Transforming Together:

Implications and Opportunities from the COVID-19 Pandemic for Nursing Education, Practice, and Regulation

Tri-Council for Nursing

January 2021

American Association of Colleges of Nursing
The Voice of Academic Nursing

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Executive Summary

As the COVID-19 pandemic raged in the US and around the world, the Tri-Council for Nursing convened a highly inclusive group of over 120 nursing and healthcare stakeholders across care settings, functional levels, and sectors spanning education, practice, and regulation in an interactive virtual summit. The focus: *identify critical lessons and future opportunities for transforming nursing and health care*.

The highly collaborative session tapped into the vast knowledge of all participants across sectors and generated six overarching themes, including Equity and Health Equity; Ethics; Nursing Workforce; Innovation; Inter-Professional Emergency Planning and Response; and, Mental Health and Wellbeing. Discussion around these themes resulted in twenty-two priority topics that represent the highest impact and highest return areas for transformation.

Participation in this event provided the nursing profession with a clear mandate: foster new forms of cross-sector collaboration (like the COVID-19 Virtual Summit itself) to drive truly transformational change. Nurses, educators, policymakers, and healthcare experts from all levels and settings can build upon this existing work to inspire focused action that delivers disruptive innovations in nursing practice, education, and regulation.

Overview

The COVID-19 pandemic has had an immeasurable impact on our global society, local communities, and families. The nursing profession, as the largest and most trusted healthcare workforce in the U.S., has faced many challenges in meeting the needs of the public, students, and other stakeholders.

The Tri-Council for Nursing, an alliance between the American Association of Colleges of Nursing, the American Nurses Association, the American Organization for Nursing Leadership, the National Council of State Boards of Nursing, and the National League for Nursing, recognizes the power of collective innovation and transformation. While the COVID-19 pandemic is still ongoing at the writing of this report, the Tri-Council recognized the imperative to identify and document the lessons learned from the past nine months and inspire a call for action to capitalize on opportunities for transformational improvements to nursing education, practice, and regulation.

The Tri-Council members represent the largest groups of the nursing spectrum of education, practice, and regulation. As such, the Tri-Council is well-positioned to co-create a framework to advance the nursing profession through implementing changes focused on improving health care, better managing the ongoing pandemic, and ensuring a more effective response to any future pandemics.

Funded by the American Nurses Foundation, the Tri-Council held its first ever "Virtual Summit" in December 2020 that included over 100 healthcare leaders with the following three objectives:

1. Document lessons from nursing's successes and failures during the COVID-19 pandemic;
2. Identify COVID-19 pandemic implications and opportunities for nursing education, practice, and regulation;
3. Create a framework for post-pandemic healthcare advocacy and change.

To achieve these objectives, data was collected and analyzed from a pre-summit survey and during the summit itself. This report describes the approach for designing the event and highlights the Virtual Summit's lessons, implications, and opportunities gained during the highly collaborative four-hour event. Participants included a highly inclusive group of over 120 nursing and healthcare stakeholders across care settings, functional levels, and sectors spanning education, practice, and regulation.

The design of the event provided a platform for diverse groups to come together, share experiences, identify critical issues and propose how in a collaborative manner progress into the future can be pursued. This, in itself, is an important finding as it is very much aligned with the intent of the State of the World Nursing report's recommendations on collaboration and the desire to straighten the nursing and midwifery professions voice emanating from the International Year of the Nurse and Midwife celebration.

Approach

To identify the transformational opportunities developed during the Virtual Summit, the Tri-Council's leadership team created a holistic approach focused on a structure that integrated people, process, and technology. The stages of the approach are illustrated in figure 1.

People

The following stakeholders had direct input into the various phases of the approach.

- **Tri-Council Leadership**: The leader of each Tri-Council member organization convened to conceptualize the summit and provide strategic oversight throughout the process.
- **Core Team**: Each Tri-Council member organization assigned at least one staff member to serve as a liaison and provide programmatic support.
- **Survey Respondents**: Both the Tri-Council leadership and the core team identified a list of 277 healthcare opinion leaders and organizations to participate in a pre-summit survey to guide the content of the summit. A total of 70 responses were received (25% response rate).
- **Summit Discussion Leaders:** 22 individuals help lead highly interactive breakout discussions on the top priority topics during the Virtual Summit.
- **Summit Participants:** 120 nursing and healthcare stakeholders across care settings, functional levels, and sectors spanning education, practice, and regulation.
- **Funder:** The American Nurses Foundation was the fiscal agent for the entire effort.
- **Consultants**: InnovationPoint, a boutique consulting firm led by Dr. Soren Kaplan, operationalized the vision of the Tri-Council leadership and provided end-to-end management of the process, facilitation of the Virtual Summit, and development of the final report.

Process

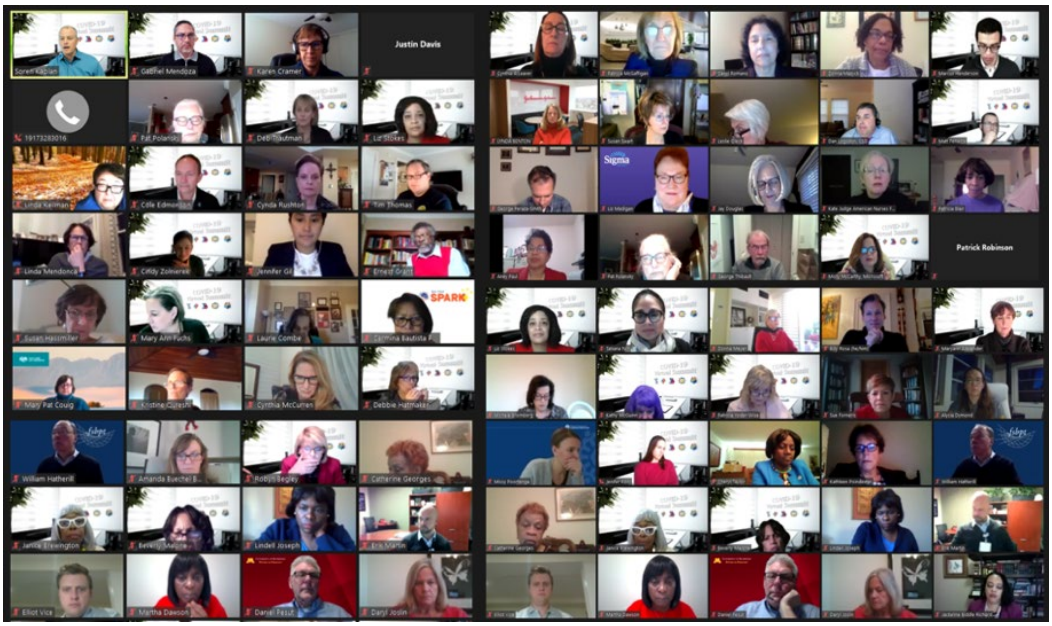
The approach included various steps implemented between July 2020 and January 2021.

- **Scoping and Planning Meetings**: Weekly meetings were attended by the Tri-Council leadership, the core team, and the consultants.
- **Interviews and Survey**: The consultants interviewed the Tri-Council leadership, developed a 10-question pre-summit survey using the resulting data, and distributed the survey to 277 opinion leaders and organizations.
- **Survey Analysis**: The goal of the survey was to collect information on the impact of the COVID-19 pandemic on patients/consumers and the US healthcare workforce, specifically nursing. A topic modeling approach was implemented to analyze survey responses using several tools and techniques. The analysis generated a total of six themes and 22 topics to guide the summit content and conversations. See Appendix for the detailed topic templates organized by theme.

