



Nurse Edge Runners—The hallmark of the *Raise the Voice* campaign

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Nurse “Edge Runners”—the practical innovators who are leading the way in bringing new thinking and new methods to a wide range of healthcare challenges—are the hallmark of the American Academy of Nursing’s *Raise the Voice* campaign. Edge Runners have developed options that help people stay healthy and cope better with illnesses, while producing exemplary financial and clinical outcomes. Furthermore, nurse-led innovations address people’s needs and wants for a humane and effective health care system, reducing disparities while increasing efficiency and quality of patient care.

The American Academy of Nursing has identified more than 30 Edge Runners. Their innovations address various lifespan issues. For example, Harriet Kitzman, PhD, RN, FAAN, in collaboration with David Olds, PhD, successfully developed the Nurse-Family Partnership program. This program allows parents in urban communities to give their children a better start through home education and counseling on child-rearing and health matters by nurses. The Washington State Institute for Public Policy found that the program had the highest return on investment among all home-visiting and child welfare programs evaluated, with a net benefit to society of \$17 180 per family served.

Although the Nurse-Family Partnership benefits new mothers and the very young, there are many Edge Runners who deal with the frail elderly. The Evercare model is just one example. Evercare serves more than 120 000 people in 35 states through Medicaid, Medicare, and private pay health plans. Evercare provides coordinated, individualized health care and well-being services to people with complex needs, such as elders, persons with disabilities, or those with long-term or advanced illness. Designed by nurse practitioners Jeanine Bayard and Ruth Ann Jacobson, the Evercare

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model has produced excellent health outcomes at reduced costs.

Edge Runners also provide care in a variety of settings. Patricia Gerrity, PhD, RN, FAAN, developed the Eleventh Street Family Health Services of Drexel University—a nurse-managed, transdisciplinary health center founded in 1998—that successfully assures “state of the art” care for a population tired of being turned away for their lack of insurance. This nurse-managed health center essentially provides one-stop shopping for both health and life concerns, and has improved access to care for the underserved and uninsured in the downtown Philadelphia community. The center has had more than 7800 primary care visits, with overall improvements in communitywide diabetes management, control of hypertension, and the prevalence of low-birth-weight babies.

Another Edge Runner, Anne Boston Parish, created an independently run facility that provides affordable health services for the medically uninsured in Alexandria, Virginia and the surrounding areas of Northern Virginia. It was established without government funding and, to keep office costs to a minimum, the clinic does not interact with insurance companies. Instead, Ms. Parish charges a nominal fee for primary care and works with patient assistance programs to order medications that would otherwise be cost prohibitive. Already, the Queen Street Clinic has treated more than 20 000 patients since its opening in 2001. By allowing access to care for the uninsured, we have cost-effectively helped lessen the prevalence of undetected heart disease, pregnancy, and diabetes in the Northern Virginia region.

Edge Runners are also doing more to make the hospital settings more efficient and patient-centered. In 1990, Barbara Daly, PhD, RN, at Case Western Reserve University, developed “Special Care Units” (SCUs), which are nurse-managed and focus on the emotional and quality-of-life concerns, as well as the physical needs, of patients after they have been in an intensive care unit (ICU). These SCUs accompany traditional ICUs and incorporate the best technology and evidence-based care for patients—and their families—to be treated holistically and involved in their plans of care. SCUs have significantly reduced rehospitalization rates (8% for SCUs vs. 20% for traditional ICUs), with no increase in mortality or complication rates. The average cost of treatment for a survivor was \$109 220 for hospitals with SCUs vs. \$138 434 for traditional ICU care.

These are just a few examples of how nurses are using their unique insight to take action and create innovative solutions that deliver effective and convenient care to patients and their families. In future issues of *Nursing*

Outlook, the American Academy of Nursing will profile Edge Runners tackling special populations, unique practice settings, and technology supporting clinical decision-making.