TRANSFORMING HEALTHCARE POLICY AND PRACTICE THROUGH NURSING KNOWLEDGE
Dear Colleagues and Friends of Nursing:

Nursing has the answer to the many problems that plague our healthcare system.

In preparing for this year’s Annual Meeting, we challenged the members of the American Academy of Nursing to give us a few rich examples of interventions, programs and projects that nurses have designed and used to integrate mental and physical care for patients, families and communities.

We called these nominees, *Edge Runners*, based on the work of health futurist and motivational speaker, Leland Kaiser. Convinced that their ideas will produce results, *Edge Runners* push them forward — sometimes against formidable resistance. The momentum and the results often lead to necessary and permanent changes in systems and practices. Thanks to *Edge Runners*, innovative experiments become permanent solutions.

The response we received after one call for nominations was overwhelming. We immediately realized the depth and demand for alternatives to traditional healthcare options. As a result, we are choosing to share many of these nominations because they reflect innovations that are effective, relevant and represent a broad range of perspectives. And yet, the story of how nurses everywhere are revolutionizing our healthcare system is far from complete.

Nurses have always understood that the delivery of healthcare must be holistic, incorporating body and spirit. And nursing practice and theory have always centered care
on the patient, their family or community. Nursing knows the importance of this focus and has solutions to help the American healthcare system.

Still, *nurses have not always done their best in telling this story*. Often we haven’t been heard above the noise in the healthcare debates.

Consequently, today we launch our year-long campaign, *Raise the Voice*, to shatter that wall dividing our knowledge and experience from that of the public at large.

Through a series of products and events we will:

- Repeat our message that nursing has solutions to today’s healthcare segmentation and confusion;
- Showcase our real life *Edge Runners* and expand their ranks by identifying other successful initiatives;
- Enlist external partners to help deliver our important and timely message;
- Engage and encourage all of you to be involved in the *Raise the Voice* campaign.

We look forward to working with all of you as we make significant progress in transforming our healthcare system.

Joanne Disch, PhD, RN, FAAN  
*Karlene Kerfoot, PhD, RN, FAAN*  
*Annual Meeting Co-Chair*  
*Annual Meeting Co-Chair*
Hospitalization of critically ill patients creates stress, anxiety and uncertainty for their families. Thanks to Dr. Ahrens’ work, more than 50 hospitals today give family members key information about the illness and treatment via a computer in the family waiting room, helping mitigate that stress. The computer links to more than 400 pages of educational content, including resources related to medical treatments and procedures. It also outlines questions to ask the medical team, options and outcomes of care, and resources for loss of a family member.
Patricia D’Antonio, RN, PhD, FAAN

Adjunct Associate Professor of Nursing and Associate Director of the Barbara Bates Center for the Study of the History of Nursing at the University of Pennsylvania, Philadelphia, PA

Dr. D’Antonio’s historical research explores various theoretical models integrating approaches to the mind and body, with emphasis on the day-to-day historical processes of care, rather than specific practitioners, discrete events, or eventual outcomes. Her work gives current nursing initiatives that integrate physical and mental healthcare a new history of continuity with past clinical imperatives, while also suggesting how we might broaden our thinking about such initiatives in ways that open up possibilities for future innovations.
Barbara Daly, PhD, RN, FAAN
Professor in the School of Nursing and School of Medicine, Case Western Reserve University, Cleveland, OH

Recognizing that chronically and critically ill patients often need holistic care that intensive care units are not designed to provide, Dr. Daly has established nurse-managed “Special Care Units.” Such units provide the best that technology has to offer AND allow nurses to attend to patients’ emotional and social needs. Nurses can make sure, for example, that patients find treatment for depression if they need it or that they are linked with various sources of community support. Currently, Dr. Daly’s research focuses on the family members and decision makers to ensure they have the necessary information and resources to care for the patient after discharge.
THANKS TO EDGE RUNNERS, INNOVATIVE EXPERIMENTS BECOME PERMANENT SOLUTIONS

Willa Doswell, PhD, RN, FAAN
Associate Professor in the Health Promotion Department of the University of Pittsburgh School of Nursing, Pittsburgh, PA