- **Summit Planning**: A set of summit materials were developed and disseminated (e.g. agenda, individualized workbooks for breakout teams, etc.) to help prepare the summit Discussion Leaders and participants for the event. Prep meetings were held for the 22 breakout Discussion Leaders (one for each topic). Other event logistics were managed by the consultants and the core team.
- **Virtual Summit**: The four-hour Virtual Summit was held on December 3, 2020. A post-event survey was distributed to all attendees which received an 80% response rate. The vast majority of respondents rated their experience with the summit as highly positive with many specifically noting the unique approach to facilitating highly collaborative in-depth discussions on critical topics. A full video recording of the Virtual Summit is available here.
- **Report:** This report assimilates the learning from the entire process into a framework for post-pandemic healthcare advocacy and change.

Virtual Summit Process

Figure 1



Transformational Opportunities

Six themes emerged as essential to the future of nursing education, practice, and regulation: Equity and Health Equity, Ethics, Innovation, Inter-Professional Emergency Planning and Response, Mental Health and Wellbeing, and Nursing Workforce. Across these themes, many lessons from the challenges and successes of the past year were explored.

The result: 22 priority topics surfaced as the most critical areas of opportunity for innovation and transformation.

Equity and Health Equity	**Ethics**	**Nursing Workforce**
1. Healthcare Access for All 2. Culturally Informed Care 3. Determinants of Health	1. Ethical Guidelines During a Crisis 2. Duty to Care for All Patients During a Crisis 3. Duty to Self During a Crisis	1. Dynamic Care Team Models 2. Public & Population Health Linkages 3. Workforce-Patient Safety
Innovation	**Inter-Professional Emergency Planning and Response**	**Mental Health and Wellbeing**
1. National Compact for Telehealth Reimbursement 2. Mapping and Managing the Spread 3. Surge Capacity 4. Unbounded Nursing Education 5. Virtual Teaching and Learning 6. APRN Full Scope Model	1. Consumer Communication 2. Responder Communication 3. Rapid Research-Practice Application 4. Rapid Resource Mobilization	1. Mental Health and Wellbeing During a Crisis 2. Long-Term Mental Health Impacts

These themes and topics represent an essential framework for coalescing collaboration focused on transforming the nursing profession and health care.

A. Equity and Health Equity

1. **Culturally Informed Care:** Address significant health disparities across diverse communities due to inadequate access to care, limited human resources, and reduced supply chain inventories in order to overcome implicit bias and ensure social justice.
2. **Determinants of Health:** Integrate determinants of health and health equity practices into nursing education, expand APRN scope, and build regulatory compacts across states.
3. **Healthcare Access for All:** Re-shape continuum of care around LPN, RN, and APRN practice scope and reimbursement to ensure healthcare access for all regardless of race, gender identity, socio-economic status, and other factors.

B. Ethics

1. **Duty to Care for All Patients During a Crisis**: Inter-professional approach that ensures all those who need care receive sufficient care during a crisis irrespective of resources or practice setting.
2. **Duty to Self During a Crisis**: Promote nurses' ability to embrace the principle of "duty to self" to maintain personal health, wellbeing, and professional competence.
3. **Ethical Guidelines During a Crisis**: Deliver clear, nationwide guidelines to prevent or resolve ethical dilemmas between the duty to care for all patients and personal safety.

C. Innovation

1. **APRN Full Scope Model:** Create national model with supporting regulations that ensure APRNs' ability to practice to the full scope of their authority.
2. **Mapping and Managing the Spread**: Build a nationwide trusted, reliable, and accurate model and approach for tracking and preventing the spread of a virus / pandemic.
3. **National Compact for Telehealth Reimbursement**: National model and standards for telehealth.
4. **Surge Capacity**: Build hospital and ICU capacity that balances elective services with care related to an ongoing surge or emergency response.
5. **Next Generation Nursing Education**: Nursing education that overcomes the limitations of face-to-face programs while concurrently providing innovative clinical placements.

6. **Virtual Teaching and Learning**: Use distance learning technology to optimize and support a student-centered approach for high quality learning in the classroom, home, and clinical settings.

D. Inter-Professional Emergency Planning and Response

1. **Consumer Communication:** Timely, accurate, and consistent information that creates trust and corrects misinformation with healthcare consumers.
2. **Rapid Research-Practice Application**: Rapid translation and deployment of research and new information into practice for an effective emergency response and afterwards into general practice.
3. **Rapid Resource Mobilization**: The ability to rapidly mobilize healthcare ecosystem resources (e.g., health systems, schools, universities, associations, etc.) around the nature of a healthcare threat or emergency.
4. **Responder Communication:** Timely, accurate, and consistent information based on science that aligns nursing, medical, and healthcare organizations around a crisis response.
5. **Supply Chain Effectiveness**: Ability to deliver sufficient supply and resupply of Personal Protective Equipment (PPE) and other medical equipment needed throughout a response without national or local shortages.

E. Mental Health and Wellbeing

1. **Long-Term Mental Health Impacts**: Evidence-based approaches for addressing PTSD and other mental health challenges that develop over time following emergencies and pandemics.
2. **Mental Health and Wellbeing During a Crisis**: An integrated strategy and resources focused on supporting the mental, behavioral, and moral health of nurses during prolonged emergencies and pandemics.

F. Nursing Workforce

1. **Dynamic Care Team Models**: The capability to manage highly effective care teams through flexible staffing, cross-training, and diversity in ways that optimize quality and effectiveness across social and clinical settings.
2. **Public and Population Health Linkages**: Nursing curricula and staff training that is anchored in public and population health issues and concepts.
3. **Workforce-Patient Safety**: Ensure the safety of the inextricably linked nursing workforce with patients through PPE, real-time information, and application to ensure timely, quality care, infection control, and prevention.

Themes and their topics correspond to a succinct template with the data collected from the Virtual Summit, including a set of high-impact actionable recommendations (see Appendix). In addition, a library of essential reading was curated by theme is accessible here.

Implications & Opportunities for Education, Practice and Regulation

One of the objectives of the Tri-Council for Nursing Virtual Summit was to identify implications and opportunities from the COVID-19 pandemic and list call for action items for the healthcare leaders and regulatory decision makers. While each of the themes and related topics represent specific opportunities for transformation, some additional considerations by sector (education, practice, and regulation) that could have a significant positive impact on the nursing profession include:

Education

- Expand content on public health, crisis management, equity, mental health, and determinants of health into nursing curricula and interprofessional education (IPE).
- Foster academic-practice partnerships to utilize nursing students for vaccinations, telehealth, and contact tracing and other tasks to alleviate shortage of staff and burnout.
- Provide necessary resources for educators, students, and practicing nurses to optimize virtual environments to enhance education and health outcomes for all.
- Conduct additional research on simulation-quality data compared to clinical and alternative modalities of teaching to ensure educators deliver the best evidence-based content available.
- Increase spending on nursing education (public/private messages) funded by the government and private sector to expand access to health care for all.

Practice

- Ensure worker and patient safety by addressing supply chain challenges (PPE, testing, etc.) and equitable distribution of resources.
- Maximize the role of the nurse across all care settings. For example, use furloughed nurses for telehealth services, contact tracing, etc.
- Develop an inter-professional standardized crisis care strategy and plan.
- Provide short- and long-term mental health resources.
- Systematize communication strategies and content to streamline evidence-based care recommendations and avoid misinformation.

Regulation

- Work with state health departments and hospitals to prepare appropriate emergency declarations that identify resources that are in limited supply.
- Consider appropriate legal and regulatory relief for actions that might have to be taken by healthcare providers to address unprecedented demands for healthcare services.
- Continue to reduce barriers to care through short-term licensing, telehealth, nursing compact, full-scope practice reimbursement, and other policies and programs.
- Provide consistent and unified state and national communications to ensure accurate information and reduce public mistrust and uncertainties.
- Create a model for expediting the process to pass emergency legislation.
- Leverage the national opinion of nurses as a trusted profession to include nurse representatives on key task groups and committees.

Transforming Together

The Tri-Council COVID-19 Virtual Summit convened some of the best minds in nursing and health care in a high-energy, collaborative process that tapped into the vast knowledge of all participants. The themes and topics identified and developed represent the highest impact, highest return opportunities for transformation. Individual organizations, associations, and institutions can now tap into these opportunities to set their strategic agendas to ensure the greatest contribution to the profession, consumers, and society.

