

# VOICE of nursing leadership

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## SEPTEMBER 2023 UTILIZING MEDIA

### Voice of the President



Erik Martin,  
2023 president, AONL  
Board of Directors

You may be surprised to see this month's edition is about utilizing media to amplify our voices. With all the challenges we are facing – workforce shortages, workplace violence, nurse well-being and many others – why does this topic need nurse leaders' attention?

It is true the challenges we face are not for the faint of heart. They are complex, multifaceted problems requiring us to be adept and think differently. We must take advantage of every tool we have to help address them, even if that means stepping out of our comfort zones. Although leveraging media may sound daunting, with proper practice, knowledge and skills nurse leaders can use it to accelerate and advance our critical agenda.

For more than two decades, even with a global pandemic, nurses are identified as the most honest and ethical profession in Gallup polls. We are at a pivotal moment where we can capitalize on this credibility to address the challenges we are confronting. Daily headlines and social media posts are sharing the stories that happen to us, our team members and patients. These are our stories to tell and it is time we seize the opportunity to control the narrative.

Imagine if we collectively started to reframe the image of nursing. Research spanning more than 20 years demonstrates nurses are perceived

as helpers. We know that this view of nursing is a stark misrepresentation. Furthermore, we should be concerned that this inaccurate portrayal is inadvertently impacting our ability to recruit new talent into our profession.

These are our stories to tell and it is time we seize the opportunity to control the narrative.

Over the past three years, I have participated in a national task force working to advance the concept of nurses as leaders in a collaboration between the International Society for Professional Identity of Nursing and the Institute for Brand Image of Nursing. We are working collectively to advance our efforts to shift the perceptions of nurses. Leveraging our exposure in news outlets and social media is essential in our efforts to shift society's view of nurses as subservient individuals following orders to nurses as leaders with expert skills who interpret science and data to inform decisions and positively affect our communities.

We also can use the media to help us raise awareness on the critical state of workplace violence. In fact, each June for the last several

*Continued on page 22*



## Emerging Nurse Leader Institute

# Grow Your Leader Within

Invest in yourself and strengthen your nurse leadership skills at the AONL Emerging Nurse Leader Institute.

**Dec. 8–9** Virtual Program

Developed specifically for staff nurses, charge nurses and nurse coordinators who aspire to leadership roles, this interactive program is designed to shape aspiring nurse managers into leaders of tomorrow. Impact areas include:

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- Professional growth

Contact AONL at [aonl@aha.org](mailto:aonl@aha.org) for information on hosting an AONL Emerging Nurse Leader Institute at your organization.

Visit **[AONL.ORG/ENLI](https://aonl.org/enli)**  
for details and to register.

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# AONL education calendar

**September 2023**

Health Care Finance for Nurse Executives – Sacramento, Calif.	Sept. 7–8
Finance & Business Skills for Nurse Managers – Virtual	Sept. 14, 21, 28
Nurse Manager Institute – Virtual	Sept. 28, Oct. 3, 5
AONL Advocacy Day – Virtual	Sept. 20–21

**October 2023**

Certified in Executive Nursing Practice (CENP) Review Course – Virtual	Oct. 3, 10, 17, 24, 31
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**November 2023**

Strategic Engagement with Media – Virtual	Nov. 16–17
Emerging Nurse Leader Institute – Virtual	Nov. 29–30

**April 2024**

AONL 2024 Annual Conference – New Orleans	April 8–11
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Visit [aonl.org](https://aonl.org) for the latest information on AONL virtual, on-demand and in-person programs. Locations and dates are subject to change.

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# Trial by Fire: Working with Media During the COVID-19 Mask Mandate

Kit Bredimus, DNP, RN, CENP, FAONL

**E**arly in the COVID-19 pandemic, the crisis facing health care organizations elevated nurses in the media. Across the country, we saw the strife nurses faced and their bravery in caring for patients. Nurses played a prominent role in the pandemic response and became a symbol of hope and heroism. As the new chief nursing officer for my facility, I was quickly thrust into the spotlight to give news updates about what was happening with hospital staff. In addition, I was providing up-to-date information about the evolving crisis and how the community could help to mitigate the spread. In a short period of time, I learned how to respond to media requests, developing ways to engage journalists in delivering valuable messages to the public. But these news reports had detractors; dealing with critics or hostile interviewers became a necessary skill. In this article, I will share my experience engaging the media as a nurse leader, building connections and some lessons learned.

## Nurses: Most trusted, least represented

Nurses have a potentially powerful platform. In 2023, The Gallup organization once again named nurses the most trusted profession for the 21st consecutive year (Brenan, 2023). Nurses' perceived honesty and high ethical standards garnered this honor. Despite being a trusted source of information, nurses are not heavily featured in the media. In the Woodhull Study Revisited on nurses in the media, Mason et al. (2018) found nurses continue to be vastly underrepresented in health care news coverage. Furthermore, nurses in the revised study were quoted mainly on the nursing profession, not general health care topics or policy. While the COVID pandemic put nurses in the spotlight, it was rare to find nurses interviewed as experts in reports focusing on their experience caring for COVID patients. In the first wave of the COVID pandemic, I was interviewed by a local news station. The station had assigned a reporter to the health care beat, and it wanted to run a story about my turbulent first nine months as a CNO. Since becoming CNO in August 2019, I had led the nursing staff through a hospital roof fire requiring evacuation of inpatients, a mass shooting event and the pandemic. I would work with this reporter much more in the following months. Still, our first interaction highlighted that nurses can be unique and valuable sources on health care information, beyond eyewitness accounts and human interest stories.