With an eye toward reducing or eliminating sexual behavior among young adolescent African American girls, Dr. Doswell’s research has led to creation of an urban girls’ ministry, funded by a local Girls’ Foundation. Dr. Doswell has recognized some of the negative life experiences that young African American females encounter and replaced them with positive influences, such as reading books about such girls written by African American authors and participating in a community service Christmas project.
Recognizing that stress can trigger the cravings that lead to substance abuse, Dr. Marcus has introduced individuals in recovery to a program that alleviates stress. The Mindfulness-Based Stress Reduction program teaches acceptance and awareness of the present moment. Such awareness disrupts the negative thoughts and emotions associated with stress, which, in turn, can decrease the craving for substances.
Graham J. McDougall, Jr., PhD, APRN, BC, FAAN  
Professor of Nursing, University of Texas, Austin

Improving the memories of older adults is the focus of Dr. McDougall’s research and much of it has centered on which strategies work best. In his NIH-funded, five-year Phase III clinical trial — The SeniorWISE (Wisdom Is Simply Exploration) Project — participants learned to deal with anxiety linked to both generally stressful situations, e.g. memory lapses, and testing via the use of cognitive-behavioral techniques. They also learned cue-controlled muscle relaxation and how to analyze destructive self-statements and substitute more adaptive rules to solve problems.
Rita Black Monsen, DSN, MPH, RN, FAAN

*Nursing Education Consultant*

Because nurses who counsel patients with heritable conditions need knowledge and skills that enable them to address patients’ physical and mental health needs and provide education about choices, Dr. Monsen has developed a set of nursing credentialing standards for clinical genetics. The standards reflect Monsen’s and others’ concern that nurses practice within a culturally sensitive and ethical framework that allows for a consideration of a multiplicity of values and beliefs. The science of clinical genetics is an emerging and challenging field and the response to genetically-related health problems must be an integrated one.
Kathryn Puskar, DrPH, FAAN  
Tenured Professor, School of Nursing, University of Pittsburgh, Pittsburgh, PA

Too many of our nation’s young people face enormous personal, family, and social stresses that can trigger not only anger but violence. To reduce the stress and give kids effective ways to cope, Dr. Puskar developed an eight-session behavioral intervention, Teaching Kids to Cope (TKC) that emphasizes mind/body integration in helping young people deal with stress. An advanced practice nurse conducts the TKC in 10 high schools, focusing on a vulnerable student population but integrated into the mainstream school setting. Sessions discuss self-esteem, stress, coping, cognitive errors in thinking, and stress reactions from both a physiological and psychological perspective. Adolescents practice relaxation techniques, use of imagery, exercise, cognitive coping and problem solving to manage stress. The program was so well received that Dr. Puskar and the schools are working together to try and find a way for it to continue. One possible option would be to train the guidance counselors to perform the interventions.
Kay T. Roberts, EdD, ARNP, FAAN
Professor of Nursing at the University of Louisville School of Nursing, Louisville, KY

Dr. Roberts led development of a community-based participatory research model to, among other things, assess the mental health needs of an African-American community, enhance the cultural relevance of the assessment and outcomes, and develop and pilot an IMH practice/Learning Model of Integrated Mental Health. This project extends the IMH model beyond the typical primary care clinic model to the community, includes policy experts in the formulation and dissemination of policy recommendations, and provides information to help meet the needs of this underserved community. It is one of two “first” IMH models tested at the University of Louisville and it is the only nurse-led interprofessional IMH practice. While partnering is not a new phenomenon to nursing, this IMH team pushed the parameters of partnership between academia and the community to new and exciting frontiers.
The Harding Collaborative serves graduate students and faculty in psychiatry, primary care medicine, psychiatric nursing, family nurse practice, social work, psychology, couple and family counseling. It combines weekly clinical seminars with placement of students in both non-traditional and traditional settings to transform theoretical learning about integration of the mind and body and collaboration among the disciplines into practice knowledge. This program is the first of a kind that seeks to transform the “Isolated Towers” often used to prepare professionals who must work collaboratively in non-traditional and traditional practice arenas. Examples of the non-traditional placement include a supportive housing residence for formerly homeless women, with behavioral healthcare experts engaging practitioners and students from primary care, dentistry and substance abuse and mental health counselors to provide comprehensive treatment. This model program is being considered for implementation in other community housing network-supported residences.
Dr. Eileen Sullivan-Marx, PhD, RN, FAAN
Associate Professor and Associate Dean for Practice & Community Affairs,
University of Pennsylvania School of Nursing, Philadelphia, PA