Just as important, the profession, itself, now has a clear mandate: Foster new forms of breakthrough collaboration like the Virtual Summit to drive truly transformational change. Beyond the individual imperatives from the Summit, the profession also has an opportunity to transform the nature of collaboration itself. We must continue to engage nurses, educators, policymakers, and healthcare experts from all levels and settings in new ways that inspire focused action that delivers disruptive innovations in nursing practice, education, and regulation. In addition to the dissemination of this report, the Tri-Council will continue to identify implications, opportunities and actions for its own member organizations and invite other groups to support and drive change and innovation.

We will transform together.

APPENDIX


Tri-Council for Nursing
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SUMMIT PARTICIPANTS

Virtual Summit Participant List

Participant Name	Company/Organization	Position/Title
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Cindy Zolnierek	Texas Nurses Association	CEO

OPPORTUNITY TEMPLATES

(templates collaboratively developed during the summit)

Equity and Health Equity

Culturally Informed Care through overcoming Implicit Bias and Ensuring Social Justice
Address significant health disparities across diverse communities due to inadequate access to care, limited human resources, and reduced supply chain inventories in order to overcome implicit bias and ensure social justice.

⚠ Challenges / Failures	★ Successes
1. Significant health disparities and social determinants of health across communities due to inadequate access to care, limited human resources, and reduced inventory of supply chain. 2. System disconnects between education, practice and regulation. 3. Politicizing of pandemic and impact on respect of patients and clinicians, resulting in public mistrust, and lack of understanding of information. 4. Long term care providers represent support roles in care environment where large percentage are culturally and economically diverse, working in highly regulated environments that do not provide level of flexibility.	1. Maryland's Governor securing COVID testing kits to meet the states surge needs. 2. Temporary repeal of federal regulation. 3. The ability to disseminate information, when correct, resulting in improved outcomes. 4. General public and health care provider increase compliance with hand washing.

☑ Implications & Opportunities

1. Recruit and retain diverse individuals across all sectors of education, practice, and regulation to build capacity.
2. Evaluate and implement policies that uphold social justice and equity.
3. Use cultural humility to guide the delivery of culturally informed care.
4. Confirmation of need to have voice in education of providers, public and patients, aiming to support more informed decision making, including cultural perspective.
5. Elucidate the need for comprehensive assessment of social determinants of health to obtain optimal outcomes and ensuring social justice.
6. Evaluation of federal level regulation of long-term care facilities and providers.

Potential Implementation Approach	Potential Impact on Profession
1. Create safe spaces to advance the needed dialogue to achieve this outcome of social justice. 2. Educate current students and re-educate current workforce in population and public health. 3. Reinforce professional conduct and representation of Code of Ethics for Nurses and disseminate reliable and valid evidence, implications for practice, regulation and education. 4. Support social justice by challenging implicit bias as it impacts culturally centered care and vulnerable populations among both patients and providers.	1. Attract and retain diverse individuals that will deliver education and care to those from diverse communities by delivering culturally informed care. 2. Nursing workforce attuned to continuum of care. 3. Mobilization of nursing capacity to become a true voice of health care and decrease dissemination of incorrect information. 4. Improvement in the health of the nation and establishment of a more just and unbiased health care system.

Potential Lead(s)

1. AONL, AACN, ANA- collaboration across organizations
2. NCSBN
3. STTI

Equity and Health Equity

Determinants of Health (DOH) in Education and Practice
Integrate determinants of health and health equity practices into nursing education, expand APRN scope, and build regulatory compacts across states.

⚠ Challenges / Failures	★ Successes
1. Lack a variety of point of care delivery systems outside of acute care settings 2. Regulatory requirements for licensure 3. Education of workforce - disruption and the requirement to pivot didactic and clinical educational experiences 4. Increase sensitivity related to diversity in leadership—need people who mirror the nursing workforce 5. Providing nurses with temporary license, especially with COVID-19. There were limited sites where graduates could take the NCLEX-RN, impacting the need to consistently include innovative strategies for graduates to take the NCLEX, for example, remote proctoring. The GRE has been providing remote proctoring with positive results. Need to provide contingency plans and be proactive.	1. Providing clinical experiences in nursing education related to this content requires moving some clinicals from the acute care setting to work with organizations that provide care for pregnant mothers and young families. 2. Expansion of telehealth by CMS for patients with APRNs' delivering telehealth; however, need to expand across more states. Not having the compact in all states creates inequities in access to healthcare. 3. Expansion of APRNs being able to practice to the full scope of their license

☑ Implications & Opportunities
1. Before a major shift in clinical placements can occur, consideration must first be paid to the commitment of the organization to address the DOH, and then to accessibility, safety, and sustainability. 2. Integration of health equity practices into nursing curricula. 3. Regulatory response to expand examination to points of care beyond those of acute care. 4. Integrate information on structural racism and social justice, especially as it relates to social determinants of health and equity.

Potential Implementation Approach	Potential Impact on Profession
1. Coordinated effort to improve communication between academia, practice, and regulation 2. Strategic meetings with stakeholders 3. Engage in policy and legislative actions	1. Workforce committed to creating health equity by addressing the DOH 2. Integration of current innovation into practice, education and regulation

Potential Lead(s)
1. Tri-Council 2. Schools of Nursing---all types of nursing programs, e.g., PN/Vocational, ADN, BSN, masters, doctoral; especially strategically including Historically Black Colleges and Universities (HBCUs), tribal colleges, minority granting institutions

Equity and Health Equity

Healthcare Access for All

Re-shape continuum of care around LPN, RN and APRN practice scope and reimbursement to ensure healthcare access for all regardless of race, gender identity, socio-economic status and other factors.

Challenges / Failures

1. Significant health disparities across communities due to inadequate access to care, limited human resources, and reduced inventory of supply chain.
2. Siloed solutions and lack of coordination did not optimize our capacity.
3. Existing incentives did not assist in solution generation and deployment.
4. Lack of trust and inconsistent messaging.
5. Lack of capacity to manage cases and respond outside our normal comfort zone.
6. Lost faith in science and inadequate investment in public health and problems with inadequate planning.
7. Payment models did not cover the cost of nurses providing care and as a result limited capacity.

Successes

1. Payor sources came together to pay for testing and care.
2. Opened clinical policies to help make revisions to increase access.
3. Collaborative efforts with Boards of Nursing to expedite needed changes in regulation.
4. Opened up APRN practice to remove collaborative agreements.
5. Flexibility for disciplines to collaborate together to be innovative and creative to find solutions with different partners.

Implications & Opportunities

1. Some of the changes such as APRN removal of barriers of coordination need to remain.
2. Look at how to facilitate vaccines and treatments and deliver some of the rapid and new treatments in wider settings and gathering data that demonstrates impact.
3. Need for better public health education and epidemiology
4. Need to provide care in the community, particularly for those that do not have access to transportation.
5. Maximize the role of the nurse in telehealth to increase access and drive telehealth forward
6. Look at the continuum of care provision support worker (LPN, RN and APRN) and determine education and scope of work.
7. Look to examples from other countries that may highlight opportunities to address gaps.
8. Streamline regulations so we can be more agile and able to respond to crisis

Potential Implementation Approach

1. Form a multi-disciplinary team to develop a plan to address what will be a massive cultural and systems change. (Multi-year commission with resourced advocacy) Start with an elevator speech that transcends the current political perspectives – leverage the trust placed in the professionals
2. Look at examples from other nations to inform our debate and avoid reinventing wheels
3. Change the mindset that access is a right not a privilege – educate nurses to be proactive in advocating for policy change
4. Better understanding of the contribution of public health starting with education in schools, professions and employers etc.

