



Perspective/Opinion

Developing a Nurse Innovator's Mindset During COVID

By Kelly Ayala, DNP, BSN

How might we? I wonder... What if?

These questions are often in my thoughts now. My mindset has changed in the past eighteen months, not only because I've lived through COVID-19, not only because many of my patients have died this year, not only because I am a mom with kids and wife of a husband working in another hospital system, trying to get through this challenging time. Rather, my brain has taken in the concept of innovation and design thinking and applied it to my NP work as a creative outlet, a way to heal, a support for challenging work, and a way to create patient-centered solutions while also harnessing the talents of our staff — especially our MA's, CNA's, RN's and APRN's.

Here at MCW, there is a dichotomy — we are both medical school and very busy health system where nurses are a huge part of the care we provide — from clinic to inpatient, yet I see challenges in career ladders and ways to bring ideas for improving care here. We span education levels from certificate to doctorate. We think as nurses and are geographically spread across the region — we work shifts and we work for two different institutions.

As nurses though, we have more in common than not. We look holistically to see what might be causing the illness, we will do most anything to get the care to the patient using workarounds if the system is failing, and we often focus on prevention. We are frequently an overlooked and untapped resource in many hospital systems.

What the heck is a hackathon?

In November 2019, I attended my first hackathon. It is literally a hack+marathon. Over 48 hours, teams of like-minded nurse innovators brainstormed to solve difficult patient problems. It was inspiring and motivating. As COVID-19 hit, we switched to a virtual hackathon in May 2020 where my team tackled solving the challenge of connecting family and friends with isolated critically ill patients. We were awarded project support for our idea from Microsoft and Johnson & Johnson and have developed "Hear Now," a one-way communication platform that

enables family and friends to send encouraging messages and news to stay connected. It is for individuals who are too sick for conversations and cannot operate a phone by themselves, but *can* hear encouraging messages when assisted, often by a nurse.

Participation in the Kern Institute KINETIC³ Teaching Academy has expanded my understanding of how I can effectively share the knowledge I've learned as a nurse innovator. I've looked for ways to engage my Medical Assistant colleagues in General Internal Medicine who have an interest in going to nursing school or advancing their education. I've discovered that first generation students in our area often have questions that I, as a nurse with higher education experience, can easily answer, for example, the need to complete the FAFSA and why. These conversations often take place between busy days in clinic where we encourage one another to continue the work and spur each other on in our careers. I've invited folks I work with to come to hackathons—sometimes in hackathon organizing you will hear that a hackathon is a great equalizer because we leave our titles at the door. Anyone can have a good idea.

Pretty amazing solutions have come out of the hackathon platform. Wonderful examples include the [U Night Light](#) (for nurses to wear on their badges so they can see on night shift!) and an app that uses an artificial intelligence “friend” to helps teens struggling with suicidal thoughts, designed by a nurse executive with a family experience of suicide. Nurses are made to innovate. We spend hours with our patients, we create workarounds for things that just don't add up. A workaround is just another way to say inventor or innovator.

I've recently transferred from MCW, where I cared for the sickest most marginalized patients in the Enhanced Care Program, to Froedtert Menomonee Falls Hospital where I care for adult patients requiring acute hospital care. The innovation mindset has come with me, and I've been thinking: *How might we listen to heart failure readmission patients to discover their biggest struggles in avoiding the hospital?* Surprisingly, I've discovered, after listening to patients readmitted with heart failure, that one option is to ensure patients know how to use their voicemail. The number of times I've tried to reach my own patients, or seen documented that a patient's voicemail is full, is enormous. **I bet if you are reading this, you can think of patients, too, that don't answer the phone.**

Spending time with our patients, whether inpatient or ambulatory, to ensure that we can reach them and, in turn, they know how to reach us, is one way we can work on decreasing readmissions together, as a team. My ideas about how to address readmissions come from a background in nursing, but I think that other colleagues with other backgrounds might have even better ideas to build on this. In design thinking, we would say about my voicemail idea “yes, and” to indicate we agree, and we can think of other ways to solve the puzzle.

If you have an interest in joining me at the next hackathon, we are focusing on access to care. This is a passion of mine — I believe that access to care is often measured in time directly spent with patients, bringing focused attention and active listening. The May hackathon breakdown will be themed: vaccine education and delivery, medical deserts, health equity, racial disparities

& inclusion, and new models and settings for care. Milwaukee has needs that reach into every one of these areas. Our care can be better — we need your ideas and passion to solve for these big problems. If you want to join, you can register [here](#). It is free and virtual.

And if you have an idea of how to make care better here, I'd love to know. We are better together, the more diverse our teams, the more likely we are to solve for challenges here in our city.

Build your innovator mindset with me. *How might we listen to what our patients need here? How might we improve access to care here at FH and MCW? What if we were able to work as a team providing care instead of silo-ing? How might we do that?*

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