Dr. Sullivan-Marx created a project for frail, inner city elders that allows them to live at home and in their communities while receiving healthcare that meets their physical and emotional needs. Under Sullivan-Marx’s direction, the University of Pennsylvania School of Nursing has established two Living Independently for Elders (LIFE) Centers in Philadelphia providing care to 313 patients. The programs’ costs are covered through a combination of Medicare and Medicaid funds, as well as private grants. LIFE’s success is impressive in terms of both quality of care and fiscal performance: last year, the program saved the Pennsylvania Department of Public Welfare 15% to 20% in Medicaid reimbursement costs.
Meridean L. Maas, PhD, RN, FAAN

Janet K. Specht, PhD, RN, FAAN

North Liberty, IA

Drs. Maas and Specht developed, owned and operated for five years Liberty Country Living, a nursing center for persons with dementia that helped people function to the best of their abilities and extended those abilities as long as possible. As contrasted to traditional models, where residents assume a passive role, residents at Liberty Country Living became active participants. Although the facility drew high praise from patients’ families, changes in Iowa’s regulatory definition of what constitutes an assisted living facility eventually led to its closing. The facility’s closing disappointed residents’ families; “I strongly believe that Iowa should have a way of licensing superb facilities like Liberty Country Living,” wrote one relative of two facility residents.
Drs. Guzzetta and Clark oversaw research leading to new programs and policies that allow family members of critically ill patients — including those under emergency room treatment — to be with their loved ones at those pivotal times. Traditional policies have reflected concerns that families will be traumatized by the event, lose emotional control and possibly interrupt patient care, but the Guzetta–Clark study revealed that there is no scientific evidence to support these fears. They found, instead, that having family members on hand helps remove their doubt about the patient’s situation and reduces anxiety and fear about what is happening to their loved one. In cases of death, families reported that their presence gave them a sense of closure and facilitated the grief process. The work of Drs. Guzzetta and Clark has clarified the importance in many cases of family involvement in the process — involvement that most often is nurse-driven.
Patient assaults against psychiatric unit nursing staff can cause both emotional and physical harm. Preventing such assaults is a matter of increasing concern, and Dr. Lanza’s Violence Prevention Community Meeting (VPCM) program creates a venue for bringing the problem out in the open, where staff can talk about incidents, their causes, and potential solutions for preventing more violence. Many hospitals now offer counseling to their assaulted staff based upon her work. The VPCM, in a pilot study, lowered the assault rate almost 50 percent.
Diana Lynn Morris, PhD, RN, FAAN
Associate Professor of Nursing and Associate Director of the University Center on Aging and Health at Case Western Reserve University, Cleveland, OH

When older adults face difficulty handling such routine tasks as shopping, cooking, and housekeeping family and friends often step in to help. Not all, however, know how to provide assistance without undermining the elders’ confidence or how to handle the criticism they might confront. Dr. Morris leads the Prentiss Care Networks Project, working to enhance quality of life of older adults through caregiver education and training. Recognizing that almost 22 percent of older adults who live in the community have difficulty with certain routine activities (e.g., shopping, cooking, housekeeping), the project includes informal education and outreach to prepare nonprofessional caregivers (primarily family members, kin, and friends). One family caregiver, after a session on depression in older adults, said she now could “take a fresher look at depression as a factor in (the care recipient’s) overall condition.” The initiative also covers development of a community-based and managed care-net for caregivers, and on-site training of caregiver professionals, nonprofessionals, and volunteers in long-term settings. These elements reflect the need to reduce the negative effects of care on the caregiver. The program is innovative in reaching out into the community, providing training and resources where they are needed.
Dr. Marcia Stanhope, DSN, RN, FAAN
Professor and Associate Dean, and Director for the D.N.P. Program, University of Kentucky College of Nursing, Lexington, KY