## Local crisis

In November 2020, the second wave of COVID led to record hospitalization rates in Midland, a suburban Texas city midway between Fort Worth and El Paso. Midland Memorial Hospital is the only hospital in Midland County with 290 operational beds, covering a vast service area of rural communities. At the time, the hospital relied on over 140 nurses and respiratory therapists from the Texas Department of Emergency Management and the Federal Emergency Management Agency (FEMA). The hospital saw rapidly increasing COVID hospitalizations, with more than 30% of patients testing COVID-positive and taxing all available resources. The hospital was down to its last ten ventilators and our critical care unit went from 24 beds to 60. The hospital was so far beyond capacity that we built an entire 48-bed medical unit in less than six months and a FEMA mobile hospital tent in our emergency department parking lot, all staffed with disaster response personnel. In the community, testing positivity was above 30%, with significant daily increases that included hospital staff. It was a full-scale disaster. While Texas was under an executive masking order from the governor, the city council and the mayor were resistant to requiring masking or enforcing any regulations. The mayor further stated that masking was "virtue signaling," and he was against enforcing masks but would encourage people. Vaccines were only in development and disinformation about the virus, treatment and masking was rampant. As the health care authority for the city, Midland Memorial took the lead in setting up testing sites across the city and providing daily briefings to the public. Every morning, the CEO and I would brief reporters from all local media outlets on COVID patient counts, hospitalization rates, testing positivity (as we were doing the vast majority of testing for the city) and any updates on the virus. I served as the clinical expert while the CEO provided hospital information. I got to know many of the reporters through these briefings, which helped pave the way for more media interactions. Like many, we became more versed in virtual meeting and conference options, eventually moving to daily Facebook Live briefings where the media and general public could pose questions live that were recorded. In November, the situation became more dire and the briefings included pleas to mitigate the spread of the virus. On several occasions, I used the



platform to speak to the media and the public on mitigation techniques to help ease the burden on the health care system. These messages would then be re-broadcast in local media outlets and on social media channels. These messages also were shared with state and national social media channels. I also used my social media to amplify the messaging and sent it to media outlets. These more direct messages to the community were appealing to the press. They helped me get in front of a broad audience, yet those in local government leadership continued to counter my message or fecklessly pandered. The city leadership's inaction, combined with the overwhelming number of COVID patients and the lackadaisical attitudes of the community, motivated me to take a more direct approach to city hall.

### Speaking up for health care staff

I was allowed to speak directly to the council at its next meeting. I reached out to my elected representative and asked to give an update to the entire council. I explained to my CEO and our public relations (PR) department what I had planned to say. In the meeting, I described how masking and other mitigation techniques work to curb the spread of COVID, the effects of non-compliance on infection rates and the devastating consequences to the hospital and community. Sharing real-life examples and my direct observations of what was happening in the hospital, I challenged the council to enforce the governor's masking requirements. The mayor and council took no action. Recognizing the need to continue the conversation and apply pressure to act, I published my speech on social media. I shared it with several individuals who helped it reach a broader audience. Having previously built some rapport with reporters, many contacted me directly for my perspective on the crisis. In interviews after the city council meeting, the reporters pressed

the mayor on not enforcing masking, despite my request. The mayor doubled down on his stance and misquoted me. The media quickly played back the recordings to him and sought clarification from me, which I happily provided and shared on social media. Unfortunately, I was also met with hostility, distrust and outright aggression online and in person. Shortly after the speech and public back and forth with the mayor, I received threatening messages on my social media, and in texts, calls and emails. While the threats and vile comments were concerning, I also received positive reactions from community members and those seeking information from a trusted source. I shared our daily conferences and any updates from our hospital's social media pages. I also got the attention of several state and national news affiliates, and was interviewed for pieces disseminated by the Texas Nurses Association and National Public Radio, among others. Local media outlets wanted more information on COVID and actions the hospital was taking to combat the virus. Although the council received much public pressure to act, all proposals to enforce masking failed. While I did not get the outcome I sought, I was able to raise awareness and feel that it made an impact. I worked with my PR professionals at the hospital, making sure they knew the media person who contacted me, the interview request (either by the news outlet or by me) and high-level talking points. I also informed the PR team of any topics in which I needed their help. I conducted many interviews and responded to many speaking invitations to help educate the community on COVID and other health care and nursing issues.

### Getting connected

In preparing to engage with the media, it is essential first to understand your employer's policies and procedures regarding

## Tips for Working With Media

In the years following my first COVID-19 interview, I picked up a few pointers to help anyone looking to engage with the news media.

- **Craft your message.** Know what topics you want to cover before an interview. Sometimes journalists will come with an agenda and want to get some soundbites that help push the story they want to tell. If the discussion is straying away from the topic you came to discuss, bring it back to your talking points.
- **Practice.** Becoming a polished speaker does not just happen, it takes practice. While some individuals are naturally gifted speakers, it is never wasted time to prepare for an interview and rehearse your talking points. Practice your key points and how you want to deliver them. Record yourself on your computer or audio to see how your cadence, tone and overall performance looks and sounds to help tune up your interview.
- **Prepare for on-camera interviews.** It is more common now to be interviewed via webcam in the post-COVID era. In these interviews, it is essential to use measures you would for meetings (light in front of you, eye level with the camera, your background clean and non-distracting, a silenced phone, etc.). For in-person interviews, the interviewer will typically have you speak to them and not look directly at the camera. Be sure that any tops or ties don't have tight checks or stripes, as these patterns can become distorted on camera.
- **Get comfortable.** Slow down and breathe. When you get nervous, it shows. Remember when heading into the interview that you are the expert and are simply educating the interviewer on the topic. If you mess up on a recorded interview, you can ask to start over on a line of thought or answer to a question. If you get tripped up in a live interview, move on to the next topic and

### **Tips for Working With Media** continued

keep going. If you are stammering or going on too long, it is ok to pause, collect your thoughts, and close. In most situations, the interviewer is not out to make you look bad and wants you both to be successful. Before responding to an interview question, you have time to pause and think about your answer before speaking. You may feel like you need to jump into answering quickly, but taking your time to collect your thoughts helps you come off more polished and professional.

- **Beware of “gotcha interviews.”** In preparation for interviews, you should know with whom you are speaking and what organization they represent. Prepare for interview questions they may ask, including answers to the tough questions on a hot topic. Sometimes interviewers may want to get you to parrot back a question that was asked, or they pose a leading question to get you to answer a certain way. It is acceptable to pivot away from the question and provide some soundbite talking points to the topics you came to discuss. If you find yourself in a situation where you feel the interviewer is becoming overly aggressive or hostile, you can politely end the interview and thank them for their time. Maintaining your composure and not becoming defensive is critical.
- **Foster local connections.** You may work with local journalists for more than one story. You can foster these connections through social media or email. A word of caution in sharing your personal number, as a journalist also may share a source

with other journalists, and you can receive some unsolicited calls. It is preferable to keep things in writing. While you may not get responses to your social media or emails, they will likely see the messages and respond when there is another opportunity for an interview. Like politicians, they also like positive feedback and are more likely to respond if you comment positively (and sincerely) on a recent story they produced. Don't become discouraged if you don't hear back from reporters right away.

