



LETTERS

Online-only content for *Letters*, in the *American Journal of Nursing*, October 2011, p. 13.

BEST PRACTICES

After reading “The Hospital Quality Network and Regional TCAB” (*AJN Reports*, June), I want to reiterate the impact this type of program has on nursing and nursing leadership. My facility, Texas Health Specialty Hospital, participates in the American Organization of Nurse Executives’ Center for Care Innovation and Transformation (CCIT) program, which builds upon the foundation established by the Robert Wood Johnson Foundation’s Transforming Care at the Bedside (TCAB) initiative. However, the CCIT adds other components that address nurse leader needs, culture change, and health care reform.

Nurse leaders need programs to assist in the pursuit of excellence and innovation. As the associate chief nursing officer at my facility, I support our hospital’s CCIT team, which consists of staff nurses leading brainstorming sessions with other staff to generate innovative, creative solutions that improve bedside care and the work environment. In addition, staff is empowered at the front line to make decisions and implement changes that improve quality and patient outcomes. As nurse leaders, we should embrace change and become change agents for our organizations. We should support staff and encourage

creativity and innovation at the bedside.

Both TCAB and the CCIT offer nurses the opportunity to question the status quo and make needed changes at the bedside and within the organization. As this article points out, prior to these programs, there was no way for nurses to exchange best practices so as to improve patient care and outcomes. I’d like to see collaboration between the TCAB and CCIT programs whereby a public national database is developed and both programs publish best practices for all organizations to access.

Pamela J. Duffey, BSN, RN
Fort Worth, TX

NATIONAL NURSE

In “Where’s Nursing at the WHO?” (*Editorial*, July), Maureen Shawn Kennedy excellently reiterates how important it is for nurses to fill critical leadership roles yet sadly acknowledges that even the World Health Organization (WHO) has failed to reinstate the position of chief nurse scientist (since 2009).

Currently, there is legislation in Congress—HR 1119, the National Nurse Act of 2011—to elevate the role of the chief nurse officer of the U.S. Public Health Service to be full time and renamed “the national nurse for

public health.” Increasing visibility of this prominent nurse leader will highlight nursing’s roles in health promotion and other public health career paths. It’s also likely to strengthen recruitment to public health nursing, a critical need discussed in the *Viewpoint* column entitled “A Public Health Nursing Shortage” in this same issue of *AJN*.

This legislation demonstrates how a nurse leader can contribute to health policy and planning decisions to meet the recommendations of the Institute of Medicine’s 2010 report, *The Future of Nursing: Leading Change, Advancing Health*. Equally important, HR 1119 would “provide leadership and coordination of Public Health Service nursing professional affairs for the Office of the Surgeon General and other agencies of the Public Health Service, including providing representation for the Government of the United States at the [WHO’s] Global Forum for Government Chief Nursing and Midwifery Officers. . .”

For more information, visit the Web site of the National Nursing Network Organization, of which I’m the secretary: <http://nationalnurse.org>.

Susan Sullivan, MSN,
RN, PHN
Santa Ana, CA ▼