Potential Impact on Profession

1. Healthier society that uses appropriate health care services at lower costs.
2. Better quality of life for all (taking Maslow's hierarchy seriously!)
3. Look at population health in local communities and larger levels of aggregation per state

5. Focus on the racial and other disparities that have become so transparent in this crisis – opportunity for greatest return on investment.	

Potential Lead(s)

1. Building a broad-based coalition to work with State and Federal legislators – we want change!!
2. Need to get the insurance industry and big pharma on board
3. Get patients and populations on board

Notes: Death has not been an incentive to act so we need to frame it in terms of the money, need to eat the elephant one bite at a time, clarity over nursing's voice on key issues

Ethics

Duty to Care for All Patients During a Crisis

Inter-professional approach that ensures all those who need care receive sufficient care during a crisis irrespective of resources or practice setting.

Challenges / Failures	Successes
1. Having to "select" patients due to lack of resources such as ventilators, beds available or tests. 2. Ethical debates due to code of ethics/standard of care and realities of pandemic impact on practice setting. 3. Conflict of personal safety and duty to care 4. Shortage of staff to serve all patients	1. Innovation to care for patients in various ways such as telehealth modalities and mobile health centers. 2. Public recognition of nursing workforce as pivotal front-line responders. 3. Opportunity to collect data from experience and assess for future ethical changes.

Implications & Opportunities

1. Work with decision makers on flexibility of code of ethics and standards of care during pandemic/crisis.
2. Interprofessional collaboration to maximize care for all patients.
3. Content for nursing education on crisis training and ethical decision making.

Potential Implementation Approach	Potential Impact on Profession
1. Have all nurses sufficiently safely prepared to serve in all settings. (school nurses, public health & community health nurses, correctional nurses) 2. Ensure safe working & healing environment for patients as well for nurses 3. Short elevator speech of what nursing is 4. Reduce barriers to cross state lines & volunteer nursing (eg: telehealth, disaster response) 5. Nurses determine scope of practice & delegation decisions	1. Minimize burden of ethical decision making by having enough resources for patients. 2. Nurses with enough PPE and safety measures can more confidently fulfill their duty to care for all patients. 3. Future nursing workforce can be better prepared for crisis response. 4. Increase of interprofessional collaboration 5. Innovation products and services during pandemic and other crisis situations.

Potential Lead(s)

1. Health systems leaders
2. Policy makers
3. Educators

Ethics

Duty to Self During a Crisis	
Promote nurses' ability to embrace the principle of "duty to self" to maintain personal health, wellbeing, and professional competence.	
Challenges / Failures	**Successes**
1. Staff burnout and moral distress– short term mental health issues that can lead to outcomes such as quitting or suicide. 2. Potential Long term mental health issues such as PTSD. 3. Lack of staff safety resources and risking infection and potential death. 4. Nurses working overtime/short staffed 5. Pressures around continuing education for students 6. Lacking time/space at work for self-care 7. Busy home lives/new adjustments with family care 8. Disconnect with leadership/new virtual environment 9. Variability in support in different organizations and work environments 10. Stress among all different nurses, i.e., Psychiatric nurses 11. Challenge in connecting with patients 12. Person centered care	1. Rapid response from nurses to "step up" and help outside of state or license limitations. 2. Public response from private sector to aid health staff such as housing and food. **Community acknowledgements of nurses and healthcare workers, but also contributes to hero fatigue and stress 3. Wellbeing Initiative 4. Stress self-assessment has been a useful resource 5. Conscious awareness 6. Overcoming differences/"Not sweating the small stuff" 7. Increased family support and support among colleagues 8. Leadership and individual responsibilities for self-care
Implications & Opportunities	
1. Mental health offerings during and post pandemic. Offerings that meet nurses where they are: something other than webinars and zoom meetings 2. Address safety concerns regarding PPE and hours worked. 3. Address workplace aggression. 4. Being more intentional at an individual and institutional level. Leadership encouraging self-care 5. Refreshers on good, healthy coping skills for nurses 6. Code of Ethics has a provision on self-care!! 7. Financial Support	
Potential Implementation Approach	**Potential Impact on Profession**
1. Resources to fund short term and long-term mental health programs. 2. Qualified personnel to run mental health programs. Expand training to include better mental health training (addressed in the new Essentials) 3. Management improvement of shifts during pandemic to decrease burnout. Re-align payment incentives 4. Emphasis on academic-practice partnerships 5. Competency based education 6. Nurse researchers/scientists- real time Covid-19 research and dissemination 7. Increase staff safety measures. a. Perhaps re-assessing visitation and patient/family care	1. Increase retention rates 2. Decrease negative mental health outcomes such as suicide and other psychological consequences 3. Decrease in substance use disorder 4. Alignment of nurses social and psychological contracts to reduce ethical burdens. 5. More efficient healthcare delivery system 6. Improve patient satisfaction 7. Improve patient outcomes
Potential Lead(s)	
1. Health systems leaders.	

2. Insurance companies.
3. Policy makers (leverage our nursing policy makers)
4. Academic community and practice community (acute, primary, and public health) at the level of organizational leadership (public health departments, acute care hospitals, etc.)
5. Nurse researchers/scientists (NINR)

Ethics

Ethical Guidelines During a Crisis

Deliver clear, nationwide guidelines to prevent or resolve ethical dilemmas between the duty to care for all patients and personal safety.

Challenges / Failures

1. Logistics challenges – competition with other health systems and legislatures.
2. Lack of materials such as PPE, ventilators, tests
3. Unable to treat all deserving patients and having to decide on which patients to treat.
4. Impact of lack of state and federal regulations to flatten the curve.
5. Decisions around moving patients into post-acute because there are no more beds in the hospital.
6. Who makes these decisions?
7. Health care systems and communities were not prepared to make these types of decision.
8. Movement of students out of programs early – interrupt schooling while needing to fill a gap. Is this really better than nothing?
9. Unable to preserve ethical principles during response. Not meeting whole person care –
10. Palliative care – is an ethical responsibility regardless of primary specialty.
11. Did not consider school nurses to be "essential"- had to open without appropriate PPE & set up.
12. Failure to plan and need to do within the context of what we actually have.
13. Disproportionate and inequitable impact on certain populations – how was this exacerbated by the distribution of resources.

Successes

1. Mobilizing resources through multisectoral collaboration
2. ELNAC – able to make available free resources re: hospice and palliative care.

Implications & Opportunities

1. Collaboration with governments to address public behavior and avoid health system collapse (flatten the curve).
2. Plan for quality "pop-up" emergency rooms and other types of care units.
3. Creation of supply "reserve" in case there is a global shortage and minimize competition for supplies.
4. Education of nurses to achieve goals of primary palliative care that is absolutely necessary during crisis response.
5. There is an opportunity to plan better – with plans that really address public health (crucial for a successful response).
6. Not only need to have plans – but must really fund and build the infrastructure upon which to successfully implement the plan. The funds must be liberated quickly.
7. Must have a NATIONAL response and not a state-by-state piecemeal - even a global
8. Must have the regulations in place to quickly implement at the time of the pandemic/disaster.

Potential Implementation Approach

1. Determine and project how many resources are needed for future pandemics based on location population.
2. Create pandemic guideline of patient and resource prioritization, if needed. Build on existing guidelines for application to a pandemic/disaster.