- **“Off the record” information may be shared.** Always be aware that information you share may be attributed to you even if you ask to keep something “off the record” or “on background.” In trying to become comfortable with an interviewer, you may let your guard down and make some comments in jest that are then used in a segment or article. Assume that whatever you say to a journalist will be quoted and you can avoid costly mistakes.
- **Wrap up the experience.** Thank the journalist for the opportunity. It is appropriate to ask when the piece will run and if you will have the ability to preview it. Receiving a preview of what will run is rare. Some outlets use fact-checkers to validate that your information and content are correct, so be aware that someone from the outlet may contact you to verify. Turnaround times can vary wildly from a few hours to several weeks or months later. Your interview may not make it to publication, and you usually won't be notified.

communication with the press. I continue to engage with the media frequently in conjunction with notifying the hospital PR department and my direct supervisor, the CEO. General interview requests directed to the hospital go through our PR staff, who will reach out to me for any interviews covering my areas of expertise. I also refer PR staff to other expert sources. These requests are an opportunity for me to allow other nurses to work with the media and build confidence. If I am contacting reporters, I inform my PR team before I do it and what I plan on saying. If you have an organizational PR department, it typically has local media contacts and can help you connect. If you are in an organization without a PR department, you could begin introducing yourself to local media via social media channels after receiving approval from your leadership. Typically, a journalist will frame you as a nurse with your organization to lend credibility. If your leadership is uncomfortable with your request to engage media, it may help to be more specific or write out what you want to say and why it is important. If

your employer does not give you authorization to speak to the media, you must assert that your views are your own and do not reflect your employer's. In these cases, providing alternative associations, such as your experience or leadership positions in other organizations, could be sufficient. It is imperative to define clearly whom you do or do not represent.

Many local reporters are active on social media. You can begin by tagging them on posts or sending a direct message to them with a story idea or simple introduction as a nurse willing to serve as a point of contact for health care-related stories. Mason et al. (2018) noted that journalists often need help finding nurses to interview and have limited time to track them down on their own. Journalists will be more likely to contact you for interviews or quotes if you are available, articulate and provide concise, factual information in short soundbites. In my area, reporters and journalists turn over quickly. I have worked with many reporters who are trying to make a name for themselves to get to bigger markets or decide on different career paths.

Research the media outlet you wish to contact. For example, if you know that one news outlet has a specific audience or demographic, your message may need to be crafted differently. You may provide a more informal and conversational interview on a radio morning show than you would with a national evening news broadcast. You also may craft a different approach to your message on social media platforms such as Facebook, Twitter, TikTok and LinkedIn. Having the right message on the right platform for the right audience is crucial.

Nurses play a vital role in health care delivery and are recognized for their caring and ethics. While we were lauded during the pandemic for heroism, nurses continue to be overlooked as sources on health care issues and policies. Nurses, especially nurse leaders, can promote the profession of nursing and their status as health care experts by proactively engaging the media. Knowledge of health care topics and proper interview preparation can help ensure a positive image of nursing. Building relationships with local journalists and the PR staff within your own organization can help a nurse establish credibility and lead to more opportunities for media coverage. ♦

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## ABOUT THE AUTHOR



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### Finance and Business Skills for Nurse Managers

Sept 28, Oct. 3, 5

For nurse leaders new to managing fiscal resources or those want to deepen their understanding of finance, this program will teach the financial skills necessary to be an effective leader. During three virtual sessions, attendees will learn how to interpret and respond to financial information in a highly collaborative, supportive learning environment. For more information, please visit [aonl.org/education/nurse-manager-finance](https://aonl.org/education/nurse-manager-finance).

### Strategic Engagement With Media

Nov. 16–17

This virtual offering will help CNOs create communication strategies for media engagement. The course will cover key elements for strategic communications, including message framing, positioning and relationship-building. This course includes six months of individual coaching and video sessions post-workshop for CNOs to discuss progress and challenges in implementing the strategy. For more information, please visit [aonl.org/education](https://aonl.org/education).

### AONL Online Nurse Leader Competency Self-Assessment Tool Available

The online AONL Self-Assessment tool is an effective way for nurse leaders to evaluate their own strengths and opportunities for growth. It also can help organizations strategically assess nurse leader skills as part of their professional development strategies. All nurse leaders who complete AONL's online self-assessment tool receive a personalized report. Organizations using the tool will receive a de-identified aggregate report and the opportunity to benchmark scores against the AONL national database. To gauge progress, the tool can be used before and after professional development activities. The AONL Self-Assessment tool has the added benefit of helping nurse leaders prepare for AONL's Certification Nurse Manager and Leader (CNML) and Certified in Executive Nursing Practice (CENP) exams. For more information, visit [aonl.org/resources/online-assessments](https://aonl.org/resources/online-assessments).

# Online Connection: AONL Social Media Ambassadors Q & A



This year, AONL launched its social media ambassadors program. To learn more, AONL posed questions to Derek Mayberry, AONL social media ambassadors chair and director of nursing at Miami Valley Hospital – Premier Health, Dayton, Ohio. Members interested in joining the social media ambassadors can send an email to [AONL@aha.org](mailto:AONL@aha.org).

## **AONL:** What was the impetus for creating the AONL social ambassadors program?

**DM:** As nurse leaders, we have a responsibility to our profession to continue to bring insight and awareness to the current state of nursing. AONL has a mission to amplify the voice of nursing leadership on social media platforms, focusing on key areas. These include sharing AONL content such as case studies, research and advocacy efforts, in addition to posting positive stories about nurse and nurse leaders. Social media broadens the exposure to this content, including mid-level management and C-suite executives. It's our hope that the audience watching will include the leaders who aim to build environments where nurses want to work and where they belong, putting diversity, equity, inclusion and belonging at the forefront.

## **AONL:** In what instances will the ambassadors be put into action?

**DM:** Being an AONL social media ambassador is an ongoing commitment to fostering a vibrant and engaging online nursing community. The social media ambassador actively works to drive positive conversation and fruitful discussion in the online community. Social media has become an integral part of our lives, connecting people from all corners of the world. It also

can keep individuals informed. Social media platforms allow nurses to express the difficult challenges they face, as well as connect with others that may be facing similar situations. Nursing leaders have the ability to problem solve and share best practices. An AONL social media ambassador works to engage with online communities through likes, comments and tagging. They also have private discussions with peers on how the AONL is working to change the profession.