Beginning in 1996, Dr. Stanhope led development of a multi-site integrated nursing center — the Good Samaritan Nursing Center for Health Promotion and Illness Prevention — providing post-graduate experiences for community health nurse interns and nurse practitioner fellows. Care is provided to people of all ages but with an emphasis on children and families. Physical and emotional/mental health issues are integrated not only into the care provided by nurse practitioner fellows and NP faculty and staff members, but also in the way body and mind health promotion is incorporated into health education classes, health fairs, and one-on-one coaching provided by BSN-prepared community health nurse interns. For example, community health interns provided an annual series of health fairs, including one that targeted brain health and was linked with the local health department and the local children’s museum’s programming. Robert Klank, director of the Mount Sterling Post Clinic in Kentucky, praised the program saying, “We can use the help,” particularly when clinic volunteers are unavailable or on vacation and yet patient loads remain steady.
Ann Marie McCarthy, PhD, RN, FAAN
Professor in the Colleges of Nursing, Medicine and Public Health, and Director of the Nursing Doctoral Program, University of Iowa, Iowa City, IA

Charmaine Kleiber, PhD, RN, FAAN
Associate Professor in the Parent, Child and Family Area, University of Iowa College of Nursing, Iowa City, IA

Drs. McCarthy and Kleiber have focused their research on parent-initiated distraction techniques that can help children cope with painful medical procedures. The next step in this research will be development of a computerized predictive instrument to match parent-child dyads to the best intervention. This work is critical in that children undergoing painful medical procedures experience anxiety and distress that may have both immediate and long-term emotional implications. This program is innovative in its use of parents, rather than healthcare professionals, in developing distraction interventions.
Karen Kelly Thomas, PhD, RN

Executive Director of the National Association of Pediatric Nurse Practitioners (NAPNAP), Cherry Hill, NJ

Dr. Thomas has led NAPNAP in educating parents and children about ways to stay mentally, nutritionally and physically healthy; in helping nurse practitioners who care for children focus on using evidence in their everyday practice in the areas of mental and physical health; and on gaining the attention of policy makers and federal agencies about NAPNAP’s work. NAPNAP’s volunteer members and leaders have changed parental, professional, and policy maker awareness of mental health needs of all children through the Keep yourself Safe and Secure (KySS™) campaign and program, and through the Healthy Eating and Activity Together (HEAT™) Initiative.
Janet A. Grossman, DNSc, APRN, BC, FAAN
Associate Professor, College of Nursing, Medical University of South Carolina, Charleston, SC

As part of her cutting-edge work in the education of psychiatric mental health nurse practitioner students and the delivery of health promotion interventions to recovering women in a therapeutic drug court and a school-based clinic, Dr. Grossman developed a practicum in Health Promotion and Risk Reduction in Psychiatrically Vulnerable Clients. Psychiatric mental health nurse practitioner students develop competencies in physical examinations and psychiatric assessments with clients being admitted to acute care psychiatric units. Students also deliver health promotion interventions and have developed a Web site with evidence-based smoking cessation interventions for inpatient nurses and staff to address their own smoking.
Bernadette Melnyk, PhD, RN, CPNP/NPP, FAAN, FNAP
Dean and Distinguished Foundation Professor in Nursing, Arizona State University College of Nursing & Healthcare Innovation, Phoenix, AZ

Dr. Melnyk founded the national KySS (Keep your children/yourself Safe and Secure) campaign in 2001 through the National Association of Pediatric Nurse Practitioners (NAPNAP) to prevent and reduce mental health/psychosocial morbidities in young people. This campaign is endorsed and supported by more than 22 national professional interdisciplinary organizations, such as the American Academy of Pediatrics, the American School Health Association, and Sigma Theta Tau International, and has received widespread media attention. She also spearheaded the national KySS Survey, which indicated an urgent need to develop programs to enhance the mental health screening and early intervention skills of primary healthcare providers.
Ida M. (Ki) Moore, RN, DNS, FAAN
Nursing Practice Division, College of Nursing, University of Arizona, Tucson, AZ

Dr. Moore developed and tested a Math Intervention designed to prevent declines in academic abilities among children with acute lymphoblastic leukemia (ALL) who receive intrathecal and intermediate or high dose systemic methotrexate for central nervous system (CNS) treatment. (CNS treatment is essential for long-term disease free survival but frequently results in significant declines in academic abilities, especially math.) Results demonstrate a significant positive effect of the intervention on selected cognitive and academic abilities. The Math Intervention may be useful for other populations of children with CNS injury such as those with brain tumors or who sustain traumatic brain injury.