Potential Impact on Profession

1. The establishment of a framework for transparent and equitable decision making that reflects the whole person.
2. Provide better person, family and community-centered care

3. Plan of designation – who is responsible for what in terms of supplies and who makes the ethical concerning decisions. 4. Collaboration with other health systems instead of competition for resources. 5. Equip nurses with primary palliative care skills throughout the illness trajectory (end of life discussions, spiritual care, etc.) 6. Mobilize strong organizational responsibility for planning, funding, exercising, equitable approach, etc. 7. Code of Ethics for Nurses included in regulations. 8. Prepared regulations that can be quickly implemented when needed. 9. Engage in implicit bias and anti-racism education and training.	3. Reduce systemic disparities 4. Foster multisectoral collaboration 5. Alleviate nurses' moral distress and burnout to sustain and retain the workforce 6. Preserve the integrity of ethical principles in clinical practice. 7. Improve quality and reduce costs. 8. Advance early goal directed conversations with patients, families and communities.
Potential Lead(s)	
1. Health systems leaders 2. Resource providers 3. Government agents 4. Nurses 5. Clinical nurse ethicists	

Innovation

APRN Full Scope Model	
Create national model with supporting regulations that ensure APRNs' ability to practice to the full scope of their authority.	
⚠ Challenges / Failures	**★ Successes**
1. Continuous regulatory restrictions to full practice authority for all four APRN roles/federal restrictions that inhibit billing (CMS). 2. Recent study out of Vanderbilt that evaluated Nurse Practitioner practice during the pandemic revealed that 70% of APRNs practicing in states that removed requirements for physician supervision via executive order did not experience a change in their practice. 3. IN and other states were able to modernize language, but were not able to achieve full practice and practice authority. 4. Legislators do not believe that CNSs and NPs have better outcomes than physicians. 5. Mistruths and misinformation is frequently shared about practicing at full scope. 6. Facility restrictions 7. Patchwork of requirements across the states inhibits mobility and impacts patients' access to care. 8. The NP curriculum requires clinical hours with a physician. 9. Unable to overcome physician opposition to full practice authority. 10. APRNs are not unified in the effort	1. Governors acknowledged the importance of APRN license practice to the full scope and mobility demonstrated by their creation of executive orders waiving supervision requirements. Licensing requirements that were waived allowed nurses to enter states. 2. Executive orders provided opportunity for data collection and future research and action. 3. Programs utilize other practitioners for clinical experiences. 4. 23 states currently have full practice authority. 5. APRN Competencies are excellent.
☑ Implications & Opportunities	
1. Legislative opportunities to increase alignment with consensus model elements. (Nursing America Campaign) 2. Build/develop coalitions to support the advancement of legislation. 3. Analyze the data to show that there were no negative outcomes from removing barriers to practice during the pandemic 4. Create a business case for FPA to gain support from hospital administrators. 5. Support the implementation of APRN Compact. 6. Utilize the NGA Meeting as an opportunity to educate governors. 7. Educate lawmakers on the fact that APRN education focuses on social determinants of health and that is uniquely poised to address challenges presented within the pandemic. 8. APRNs need to be willing to meet the needs/take the salary in rural communities and other places with lack of access. 9. More data is needed to demonstrate the outcomes we are working towards.	
Potential Implementation Approach	**Potential Impact on Profession**
1. Federal and state statutes and regulations support full practice authority for all APRNs in every state. 2. Enlarge coalitions that work together to enact legislation and include consumer groups (Better Business Bureau, AARP, Farm Bureau Americans for Prosperity). 3. Recruit consumers to speak of the need for APRNs.	1. Increased access to care for a greater number of patients. 2. Improvements in quality and cost. 3. Facilitate passage of APRN Compact bills.

4. Recruit influential nurses such as Lauren Underwood, Mary Wakefield, Lois Capp. 5. Utilize research from the pandemic moving forward.	
Potential Lead(s)	
1. Role groups: AANP, AANA, CNMs, NACNS 2. NCSBN 3. ANA	

Innovation

Mapping & Managing the Spread

Build a nationwide trusted, reliable, and accurate model and approach for tracking and preventing the spread of a virus / pandemic.

Challenges / Failures

1. Tracking processes do not limit redundant positive test results.
2. Inadequate public health department resources to conduct adequate contact tracing. (Access issues, lack of adequate kits, marginalized communities)
3. A percentage of positive cases are asymptomatic and may not be tested.
4. There is no single source of trusted information to then engage the populace with prevention and further tracing.
5. The pandemic became politicized and affected the national response.
6. Major lack of infrastructure and coordination to respond to the pandemic.
7. Not everyone is eligible to be tested and as such, asymptomatic individuals are not encouraged to get tested.
8. Follow through was not present from the district health authority.
9. There were missed opportunities for partnerships within states and across counties.

Successes

1. Greater availability of testing.
2. Cost of testing is federally covered
3. Many states have been transparent with community transmission data.
4. New collaborations have provided innovative pilot work.
5. Apps have been developed quickly that have aided in implementation.
6. Activation of professionals to help in hotspots
7. Community based organizations partnerships. (CVS, FedEx/UPS, etc.)
8. CVS testing is convenient and accessible.
9. Nursing students were utilized for contact tracing

Implications & Opportunities

1. Expand nursing workforce relative to contact tracing.
2. Utilize furloughed staff for contact tracing. (Proactively using nurses in different ways)
3. Allow nursing students' clinical experiences to be completed/fulfilled through contact tracing activities.
4. Utilize nursing students to provide COVID-19 testing. (Engage the full range of possibilities of utilizing nursing students)
5. Maintain a readiness to respond
6. Decrease the digital gaps present in rural vs. urban populaces.
7. Develop curriculum specifically geared towards contact tracing
8. Public health infrastructure
9. Vaccination rollout

Potential Implementation Approach

1. Nursing prelicensure programs provide opportunities for students to complete clinical work via contract tracing.
2. Increased funding for public health departments including technology, updated software, etc.
3. Bring forward best practices that can be disseminated.
4. Build trust by providing correct/accurate information from individuals to the contact tracer.
5. Link accuracy and privacy to regulations.
6. Collaborate with tech experts in mass communication.
7. Get buy-in from social media platforms and strategize based on targeted audiences.

Potential Impact on Profession

1. Improved disease contact tracing
2. Improved (better and more reliable) data
3. Allow for a more focused quarantine/isolation protocol.
4. Provide clinical care opportunities for students who have been shut out of their clinical experiences.
5. Stronger partnerships and interprofessional collaboration
6. Improved planning decision making and execution
7. Enhanced influence as experts
8. Public health infused within nursing education

8. Conduct contact tracing via social media or social app. 9. Focus on targeted messaging beyond contact tracing. 10. Leverage the trusted nursing platform to deliver vaccine messaging.	9. Foster a trusting relationship with the general public and the federal government.
Potential Lead(s)	
1. Collaboration with private sectors 2. Federal government 3. Community leaders within local governments, teachers, clergy, etc. 4. State health departments 5. Schools of nursing and their community partners 6. Health systems 7. State and National professional organizations	

Innovation

National Compact for Telehealth Reimbursement

National model and standards for telehealth.

Challenges / Failures	Successes
1. Getting all states and territories to agree on one model language. 2. Getting 26 states to join the compact in a two-year period (Required time frame to trigger compact effectively). 3. Ongoing implementation of a compact when there are 50+ different nuanced policies within state governments. 4. Financial implications for state licensing boards (loss of revenue). 5. Partisanship and labor issues in nursing advocacy; labor union opposition. 6. New licensure system implementation challenging during COVID-19. 7. Array of COVID-19 temporary regulations nationwide. 8. Changing attitudes on occupational regulation by conservative champions. 9. Education for nurses/employers on implications of NLC when seeking adoption in new states; meeting people where they are.	1. Having 24 of the original 25 NLC states enact the eNLC language and participate in the compact. 2. Initially getting several new states to participate in the compact showed that the changes made to the original NLC were necessary. 3. 20 years of successful compact administration 4. 34 states have joined the compact since implementation, with several states seeking to join. 5. Multistate licensure and NLC was successful in facilitating nurse portability during COVID and should be leveraged for adoption in remaining holdout states. 6. NLC facilitates telehealth and has been beneficial during the pandemic.

Implications & Opportunities

1. Be a resource to other health care professions in developing their own compacts
2. Ensure that national and state nursing groups understand the compact and are then able to advocate for it at national and state levels
3. Work to have all states and territories participate in the NLC.
4. Leverage new states join they as a way to pressure neighboring states to join the compact as well.
5. The profession must be engaged during Implementation challenges, particularly during COVID-19, because otherwise changes may create problems for licensees (ie Indiana implementation; CBCs and fingerprints; nurse name change; switch to multistate license).
6. Engage DoD and military families due to their support of compacts.