## **AONL:** Discussion about nursing has sometimes been negative on social media platforms. Does the AONL ambassadors program aim to change that narrative?

**DM:** The health care field has experienced upheaval that has fed negativity in recent years; the pandemic, workforce shortages and even violence have deeply affected nurses. Our advice is to thank those sharing negative comments and acknowledge their experience, then share your own perspective. Ambassadors should avoid back-and-forth posts, offering to take the discussion offline if appropriate.

## **AONL:** Why is it important that nurse leaders be involved on social media?

**DM:** Social media provides a venue for communication and engagement. Online, nurse leaders are able to connect and network with so many individuals, sharing their knowledge and expertise on important topics such as education, advocacy and workforce development. Through the social media ambassadors program, our team has recognized the importance of leading internally within organizations as well as leading externally. It is imperative in this digital era that we continue to use, and in some cases, challenge social media policies and protocols within organizations to promote a culture of engagement and connection. ♦

## **Virtual Nurse Manager Institute**

**Sept. 19–21**

Nurse managers can develop the critical management skills needed to be an effective leader with the Nurse Manager Institute. Through a blend of online content and live sessions, they will engage with expert faculty and other participants while developing leadership and management skills to increase impact in their organizations. Topics covered include budgeting, the art of negotiation and handling conflict. For more information, visit [aonl.org/nmi](http://aonl.org/nmi).





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DATES**

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influential event for nurse leaders.

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# Sharing Insights and Expertise: Media Training Through the AONL Nurse Executive Fellowship

Claire Piccirillo, DNP, RN  
Kim Armour, PhD, APRN, NEA-BC  
Beverly Hancock, DNP, RN

**T**he AONL Nurse Executive Fellowship (NEF) is a yearlong fellowship for nurses new to executive roles, providing development and support as these individuals assume executive leadership in their organizations. Based on the AONL Nurse Leader Core Competencies (2022), the program uses experts within and external to nursing. These experts address key knowledge, skills and abilities needed to develop critical executive competencies, necessary to lead effectively in complex systems, and to influence and inspire the nursing workforce and others. Foundational to executive practice are the competencies within the AONL Nurse Leader Core Competency domain of Communication and Relationship Management. In response to the 2018 Woodhull Study Revisited (Mason, et al., 2018), which demonstrated the lack of nurse representation in news media reports, media training was added to the fellowship. Learning from an executive communication coach skilled in preparing top executives for media interviews, participants acquire skills to engage with the media and present information at media-covered events.

Nurse leaders are most often communicating with fellow health care professionals or others knowledgeable about health care. A key takeaway for executives was the need to clearly communicate messages to someone external to health care. This begins with understanding the audience and their concerns. Nurse communicators need to know what the media is seeking to learn and consider the audience they are addressing, through written or live media coverage. Understanding the audience offers an opportunity to showcase nursing's expertise in relevant topics. It also can demonstrate the health care facility's or system's interest and care for the community it serves.

In preparing for an interview or event, executives were urged to consider their core message. What are the key elements they want to share and assure are heard? The familiar elevator speech concept is essential when talking to the media and community. Nurse leaders cannot assume their message will be understood. It may not be fully comprehended by a non-health care audience or may be misinterpreted. Leaders need to know how to change language and situations that are familiar to them and make it relatable for

## Explaining an Obstetrics Services Consolidation

An Illinois health facility planning board was extremely interested in hearing about why our health care system was making the decision to consolidate obstetric services, given the state of maternal morbidity and mortality. I was able to articulate the importance of volumes to assure quality outcomes for maternal and neonatal health and share that not one employee would be losing employment. Not only was this crucial to receive state support, but it was also covered in the local news media, in print, online and television. Providing these additional facts during the meeting created a more enlightened conversation in the community.

— Kim Armour

the media and their audiences. Being intentional and succinct with three to five key takeaways can set the media and nurse executive up for a successful outcome. Whatever the message may be, it is imperative to stay succinct, focused and positive, with a consistent and clear message. Another key learning through the fellowship was to become familiar with local media contacts and the process for engaging with them. Nurse executives should be proactive in working with the media, identifying topics and situations in which nurses can speak as experts. They also can alert media to events or trends in the region that might be newsworthy. Such a relationship can work both ways; nurse leaders can ask news media to advise them when something noteworthy is occurring. When requests come to the health care organization, having a relationship with media contacts facilitates the CNO's inclusion as an expert, along with the chief medical officer or clinical experts. With the assistance of the health care system's media relations professionals, clinicians can work as a team determining who could best speak to the topic. This team approach was used by one author during media coverage

## Advocating for Patients

I was invited to speak to county legislators to advocate for pediatric and geriatric patients as a stand-in for the hospital president. This is a meeting usually reserved for individual hospital presidents in the county to each advocate for a particular pain point. The session was worthwhile, providing an opportunity to ask for support from county representatives on long lengths of stays. In particular, in the area of behavioral health, elderly and pediatric patients are unable to have a timely discharge from area hospitals due to lack of resources in the county. Using the lessons from media training, I was prepared to connect the message to the specific legislators and their understanding of health care using

real situations occurring in the hospital. Knowing this information would be used by the legislators and possibly in the media, care was taken to de-identify and protect patients without diluting the emotionally moving stories. I honed a message relevant to the audience and brought the perspective of a nurse. One of the legislators commented that the stories meant more coming from a nurse. This proved to be key to a successful presentation. Also due to the training, I was so calm that the hospital president, who attended virtually during her presentation, commented on it. I have since been invited to more opportunities to meet with county legislators.

— *Claire Piccirillo*

of the pediatric respiratory crisis, as well as media reports about staffing concerns. Engaging with the media on sensitive topics such as staffing issues highlights the need to know the audience who will be hearing this message, to speak in a manner that the audience can understand and to have quotable, short messages.

In conclusion, these main points from media training support nurse leaders in having positive interview experiences. They are:

- Know your topic and your audience
- Have an elevator speech
- Make it relatable to your audience
- Become familiar with local media contacts

The Woodhull Study Revisited identified that nurses are represented in only 2% of quotes in health news stories (Mason, et al., 2018). The perspective of the nurse is often not represented in the media, and so the expertise and insight nurses can offer is not being reflected to the public. “News media are powerful shapers of what people in a society believe to be important and how to think about issues,” the study authors noted. “Journalists’ sources have the opportunity to frame a story and provide an interpretation of ideas and events that can influence people’s beliefs and actions.” The Nurse Executive Fellowship media training is one way AONL is seeking to equip nurse leaders to engage with the media, raising our voice as experts and leaders in health care. ♦

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## On-Demand Transition to Practice for Nurse Managers

This new AONL program offers leadership development for new and aspiring nurse managers. Based on AONL’s nurse manager competencies, the course offers customized learning paths based on need and features realistic scenarios developed by nurse leaders facing today’s challenges. For more information, visit [aonl.org/transitiontopractice](https://aonl.org/transitiontopractice).

