average of 61% over the last three observation periods (P < 0.001). All professional groups sustained improved compliance rates except medical staff, whose practices reverted to pre-intervention rates. Nursing staff maintained significantly improved compliance, with an average rate of 67% after the intervention. Overall hand hygiene compliance before patient contact improved from 39% (pre-campaign) to 52% (July 2008) (P < 0.001). Overall compliance after patient contact improved from 57% to 64% (P < 0.001) over the same period. Compliance associated with medium-risk contacts increased from an average of 51% in the first two observation periods to an average of 62% over the last three observation periods (P < 0.001). The corresponding compliance rates associated with low-risk contacts were 35% and 56%, respectively (P < 0.001). CONCLUSION: An overall improvement in hand hygiene rates was achieved with the introduction of AHR. Increased adherence to before-patient contact compliance, especially by nursing staff, contributed to the progress made, but an acceptable overall level of hand hygiene practice is yet to be achieved. It is now time to focus on a long-term behavioural change program directed specifically at medical staff.


"Australian Nursing and Midwifery Federation (ANMF). Campaigns." Retrieved