Potential Implementation Approach	Potential Impact on Profession
1. Work with nursing unions to help them understand the compact and eventually advocate for it. – IDEA: get a union to endorse the NLC 2. Use the experiences during the pandemic to exemplify why the compact is a useful tool to have in place during disaster situations. 3. Have professional nursing organizations better promote the compact. 4. Leverage student nurses (as the future of nursing) and education programs to advocate for NLC. 5. Engage untraditional organizations – consumer groups (AARP), patients, etc.	1. Have a flexible and mobile nursing workforce to address possible nursing shortages. 2. Facilitate the growth of telehealth, meaning better access to care for the public. 3. A shared sense of public protection across the country, breaking down pre-existing barriers within state legislation. 4. Facilitating online nursing education, allowing students to gain a nursing education regardless of location. 5. Address the underserved communities and social determinants of health accurately. 6. Expedite the shift from an illness model to a wellness model.

Potential Lead(s)
1. Union leadership and union nurses 2. Consumer organizations (AARP) and patients 3. Regulatory boards can do a better job leading the fight for the NLC 4. Hospitals, payers, and corporate health care industry (those with lobbying resources)

Innovation

Surge Capacity

Build hospital and ICU capacity that balances elective services with care related to an ongoing surge or emergency response

Challenges / Failures

Consistent process across all organizations and nationally (NAM Surge Capacity)

1. **Systems**
- Broader system communication, partnerships, and interconnections
- Communication
- Lack of information and understanding of the disease
- Capacity of organization
    - physical space
    - human resources/staffing
    - ability to disseminate information internal to organization and community
- Financing of healthcare

2.Staffing
- Staff Layoffs or Furloughs
- Organizational assessment for cross training or redeployment
- Plan, back up staffing, change staffing models, and mobilizing workforce
- Staff exposures to COVID-19 workforce impacts
- Support of staff stressors
- Presence of leadership

3.Space
- Lack of safe spaces for staff within organization and physical spaces

4.Supply
- Lack of PPE and other resources

Successes

1. **Education**
    - Just in time training and team nursing approaches allowed nurses to provide care outside of their normal practice areas
2. **New Models**
    - Tele-Health Care/Phone
    - Travel Staffing
    - CRNA Running C19 Floors
    - Due to the cancellation of elective surgeries, CRNA's were able to provide care in critical care areas
    - Med Students and Nursing Students
    - Triaging of Staff for Reallocation
    - Academic Medical Center – Students being deployed ore removed by Universities
    - Activating Nursing Executive
    - Partnerships and Communication

Implications & Opportunities

1. Initiate nurse led drive to create consistent language and standards around surge capacity (resources below)
    - IOM
    - National Academy of Medicine
2. Build robust demographic profiles of all staff including resources and data (sources below):
    - Bureau of Labor Statistics
    - State Boards of Nursing
    - WHO
3. Assessment of community or regional needs, services, care needs by health facility, system, and region (real time)
4. Access to actionable data and information
    - Adapt and design new care models
    - Target emergent C19 community/group needs
    - (e.g. JH C19 Dashboard)
5. Ensure nurses are included across preparedness continuum and interprofessional disaster and response teams
    - Rapidly expand practice and care needs (e.g. CRNA overseeing interprofessional teams on C19 units)

- Match skill level to of workforce current, re-entry) “step over, step up”
- Expand capacity of nurses (hire across a level of care, service, versus a unit).

1. Nimble workforce
   - Apply lessons to students

Potential Implementation Approach	Potential Impact on Profession
1. **NAM letter calling for the adoption and immediate adoption for the crisis standards of care – nursing has not signed on to this mandate to date.** a. Get State Governors to sign b. Workforce Impacts 2. **Communication** a. ability to disseminate information internal to organizations b. across communities 3. **Student Engagement** a. Clinical placement challenges b. Augment capacity issues c. Address broader public health need d. Increased understanding of their importance 4. **Nursing Dashboard (State Model Feeds to National Database)** a. Understand national workforce data in real time b. Status licensure, vaccine, experience c. Support mutual aid, load balance between organizations d. States are overwhelmed, different systems, disconnected e. National Council State Board of Nursing (has some data) f. Interoperable and accessible during emergencies	1. Better projection of workforce needs, consistency across healthcare systems nationally 2. Influence and advocacy at local to national/policy level 3. Gives schools of nursing better leverage – become an issue that you can advance. Early way for students to transition into the profession. 4. Essential worker force Increased ability to respond to crisis

Potential Lead(s)
1. Tri-Council Organizations 2. State Boards of Nursing, National Council of State Boards of Nursing

Innovation

Next Generation Nursing Education	
Nursing education that overcomes the limitations of face-to-face programs while concurrently providing innovative clinical placements.	
Challenges / Failures	**Successes**
1. Nursing programs shifting to virtual over the course of a week. 2. Practice facilities closed for student nurse clinical experiences. 3. Lack of resources/support available to faculty for creating alternate teaching/learning strategies. 4. Increase/decrease of applications for Fall 2020 semester. 5. Likely decrease of state funding to nursing programs. 6. Need for faculty professional development 7. Decrease in NCLEX scores (Q3) 8. Lack of use of telehealth partnered with restrictions regarding the use of telehealth services. 9. Inconsistent regulation of nursing education programs nationwide. 10. Limited or no clinical experiences available to nursing students. 11. Great concern about turnover from new nurses to nurse executives.	1. Faculty collaborated with each other, other programs, nursing practice and NRBs to quickly make changes. 2. Practice/Academic Partnerships have developed around the country as one solution to this crisis, and this collaborative model can continue after COVID-19. (In AONL's COVID-19 study; only 2% saw practice/academic partnerships as a top priority.) 3. Many innovative teaching strategies were developed that can be used in the future. 4. Nurses have received positive press throughout the pandemic. 5. Virtual simulation has been utilized to continue training while not in person.
Implications & Opportunities	
1. Utilize nursing students for vaccine administration, patient triage and testing. 2. Conduct research on the outcomes of the alternative teaching models that have been used during COVID-19. 3. Develop programs/resources/guidelines for faculty so that they are prepared to use alternative teaching models. 4. Provide evidence-based strategies for educators on crisis management. 5. Focus on competency-based assessments, no matter the mode of instruction. 6. Spending on nursing education (public/private messages) funded by the government and private sector. 7. Essential worker	
Potential Implementation Approach	**Potential Impact on Profession**
1. Provide nursing education programs with the equipment to conduct simulation learning. 2. Quantify the appropriate ratio of sim to clinical hours (refocus to competency vs. ratio) 3. Translation of models of alternative teaching strategies that educators could easily use, particularly those that are cost effective. 4. Create collaboration strategies for sharing innovative ideas across nursing programs globally, practice partners, and NRBs. 5. Establishing deeper dialogue with leadership and organizations (seamless understanding of what kind of nurse is needed to respond to evolving health care demands for benefit of population).	1. Focusing clinical instruction on outcomes. 2. Increased practice readiness of new graduates. 3. Faculty are prepared with alternate, effective teaching strategies. 4. Educators and practice partners collaborating in the education of nursing students. 5. Responding to society's needs for health care. 6. Diversity

6. Spending on nursing education (public/private messages) funded by the government and private sector. Two or three top priorities. (Title VIII)	
Potential Lead(s)	
1. Tri-Council 2. Johnson & Johnson 3. Corporate partners 4. American Association of Community Colleges and Universities presidents	

Innovation

Virtual Teaching & Learning

Use distance learning technology to optimize and support a student-centered approach for high quality learning, in the classroom, home, and clinical settings.