# Social Media: Using Platforms to Influence

Alysia Adams, DNP, APRN, NE-BC

**A**s a nurse leader, you might be wondering why you should devote time and energy to social media. It has many different purposes and appeals to all generations. Social media allows people to come together virtually to communicate, share ideas and form communities. When evaluating the constructs of social media within our discipline, as leaders in nursing, we should influence how our profession is represented. So how do we get started?

The first step is knowing what various platforms are used for, which audience uses the platform and what time is optimal for engagement. The top five most popular platforms in the United States are Facebook, Instagram, TikTok, Twitter and YouTube. The best ways to use social media differs by generation; this information is easily accessible with a quick internet search. For example, Gen Z is more likely to watch short videos on TikTok, Instagram or Snapchat from their favorite influencers. These generational differences can have value when using YouTube to highlight services for recruitment, develop use cases for a systemwide communication strategy or when creating internal campaigns.

Social media use in nursing education initiates the practice of nurses engaging beyond the classroom. In recent years, colleges of nursing have used social media to improve communication, manage stress, promote positive online communities and improve digital literacy and e-professionalism. Research has shown students using Twitter had positive affiliation with the platform and ease of use in communicating and sharing information (Almutairi, 2022). Thus, Twitter has become popular among schools of nursing as a tool in and out of the classroom. In addition, nurses are advocating for policies to help them practice more effectively, forging online communities through social media.

## Barriers

Our health care organizations dictate how we use social media on the job and to how we use it to engage with co-workers. Some common barriers to social media for organizations and their leaders include risk mitigation, time and management of the platforms. Policies in our organizations related to social media use – and even just cellphone use – provide challenges to full engagement. While all organizations have risk to mitigate, resources such as the American Nurses Association's Social Media Principles can help guide and set the tone to begin using social media in your organization.

Although internal policies and risk management restrictions can create barriers to internal social media use, it is possible to create engaging social media plans within your facility. An emerging trend for health systems includes the use of department-specific Facebook pages, as well as nursing specific pages. Media channels are used to facilitate communication, make announcements, recognize staff, post positions and promote positivity in the workplace.

External engagement through social media is happening on all the major platforms. One example: I often use it for recruitment and recognition. Using LinkedIn is a great way to partner with your employer's recruiters to advertise open positions. On Facebook, posting on unit or department quality improvement projects with which nurses are engaged helps promote a positive culture and recruit staff. In an effort to retain nurses, utilizing a department group page to showcase DAISY award honorees or other awards is a great way to amplify recognition. When using video, ensure the content created has varying lengths. While all four working generations will watch videos up to 2 minutes in length, the GenZ population will engage even longer, watching videos as long as 40 minutes, though short videos on TikTok, Instagram and Snapchat are most popular (GWI, 2022). When utilizing social media for communication, recruitment and recognition you should be consistent in your posts and activity. Having a dedicated staff person who helps with social media maintenance and general needs is important. Marketing and compliance departments can be very helpful as you navigate your social media journey.

Social media has had an undeniable impact on all aspects of health care, and in nursing we are still experimenting with platforms to further our profession. These platforms could be an untapped source for your organization in assisting with recruitment, retention or engagement. YouTube alone has 197 million active users in the United States. The odds are that more than half of all nurses use the platform, so communicating – even at the unit level – should be possible.

## Next steps

As a profession, we need to know how nurses are engaging with social media, how nurse leaders are driving social media use and what barriers exist to implementation or engagement for our profession.

*Continued on page 14*





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## Social Media: Using Platforms to Influence

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Nurse leaders interested in helping us understand more about social media, can participate in a short survey, “Understanding the current state of nurse leader social media engagement.” To take the survey, visit [https://ufl.qualtrics.com/jfe/form/SV\\_6l1dtpBetRzP2RM?Q\\_CHL=qr](https://ufl.qualtrics.com/jfe/form/SV_6l1dtpBetRzP2RM?Q_CHL=qr) or use the QR code below. Together let’s deepen our understanding and learn more about how nursing leaders are using social media. You can share your survey participation with the #SoMenurseleadersurvey on your social media channels. ♦



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### AONL DEIB Toolkit Available

The AONL Diversity, Equity, Inclusion and Belonging (DEIB) Toolkit assists nurse leaders in implementing the four main principles outlined in the AONL DEIB Guiding Principles: role of leader, practice environments, partnerships, and research and technology with practical action steps. The tactics can be adapted for the nurse leader role or practice setting, based on where the system, hospital, unit or department is on its DEIB journey. AONL will provide additional resources within the toolkit as they become available. The toolkit is part of AONL’s efforts to strengthen DEIB within the organization and nursing leadership field. It can be downloaded at [aonl.org/resources/DEIB-Toolkit](https://aonl.org/resources/DEIB-Toolkit).

### AONL Nursing Leadership Workforce Compendium Available

AONL has released a compendium focused on best practices to manage the complexities of the nursing workforce. The compendium, produced by the AONL Workforce Committee, seeks to support and empower nurse leaders to thrive, engage in ongoing professional development and sustain environments where nurses want to work and feel they belong. The compendium goes beyond published literature, focusing on successful strategies used to improve the work setting and support nurse leaders. To download the document, visit [aonl.org/resources/compendium](https://aonl.org/resources/compendium).

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## Amplifying the Voice of ACNL: Social Media Strategies to Enhance Membership Engagement



Charlene Platon, MS, RN, FNP-BC  
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**The Association of California Nurse Leaders (ACNL), an affiliate of AONL, serves as a vital platform for nursing leaders to connect, collaborate and advance the nursing profession in California. Effective communication plays a pivotal role in engaging ACNL members, conveying key messages, discussing relevant nursing and health care topics, and promoting the organization's initiatives.**

For the past seven years, ACNL's Communication/Voice of Nursing Committee has steadily and strategically implemented communication techniques to establish a strong social media presence and maintain consistent content creation. This article highlights the committee's successful implementation of these communication strategies and initiatives and explores the organization's subsequent social media growth and engagement outcomes.

