When we learned about the AACN Beacon Award for Critical Care Excellence, we were struck by how it seemed to define what we believed our level 1, surgical-trauma intensive care unit (ICU) at Tampa General Hospital, Tampa, Fla, was about.

As we reviewed the award criteria online (www.aacn.org), our pride and excitement began to build. This award would accomplish exactly what we wanted: to celebrate our greatness and acknowledge the incredible nurses in our unit who go above and beyond. With a little fine-tuning, we believed our unit was definitely Beacon qualified.

Rallying around a theme of “Beacon Bound ICU 1&2,” we began our journey. We developed a brief handout describing the Beacon Award, and staff nurses who were not only active in the unit but also involved with the hospital’s clinical ladder were invited to lead each of the 6 award criteria categories—recruitment and retention; education/training and mentoring; evidence-based practice and research; patient outcomes; healing environment; and leadership/organizational ethics.

The main Beacon Award committee was made up of 14 individuals, with leaders for each category from both the day and night shifts. Each leader was given a binder with general information and specifics about the category.

We then developed a plan designed to get the entire staff “on board.” Following weekly meetings, we had kick-off parties for both shifts. Unit coverage was arranged so that working staff members could attend.

Wearing specially designed t-shirts, each category leader was at individual stations with posters and handouts explaining his or her category. Power point presentations were compiled to show examples of how we had already met many of the criteria. Staff members were also asked to sign up to assist with development of one of the categories.

In addition, each staff member received a calendar with a lighthouse and “Beacon Bound ICU 1&2.” On the back was the “Act Boldly” pledge (www.aacn.org >Act Boldly) to commit to making a difference in creating a healthy work environment. Each staff member was encouraged to...
sign the commitment, which was duplicated on a poster displayed at the parties.

Next, we surveyed staff members to find out what they liked about the unit and what they would like to have changed. The data collected set the stage for ways we could use the Beacon Award process to make positive changes and better meet the needs of the staff.

To ensure that we were up to date on the latest trends and that our changes would be evidence based, we compiled the articles referenced for each category into a library. Instead of asking that all the articles be read at one time, we focused on only 2 or 3 questions at a time and the corresponding reference from each category.

The progression of answering each question brought to light some areas that needed improvement. For example, to decrease our pressure ulcer rates, we added in-services on turning patients and invited the Lift Team to do “turning rounds” on the unit. As a result, our ulcer rates have decreased by 75%.

We also identified a need to increase the number of CCRN- or CCNS-certified nurses on our staff and organized a drive to increase the percentage. Study materials were provided and management offered increased compensation or incentives to take the examination. CCRN review classes designed to meet the specific needs of those preparing to take the examination at AACN’s 2004 National Teaching Institute (NTI) and Critical Care Exposition were organized, and staff members were paid professional time while in class. Fourteen of our nurses, more than ever, took the test at the NTI, with more staff ready to take the test this summer.

The process of being “Beacon Bound” has been a tremendous learning experience. Although the decision to apply for the award was initially prompted by a desire to celebrate the greatness of our unit, the process has meant much more.

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