Challenges / Failures

1. Shut down of clinicals
   - Clinicals done outside hospitals
   - Clinicals done in shortened time period (ie to finish before Thanksgiving)
2. Schools of nursing not prepared to "go virtual"
   - Funding, resources available for students, private/public
   - Schools that are in-person limited to space and socially distancing requirements
3. Students may not have resources to attend school online.
   - Access to wifi; "techquity"
4. Quality of teaching gets impacted
   - Challenge for teachers who were strictly in-person
   - Purchased additional tools to assist
   - On-line training in prep for the teachers
   - ON-LINE Fatigue for everyone—faculty and students

Successes

1. Innovation of teaching deliverables such as virtual simulation.
2. Student resiliency
3. NurseHack4Health clinical credit
4. Teaching in person re-vamps occurred because of the on-line teaching
5. Students serving as contact tracers and getting clinical time for
6. School has a radio station—community outreach as part of Pop Health
7. Teaching style is different and Learning styes are different: students can review videos/take notes and repeat information--

Implications & Opportunities

1. Analyze virtual simulation quality data
2. Meet the technology needs of students and staff
3. Collaboration with telehealth sector (TECH SECTOR)
4. New areas of curriculum could be developed—IT, health policy, pop health, health equity. Could national associations provide content for schools (ie webinars, recorded conversations).
5. More research on traditional clinical and simulation settings—typical split is 50/50 is that still necessary in some states. Need data to support. Every state is different.
6. Compact state licensure – more availability to allow for traveling, virtual, etc. Pandemic may push states to look at this more closely.

Potential Implementation Approach

1. Capital technology projects to adapt to new distancing realities.
2. Train faculty to adapt to virtual changes.
3. Provide students in need with technology resources
4. Collection of data of current experience and research around simulation v. virtual simulation
5. Participate in the May 14-16th Virtual Hackathon: NurseHack4Health (free; exposure to tech and solutioning/design thinking for faculty and students).
6. Consider free educational resources like AI in Health: Leading through Change for Nurses and Doctors—and provides continuing education credit.
7. DON'T REINVENT THE WHEEL

Potential Impact on Profession

1. Improvement of virtual education modalities
2. Increased engagement from faculty and students
3. Reduction of clinical placement shortage
4. Better prepared new graduates
5. Greater access to more relevant content, and content that not currently addressed like IT and Innovation

Potential Lead(s)

1. Improvement of virtual education modalities

2. Increased engagement from faculty and students 3. Reduction of clinical placement shortage 4. Better prepared new graduates 5. Greater access to more relevant content, and content that not currently addressed like IT and Innovation

Inter-Professional Emergency Planning & Response

Consumer Communication

Timely, accurate and consistent information that creates trust and corrects misinformation with healthcare consumers

Challenges / Failures

1. Lack of consistent messaging on mitigation strategies
2. Lack of trustworthy voices communicating to consumers
3. Continually evolving information, especially hard for nurses who were attempting to educate patients/public (novel nature of the virus)
4. Eroding of trust in science (WHO, CDC) and leading voices, mixed messages
5. Failure to be inclusive of other groups (e.g. some religious groups)
6. Information sharing needed in other languages & with cultural sensitivity
7. Needing to focus on the psychological impact
8. Vaccine distrust

Successes

1. Partnership with other leading national health care organizations to collaborate on messaging to the public.
2. At all levels, recognition on essential workers, being in this together, identifying how all are contributing, media messages on positive responses
3. Sharing across organizations on resources in order to amplify the work and benefit from expertise
4. Nurses stories amplifying the challenges & compassionate care for patients

Implications & Opportunities

1. Partner together to develop and amplify coordinated consumer messages
2. Partner with consumer-oriented organizations to support message development and amplification.
3. Leverage consumer trust of nurses to improve disaster response and outcomes.
4. HCP scope of practice: highlight what nurses actually do and how they have done it well during pandemic (acute care, telehealth)
5. Continue to partner among disciplines especially as it relates to SOP battles
6. Sharing w/ patients about virus, care. Highlighting nurses in this work.
7. Vaccine hesitancy among nurses and how this will impact communication w/ consumers. How to support nurses to move beyond vaccine hesitancy.
8. Partnering w/ community leaders to improve communication.

Potential Implementation Approach

1. Engage in message development.
2. Partner with consumer-oriented and community-based organizations to reach diverse populations
3. Partner with media organizations to inform work.
4. Partner across nursing orgs in order to “speak with one voice” (including sharing resources)
5. Engage with nursing students to drive the message & peer-to-peer sharing (including use of social media)

Potential Impact on Profession

1. Strengthen the partnership between nurses and consumers.
2. Increased knowledge by consumers about what nurses’ roles, responsibilities and practice
3. Increased knowledge by consumers re health issues
4. Education: ensuring that graduates have the competencies & competence to carry out this consumer engagement
5. Increased nurses’ confidence & competence to deliver
6. Leverage social media for health promotion and education. Students/nurses partnering to develop and influence.

Potential Lead(s)

1. ANA (collaborative with Org Aff/NOA)
2. AACN/NLN (education aspects)
3. AARP?
4. Other consumer organization that is broad based Media space?

5. K-12 community-based organization?
6. NAACP?
7. Community health centers?

Inter-Professional Emergency Planning & Response

Rapid Research-Practice Application

Rapid translation and deployment of research and new information into practice for an effective emergency response and afterwards into general practice.

⚠ Challenges / Failures

1. Cacophony of information, uncertainty, confusion and delay of scientific evidence.
2. Workforce safety, first focused on hospitals, needed to be linked to community sooner, missed opportunities across other settings ie schools
3. Preparation of workforce – disruption of clinical education
4. Researchers pulled to service roles, limited ability to generate evidence
5. Lack of interoperable data systems, duplication of reporting, national translation
6. Lack of Inter-professionalism preparation
7. Rapid deployment of evidence to the front line

★ Successes

1. Pivot to integration of technology into practice and education
2. Information disseminated in academic arena to prepare future workforce
3. Public image of nursing in response to the pandemic
4. Improvement in nursing practice care that contributed to better outcomes, i.e. proning
5. Use of masks, PPE
6. Inter-professionalism
7. Importance of humanism reinforced

☑ Implications & Opportunities

1. Establish key relationship for communication
2. Integrate disaster preparedness into curriculum
3. Regulation response to disaster response
4. Flexibility in cross training from community to complex care.
5. Advance virtual reality practice opportunities based in evidence-based practice.
6. Rapidly identify and share best practices.
7. At all levels of education – focus on interprofessional care teams
8. Mine meaningful roles for learners, staff
9. Develop models of education that are not dependent upon acute care orgs
10. Emergency planning
11. Emotional Support and mental health models to support staff
12. Funds earmarked to support research in this area, nursing care, interprofessional care models
13. Identify role nurses play in education of the public
14. Appropriate crisis communication – creates a sense of confidence in the information, connected to health information
15. Education of roles played by team members across the continuum
16. Include specialty orgs related to PH and Disaster Preparedness
17. Summarize the new best practices that have arisen.
18. Many lost opportunities occurred, need for an organized approach to advance care

Potential Implementation Approach

1. Coordinate effort to improve bi-directional communication between academic and practice to generate and share evidence
2. Support and expand inter-professional educational programs that already exist
3. In clinical practice domain, how to support inter-professional relationships
4. Champion the success of clinical models (tell the stories) (like HHS promising practices)

Potential Impact on Profession

1. Nursing workforce prepared to respond throughout the disaster cycle (ICN competencies)
2. Innovative strategies are integrated into practice and education across IP care model
3. Utilize evidence to address regulatory support of disaster and general care delivery
4. Nursing's public image is elevated
5. Enhance the role of all levels of nursing to participate/lead in policy, planning, implementation

5. Establish the disaster preparedness competencies (level 3)	6. Promote and enhance increased evidence and research that will improve care in the future
Potential Lead(s)	
1. NCSBN – (student focus) partnership with schools and clinical settings 2. AACN/AONL committee 3. Tri-Council could partner with (IPEC) (30-35 orgs) to further enhance the conversation about inter-professional care 4. Council of Public Health Nurses Organizations	

Inter-Professional Emergency Planning & Response

Rapid Resource Mobilization

The ability to rapidly mobilize healthcare ecosystem resources (e.g., health systems, schools, universities, associations, etc.) around the nature of a healthcare threat or emergency.