### Leveraging social media platforms

Health care organizations in the digital age recognize the power of social media platforms as effective tools for communication and engagement. However, challenges can arise in leveraging social media to its full potential, particularly when it comes to visibility among members. Recognizing this issue, the Communication/Voice of Nursing Committee took proactive measures by strategically applying a range of tactics, including both in-person and digital campaigns, to maximize reach and impact.

Conferences serve as excellent platforms for successfully launching in-person social media campaigns. For example, during the ACNL annual conference, the committee launched a social media sticker campaign to effectively raise awareness of social media networking opportunities. Members attending the conference showcased their support for ACNL's social media channels by displaying a sticker on their badges. Additionally, the committee distributed social media flyers during conference breakout sessions to enhance active participation, created a poster display to spread awareness and conducted digital surveys to gain valuable

insights. Findings from these surveys validated the need for expanding ACNL's social media presence and increasing membership connection.

In addition to these initiatives, the Communication/Voice of Nursing Committee recognized the importance of fostering ongoing engagement and connection for ACNL members beyond the annual conference. To support this, specialized private social media groups were created, offering an exclusive platform for members to connect. Each group catered to a distinct category, such as academic nurse leaders and executive nurse leaders. These groups additionally served as a space for continued communication, collaboration and networking. By creating these private social media groups, the committee further nurtured the sense of community among ACNL members and strengthened the organization's social media presence in a targeted, meaningful way.

Significantly, a substantial portion of the organization's social media growth occurred organically, as a testament to the genuine interest and engagement of ACNL members and stakeholders. The committee's strategic efforts, combined with the enthusiasm displayed by the nursing community, have played a vital role in successfully amplifying the nursing voice through social media channels.

### Collaborative content creation

Collaborative content creation has been a key focus for the committee. Recognizing the value of diverse perspectives, it encouraged and sought contributions from various ACNL committees and chapters. Electronic forms were



developed to prompt members to submit engaging updates and content for social media promotion. For instance, ACNL chapters have disseminated details about upcoming in-person and virtual events, while committees leveraged social media to raise awareness about webinars focused on pertinent nursing topics. This collaborative approach has allowed ACNL to create a rich and dynamic content pool for disseminating social and professional messaging through social media channels.

Acknowledging the importance of training and collaboration, the committee developed dedicated educational sessions and recorded webinars for committee leaders and chapter presidents. These sessions provided valuable knowledge and resources about the committee's social media platforms and content submission options, empowering leaders to actively contribute content and foster a sense of community among ACNL members.

### Leadership engagement

The Communication/Voice of Nursing Committee actively engages with ACNL's board members and chapter presidents, recognizing their pivotal role in strengthening messaging and expanding reach. Through close collaboration, the committee aligns messaging, shares key updates and promotes ACNL events.

In 2019, the ACNL board made the decision to hire a communications and marketing specialist to further facilitate and support communications efforts. This specialist serves as the administrator of the organization's website and social media platforms, while also taking on the role of producer and editor for the organization's podcast, ACNL in Action. The board's decision to appoint the specialist showcased its commitment to not only communications and marketing initiatives, but the improvement of the member experience.

The Communication/Voice of Nursing Committee not only relies on the engagement of the ACNL board, but also harnesses the collective efforts of its committee members to ensure the maintenance of communication strategies. Additionally, the committee benefits from the presence of a dedicated social media subcommittee chair who supports and facilitates the creation of engaging content for ACNL's social media platforms.

### ACNL podcast

Additionally, the Communication/Voice of Nursing Committee has embraced the growing popularity of podcasts as a channel for sharing knowledge and insights. In 2021, the ACNL in Action podcast was created, offering a venue to highlight a diverse range of nursing and health care leaders. This podcast sheds light on relevant and current health care topics to generate interest in nursing leadership. Through

thought-provoking discussions, the podcast promotes ACNL's mission and commitment to supporting health care leadership and amplifying the voice of nursing.

The show releases 30-minute monthly episodes, which are featured on a variety of platforms, making it easily and regularly accessible to a wide audience. The committee actively promotes the podcast on social media channels, extending its reach and engagement. The podcast, utilizing advertisements as a revenue source, serves as an additional revenue stream for the organization, contributing to the sustainability of ACNL's mission and initiatives. This multi-faceted approach ensures that the podcast serves as a valuable educational resource and a means to support the association's growth and impact.

### Outcomes

The efforts of the Communication/Voice of Nursing Committee have resulted in remarkable growth in social media engagement. Between 2019 and 2023, ACNL's social media following experienced a remarkable surge, skyrocketing from 239 to 3,979 followers. This growth, amounting to over 1,565%, is a testament to the expanding reach and influence of the organization on a professional networking platform.

In addition to the committee's successful social media endeavors, the ACNL in Action podcast has witnessed a consistent increase in listenership since its launch. With an average of 352 streams per month and over 7,170 total downloads, the podcast has gained significant traction. The impressive 4.7 out of 5-star rating from listeners further attests to the podcast's ability to deliver high-quality content resonating with the nursing community.

This increased online presence has enhanced the organization's messaging and fostered greater member engagement. Through the committee's consistent implementation of effective strategies, ACNL has successfully expanded its digital footprint, establishing a vibrant online community that brings together nurse leaders and aspiring nurse leaders in California.

Effective communication techniques play a fundamental role in the success of any organization. ACNL recognizes the importance of member engagement and the promotion of its mission. Through the diligent efforts of the Communication/Voice of Nursing Committee, ACNL has harnessed the power of social media, collaborative content creation and strategic tools to enhance member engagement and amplify messaging. These initiatives have expanded ACNL's online presence and fostered a sense of community among nurse leaders. Moving forward, ACNL will continue to prioritize effective communication techniques to drive member engagement and amplify the voice of California nurse leaders. ♦

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## Taking Action in Value-Based Care: Intermountain Health's Ambulatory Care Approach

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**Transitioning from traditional fee-for-service to value-based health care models requires a deep rethinking of how we provide health care. Health care systems that will thrive in value-based environments must address what will improve health in communities and then structure care models advancing those health outcomes. We must develop an infrastructure to care for people earlier (when they are well) rather than later (when they are sick). This article describes some of the work that Intermountain Health has done to achieve success in value-based models.**

**H**ealth care is at a crossroads. Transformation from traditional fee-for-service payment models to value-based care (VBC) models requires a fundamental change from “sick care” to “health care.” Incentives are changing from paying for production and volume as a response to illness, to rewarding systems heading upstream to meet health needs early, to help keep people as healthy as possible, and to prioritize value. As health care organizations strive to achieve the quintuple aim of cost, quality, experience for caregivers and patients, and health equity (Nundy et al., 2022), we must be willing to courageously embrace both payment model and care delivery model changes to truly improve population health.

