

**Future of Nursing Campaign for Action  
Innovation in Healthcare 2020-2030  
Plenary Panel Comments: Karen K. Giuliano, PhD, RN, FAAN, MBA  
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Because nurses are the nation's largest group of healthcare professionals and have access to patients 24 hours a day, nurses have a uniquely practical and care-sensitive perspective on healthcare delivery, products, and services. Nurses touch more products and are a part of more services than any other healthcare professional. Nurses are the best clinicians to address everyday problems with healthcare, because most other healthcare professional groups do not understand the full scope of these everyday problems and their impact on workflow and patient care. Nevertheless, nurses are part of a team where every discipline and every job is important. That is why that the best and most cost-effective outcomes for patients will only be achieved when all members of the healthcare team partner collaboratively, and where the expertise and role of the nurse can be truly recognized and highlighted.

The rapid pace of change in healthcare requires all frontline providers to have the entrepreneurial skills to support collaborative and meaningful healthcare innovation. I could not agree more with Dr Ackerman's comments on the need for changes in healthcare leadership in order to support innovation at the point of care. We need to create a culture that rewards new ideas and is willing to encourage the development and testing of new ways of working. With patient safety in mind, we need to create a culture that rewards those who are willing to innovate, even when their ideas fail. Learning from failure is a fundamental requirement for innovation, and one that we need to embrace. We need to recognize that in our desire for patient safety, we continue to tolerate many practices today which are inherently unsafe

and sometimes even dangerous, because we are too hesitant and too afraid to support nurses and their colleagues in new ways of working.

Do you know that during an average 12-hour shift in a busy critical care unit, a critical care nurse will walk 5 miles per day, will spend only about 1/3 of their time in direct patient care, will complete over 70 tasks per hour, will get interrupted 12 times per hour- most of that during medication administration, will spend twice as much time interacting with technology than with their patients, and will engage in over 15 workarounds because the system doesn't work?

Nurses use workarounds to address inefficient workflows, bypass workflow blocks, compensate for inadequate technology, or deal with a range of everyday problems such as staffing, equipment or supplies. At the clinical practice level, one of the benefits of workarounds is that many represent very creative problem-solving with solutions that could be replicated, become more widespread and lead to systematic improvements in healthcare. Workarounds are also the raw material for nurse-driven innovation.

The routine use of workarounds is an open secret. However, since our current culture at the bedside does not officially support workarounds, most continue to be used under-the-radar. This can cause the well-intended nurse to be exposed to the consequences of workarounds that may inadvertently turn out to be harmful, leaving both patients and nurses vulnerable. Workarounds can also create new opportunities for error which may go unrecognized. We need to create an environment in our clinical settings where workarounds can be developed using design thinking principles, safely tested, and then used to improve practice in a manner that benefits patients and rewards nurses.

Dr. Tiffany Kelley-a nurse, Founder and CEO of Nightingale Apps and Visiting Professor for Innovations at the University of Connecticut- describes the development of workarounds to existing problems as the first step in the innovation process. Dr. Kelley recognized nurses were working around system level limitations preventing access and use of important patient information. As a result, Dr. Kelley developed the idea for “Know My Patient®”, a patent-pending mobile solution to address this need.



Know My Patient® is designed to support nurses with the information they need from the start of their shift report throughout their workday. Tiffany envisioned a way to make the information accessible and efficient while integrating within the electronic health record to drive safer, more efficient and more timely patient-centered care. This innovative product is addressing a pervasive workaround affecting the nursing profession today.

The creation of a culture to support nursing innovation such as Know my Patient® will require changes in the way we do business in our professional organizations, our clinical environments, and our academic settings. We need to change from a culture of “no” to a culture of “yes”.

The American Nurses Association is currently recruiting for a Vice President of Nursing Innovation, which is great. The ANA could become one of the key places for nurses to learn about opportunities to engage in innovation and contribute to improvements in healthcare, without having to leave their clinical practice settings.

We need to transform our clinical environments to include opportunities for frontline healthcare professionals at all levels to

engage in medical product development, new workflows, and system improvements in healthcare. Most nurses, especially those practicing in direct care settings, do not see themselves as having either the ability, the support, or the power to innovate. Leadership at the practice level has to work with their direct care providers on the development of new ideas to dispel the fear of “getting in trouble” because there is no “policy” for their idea. Our new graduates come into the clinical setting with ideas and we should listen -not discourage them. While experienced nurses can help our new graduates develop their clinical expertise, our new graduates come to their new jobs with enthusiasm, a fresh set of eyes, and a contemporary set of skills. Our new graduates can help the experienced nurses with more out-of-the box thinking. We should develop ways to incent all nurses to stay in direct care and innovate without having to leave the bedside or go start their own company. And we must also provide support to measure the impact of these changes through clinical outcomes research, and then actively and purposefully disseminate the findings.

In the academic settings, we should continue to develop more graduate nursing education to provide the skills needed for interdisciplinary innovation. Dr. Ackerman’s program is a great example.

At the undergraduate level, we should integrate content on innovation and entrepreneurship, support interdisciplinary coursework, and make it a mandatory component of undergraduate nursing education.

More generally, we should support the development of basic business skills for nurses all levels of education and practice.

Establish interdisciplinary collaborations with our business and engineering colleagues.

Provide interdisciplinary education and opportunities for healthcare providers at all levels of professional development.

Establish ongoing collaborations which support a variety of academic, clinical and healthcare business partnerships.

My own experience in medical product development and working with my business and engineering colleagues over the years has served to highlight the vital importance of having a nursing perspective built into the product development process from idea to commercial release. I would like to see that same opportunity be available for all nurses.

We need to empower our nurses to empower themselves.

Thank you.