Years ago, the Centers for Medicare and Medicaid Services (CMS) began implementing reimbursement methodology changes based on the 2010 Affordable Care Act (Patient Protection and Affordable Care Act, 2010). Many health care systems were challenged to embrace VBC contracts and have waited to adapt, holding on to traditional fee-for-service methods and models for payment, reimbursement and care. Moody (2015) admits that hospital-centric organizations face significant challenges in this new reimbursement landscape. We must understand the role of ambulatory care (or community health care) as a foundational partner and leader for success in the value transformation journey. VBC programs in ambulatory settings can influence metrics important to hospitals like decreasing inappropriate emergency department use, reducing unnecessary hospital readmissions and reducing the burden of mental health crises on acute care settings. It is crucial to understand how to accomplish these objectives.

Intermountain Health, based in Salt Lake City, was an early adopter of integrated care delivery models and alternative payment models issued by the CMS Center for Innovation. Intermountain is a multi-state system consisting of 33 hospitals and more than 300 clinics. Success in this dynamic reimbursement landscape relies on shifting how and who provides care, with an emphasis on the right care, right time, right setting, by the right person. Preventive care and access to care are the fundamental drivers of success in VBC. Recently Intermountain has expanded its geographic footprint and now exists in eight western states and includes a health plan. Ambulatory care nurses and behavioral health leaders at Intermountain describe key areas of work that have helped the organization achieve success in the transformative journey into VBC.

### Health equity and health-related social needs

The addition of health equity to the quadruple aim indicates the importance of social determinants of health in achieving improved health outcomes (Nundy et al., 2022). In this section and as recommended by The Joint Commission, the term “health-related social needs (HRSN) will be used instead of social determinants of health (SDOH) to emphasize that HRSN are a proximate cause of poor health outcomes for individual patients as opposed to SDOH, which is a term better suited for describing populations.” (The Joint Commission, 2022).

Unmet socioeconomic needs have been identified as an indicator of future health care utilization; therefore, assessing these needs is an important step in managing

patients and populations. Health care delivery has evolved from a framework of cultural competence toward a need for in-depth understanding of the challenges individuals face that may prevent them from accessing care and achieving health goals. Intermountain has used a multi-pronged approach to identify and address HRSN as demonstrated by three years of work completed by the Alliance for the Determinants of Health (2023). Assessment is completed at multiple steps of the health care journey. Ambulatory care and virtual settings are ideal places for these screenings to take place as they can offer dedicated time and privacy to answer questions about access to resources and personal safety. Intermountain has worked to standardize assessment questions as well as capture ICD-10 Z codes that identify HRSNs. Such data can be used for further reporting and the capture of patient cohorts for interventions. Intermountain uses technology platforms to pinpoint local resources for patients and to direct those services to those who need them. Automated referrals for transportation and food have been built within the system to link directly to our community support partners.

The addition of community health workers (CHWs), a non-licensed caregiver role, helps to reflect the populations served and break down health care-related cultural and access barriers (Firoi & Oyeku, 2022). Fundamentally, developing care teams and systems that ask and identify each person's HRSN allows Intermountain to support referrals to services or community partners and thus, begin to address the root causes of barriers to health and to achieve the quintuple aim principle of reducing health inequities.

### **Integrated behavioral health**

In 2020, Milliman published a seminal report analyzing the total health care cost for 21 million patients and a subset of high-cost patients with a focus on the impact of behavioral health conditions and treatment. The analysis found that a small minority of high-cost individuals drove most of the total health care costs. Of those high-cost patients, the majority had behavioral health conditions and yet many had zero or minimal spending on behavioral health services. The study concluded that the consideration and management of behavioral health conditions is critical in a comprehensive approach to improving outcomes while managing the total cost of care for patients and health systems. Furthermore, approaches for the integration of behavioral and physical health care have been well-studied and found to have significant implications for total cost savings (Davenport et al., 2020).

In 2000, Intermountain developed and implemented an integrated mental and physical health care program within

primary care called Mental Health Integration (MHI), which led to better clinical outcomes and lower costs. MHI is a team-based approach with care managers, mental health specialists and primary care providers, which creates and implements individualized care plans with patients and families. Through standardized case identification and shared decision-making, complexity and necessary team care support is determined so that optimal behavioral health care can be provided. In 2016, a study published in JAMA found MHI reduced emergency room visits by 23%, hospital admissions by 10.6% and led to an average of \$115 savings per patient per year (Reiss-Brennan et al., 2016).

In addition to MHI, Intermountain recognized a need to build additional pathways to continue to promote greater access to mental health services in efficient and cost-effective ways. In 2022, Intermountain launched the Collaborative Care Model (CoCM), which is a specific type of integrated care treating common mental health conditions, such as depression and anxiety, for a specific patient population. The model utilizes a registry, measurement-based practice and treat-to-target goals. In over 100 randomized controlled trials, CoCM leads to better patient outcomes, better patient and provider satisfaction, improved functioning and reductions in health care costs (AIMS Center Advancing Integrated Mental Health Solutions, 2023). Although early in implementation, the program has led to reductions in standard scores for depression (PHQ-9) and anxiety (GAD-7) while achieving average length of treatment of only 52 days as compared to 614 days for usual standard of care (Garrison et al., 2016). Intermountain is committed to the integration of behavioral health in primary care as part of a comprehensive approach to meeting behavioral health needs while reducing the total cost of health care.

### **Care management and virtual teams**

Intermountain is divided into three distinct geographic regions (Canyons, Desert and Peaks) with care management critical for caring for populations and improving health outcomes in each one. Reimagining a care team model for primary care has led to an evolution of care management at Intermountain. The tenet of care management is to stratify and support the highest-risk patients outside of a hospital setting to prevent readmissions or overutilization of resources. Nurse care managers at Intermountain traditionally worked on-site in primary care clinics, performing care management duties mixed with clinic nurse tasks that often decreased the priority or standard approach to care management. In 2019 Intermountain created Castell, a subsidiary organization, dedicated to achieving quality outcomes with our patients in

value-based contracts to positively affect population health. Care manager FTEs were moved out of clinics and into a virtual space. Castell developed a risk prediction model to identify patients who would benefit from care management. The model employs indicators of various diagnoses, measures of utilization, HRSN, demographic information and patient trends in medical expense over the previous year. By using a predictive model, we identify patients upstream of their health deteriorating, and intervene accordingly. Care managers work with other team members to meet identified needs and coordinate with primary care to communicate and facilitate these needs. Castell care managers are National Committee for Quality Assurance-accredited for complex care management and can help manage higher-risk patient panels and meet more needs for this population.

Virtual teams have a unique opportunity for care management innovation. For example, Intermountain developed the triage and transitions RN team used in the Peaks Region. This virtual team of 10 RNs support 42 primary care clinics in Colorado and Montana. As the title implies, these nurses are responsible for performing phone triage and transitional care management (TCM) services.

Benefits of this model include efficient distribution of work, improved patient safety and system standardization. With a minimal number of RN FTEs, Intermountain can effectively flex the workload in the event of time-off requests or employee turnover. Triage calls that are potential medical emergencies are performed with warm handoffs and minimal wait times. Not all clinics in the region have an RN on staff, and thus standardization with the triage and transitions team has ensured that the high-risk, high-impact activities of triage and TCM outreach are done with consistency.

The combination of triage and TCM responsibilities appear misaligned, but complement each other. RNs on the triage and transitions team split their days between triage and TCM outreach to create a balanced workload. Additionally, the same nurse who performed telephone triage and referred the patient to the emergency department may perform TCM outreach post-discharge, improving continuity of care. Patients have responded positively to this model and nurses appreciate seeing the direct impact of their work.

### Outpatient care models, roles

In 2011, the Intermountain Medical Group focused its primary care model on the patient-centered medical home model. This model provided the foundation and organization needed to transform our primary care teams. This transition also moved us toward a more focused team-based care model. But primary

care practices continue to face common challenges: panels/schedules are full, making it difficult to add new patients and capacity is insufficient to meet the patient demand for care, resulting in poor access. Physicians and advanced practice providers are spending too much time on electronic medical records and office work creating dissatisfaction.

The development of team-based care started with the addition of RN care management and a medical assistant (MA) role, called a health advocate. The RN is focused on patients with chronic conditions such as diabetes, hypertension and depression, helping with follow-up care and patient education. These RNs also provide some clinical assessment in addition to some triage and wound care. The health advocate completes pre-visit planning and outreach to patients to assist with closing care gaps, with a focus on preventive procedures such as cancer screenings or vaccines.

As Intermountain has progressed in the journey toward value and with the development of Castell, these team roles have evolved and are now managed externally. This allows care management to be entirely focused on the highest-risk patients and not involved in daily clinical tasks. As the team-based care evolution continues, Intermountain understands the value of a clinic RN role within care teams, as they can perform nurse visits by protocol, help with annual wellness visits and some acute visits, thereby promoting same-day access. RNs carry out this work independently and allow for increased access to primary care clinicians (Wagner et al., 2017). Intermountain also has seen the addition of ambulatory care-trained pharmacists to support medication education and titration. Behavioral health providers support the psychosocial needs of patients, demonstrating how strong and coordinated care teams are fundamental to a successful care delivery in VBC reimbursement models.

### Creating value

Continuity and communication across health systems (from acute to ambulatory) are the foundation of excellent care. In ambulatory settings, great work can be done to screen, identify, connect and support patients with HRSN that affect their health. Strong teams with diverse caregiver roles are key to successfully supporting the transition to a value-based system. We need to be creative and dynamic to reap the rewards of a truly health-focused system that engenders the healthiest lives possible for our patients. ♦

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years, the American Hospital Association's Hospitals Against Violence group has sponsored a national recognition day using the hashtag #HAVHope. The campaign encourages health care workers and the broader community to come together and share our stories. These scenarios, alongside compelling statistics, help paint the reality that workplace violence in health care is endemic. The annual #HAVHope campaign aims to raise awareness and gain support. Our collective efforts can create action in the form of state or federal legislation that affords nurses and other health care workers the same protection as flight attendants, law enforcement and other individuals who serve the community.

Yes, these goals are aspirational and visionary, but to have an impact we must start somewhere. Social media – is it a friend or foe? Over the years, I have had conversations with nurse leaders on this topic. Some consider it the root of many of our problems and others see it as an asset. When exploring avenues for us to tell our stories, social media is the easiest mechanism at our fingertips.

My intent is not to oversimplify posting on these platforms. Social media is a fantastic tool, but it needs to be used responsibly and with some practical considerations. Although I do not claim to be an expert, I have blended my personal and professional networks on social media for approximately 15 years. I also have engaged in discussions with nurse leaders of all ages and backgrounds and heard their diverse perspectives. From that experience, I have created a list of recommendations for nurse leaders to consider when leveraging social media.

- As one my favorite Peloton instructors Cody says, “You do you, boo.” Some individuals are social media rock stars. They post frequently, their message is on point and they always have a strong following. Others are social media voyeurs and find more

joy in watching posts rather than making them. At the end of the day, do not overthink it, be your authentic self and do what is comfortable.

- Keep it lighthearted. Social media is not for rants or hidden agendas. It is a place to stay connected to people, spread joy and share meaningful information. If your mood is down or your energy is off, do not post. And never post when you are angry.
- To blend or not to blend, that is the question. Some individuals choose to keep their social media profiles completely closed and private, while others are an open book. Both are perfectly acceptable options. If you choose to blend, be consistent and equitable. Being inconsistent can send unintended messages.
- Manage your settings. Just as you would not give others access to your email, do not give them access to your page. Your settings should ensure that others cannot inadvertently post or tag you on something that automatically becomes public facing.
- Seize the opportunity! Since adopting the blended approach, I have been able to establish stronger and deeper connections with individuals on our staff with whom I would have previously rarely communicated. Whether it is congratulating them on a child's scholarship or sending condolences for the loss of a loved one, my relationships have been enriched, thus making my role more rewarding.

It appears that social media is here to stay and has woven itself into our personal and professional lives. Beyond simply connecting us, it can be an important tool in giving exposure to issues critical to nurse leaders and changing the image of nursing. As author and motivational speaker Erik Qualman notes, “We don't have a choice on whether we do social media, the question is how well we do it.” ♦

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