⚠ Challenges / Failures

1. The need for rapid preparation of a workforce to care for patients: evolving understanding of the disease process and its treatment requires frequent education/updates (high risk and vulnerable populations: geriatrics, people of color, people with physical or mental challenges).
2. Supply of critical care personnel requires expanding the skills/knowledge/abilities of those who normally do not work in critical care settings
3. Staffing emergency, mobile hospitals, long term care, home care settings at beginning of pandemic.
4. National Strategy for deploying critical resources with an equity lens.

★ Successes

1. CARES Act funding to the healthcare ecosystem (Health Systems, Schools, Universities, hospitals)
2. Working with National Governor Association to identify strategies to ensure adequate current and future workforce.
3. Telehealth barriers reduced and reimbursement established; improving access to primary care/specialist.
4. Improvements in scope of practice for advanced practice.

☑ Implications & Opportunities

1. Develop flexible staffing infrastructure and robust pandemic/emergency/disaster plan that is regularly reviewed and communicated to stakeholders
2. Engage with regulators to develop best practices to ensure competence in times of emergency
3. Advance the national licensure compact to facilitate movement across borders'
4. Equitable access to technology, broadband and telehealth to bridge the digital divide.
5. Improve Public Health Systems – investments in people, systems and technologies.
6. Work on removing stigmas from populations, addressing the 'isms (racism, ageism etc.) that create challenges in mobilizing and responding.
7. Recognize and include all care settings in community care, homecare, schools, acute care, post acute care; creating a responsive, inclusive and adaptive network of resources.
8. Students and new clinicians transitioning to practice in the pandemic and endemic situations will be different.
9. TREAT Act to establish seamless processes for clinician during national emergencies.
10. Trans-professional model of care that reduce silo and barriers between professions, top of competency work and Teamwork.
11. Single database for licensing.

Potential Implementation Approach

1. Robust national models for mobilizing and cross-training nursing resources to cover care needs.
2. Education resources to support disaster response and competencies.
3. Courageous solutions to eradicate injustice and health inequities through sustainable actions and change (Racism, Ageism, Sexism etc.)
4. Advocate for all states and districts to join nursing licensure compact.
5. Keep the reduced barriers for telehealth and improved reimbursement models.

Potential Impact on Profession

1. More resilient nursing and health care workforce
2. Better preparation and outcomes from disaster response across all healthcare environments
3. Improve mobility of workforce
4. Decrease costs for managing complexity of systems
5. Amelioration of 'isms

Potential Lead(s)

1. Tri-Council, NSNA, AANC, Organized Labor

2. SADN, ANA, Organized Labor 3. NAACP, HRC, Macy Foundation, Common Wealth Fund, RWJF. Templeton Foundation, W. K. Kellogg Foundation, AFL-CIO, Employers, CCNA

Inter-Professional Emergency Planning & Response

Responder Communication

Timely, accurate and consistent information based on science that aligns nursing, medical and healthcare organizations around a crisis response.

⚠ Challenges / Failures

1. Minimal communication from higher level government of decisions coming down the line
2. Everchanging Executive Orders
3. Conflicting information from various political leaders, health departments, national and international sources.
4. Frequently changing guidance re: COVID-19, PPE, etc.
5. Lack of coordination and collaboration related to public health infrastructure which led to a lack of congruent response
6. Trying to understand what the overall state of members is/was: use of masks, selective surgery, operational practices, etc. This was different depending on location- global communication was not clear vs. what the states were sharing
7. Communication with members to determine their wellbeing and how they could be assisted
8. Resource allocation- using parking ramps for hospital sites, not having clear guidance on where/when to utilize resources
9. Multisystem issues arose- what resources to purchase, who should be in charge with securing supplies, how quickly changes can be implemented and how those changes impact facilities

★ Successes

1. Communication with stakeholders is so important during this time, started in March doing a weekly (now bi-weekly) electronic newsletter that is emailed to stakeholders and available on our website. The newsletter covers important points or changes that have occurred. Received many positive comments on this communication tool. It is also shared via social media.
2. Developed regional collaboration between academic programs, healthcare orgs and public health systems to coordinate the same responses and expectations moving forward
3. Within organizations-access to resources and communication strategies put some ahead of others (individual vs. funded organizations)
4. Able to leverage corporate capacity to produce necessary resources such as PPE, ventilators, hand sanitizer, and distribute where it was necessary at critical facilities
5. PSA's/Social Media: having information widespread assisted in garnering assistance and volunteers

☑ Implications & Opportunities

1. Leadership at all levels: Crisis communication - be first, accurate, and credible. Be empathetic. Science based focus
2. Need for a national response plan based on science and flexibility to address regional surges. Consistent and cohesive public messaging and leverage mandates (mask wearing) as appropriate to contain the spread of the virus.
3. Increased collaboration across nursing, medical, and other healthcare organizations to work toward a common goal. For example, many organizations were developing guidance for the care of the COVID-19 patient. A collaborative effort would support interdisciplinary practice, save time and resources, and create a consistent message.
4. National single source of information, the US is great at support after the fact, but not very good at planning, implementing and sustaining improvement.
5. National and statewide database for tracking resources- know how much and where resources are needed and prioritize accordingly
6. Workforce mobilization, review trends from the course of the pandemic to understand allocation of the available workforce
7. Leverage PSA's from a Nursing organization POV to garner additional assistance/help from the general public
8. Flip the conversation from a political perspective to a scientific, nursing perspective: unite to promote a unified voice for communication regarding any future issues that
   - Determine a trusted voice for emergency responses
   - Individual organizations were utilized but in piecemeal - Tri Council should come together

Potential Implementation Approach	Potential Impact on Profession
1. Identify a clear communication source (platform) • Engage with state and federal emergency management and public health planners. • Educate health team members on the standard emergency management and public health response communication strategies. • Drive from a unified voice so that messaging will be consistent, understandable, and from a trusted source • Create an open line of communication across professions • Clear collaboration across all groups of people and healthcare organizations to drive the message • Have a consistent update from information source, linking information sources that is readily available and accessible. • Created in a consistent and understandable manner in multiple languages for ease of access and implementation. 2. Create a toolkit (playbook at the higher levels) that can be made readily accessible for nursing organizations to assist with communicating across infrastructures	1. Consistent messaging that the nursing workforce can trust. 2. More effective workforce 3. Short- and long-term plans to utilize 4. Build trust among nursing and healthcare organizations so that important updates and changes are not missed 5. Trust across nation: organizations, responders, consumers, etc.
Potential Lead(s)	
1. Secretary of health and human services 2. Statewide stakeholders-Public Health Systems? 3. Nursing stakeholders	

Inter-Professional Emergency Planning & Response

Supply Chain Effectiveness

Ability to deliver sufficient supply and resupply of Personal Protective Equipment (PPE) and other medical equipment needed throughout a response without national or local shortages.

⚠ Challenges / Failures

1. Access to appropriate PPE
2. No national coordination plan
3. Using PPE in ways that were previously prohibited, and adjusting to changes in what supplies are provided
4. Frequently changing guidance re: COVID-19, PPE, etc.
5. Moral distress related to changing and conflicting information/reuse and resources need to do the job
6. Efficacy of alternate sources of PPE/counterfeit – no quality control
7. Access and distribution to testing materials – variation in process and issue of cost
8. Communication of changing standards and centralize authority sources
9. System for vetting
10. Price gouging
11. Students expected to provide their own PPE

★ Successes

1. The reuse of PPE through ultraviolent sanitation; conservation of PPE supplies through an organized system of tracking supplies.
2. Locally made/supply of PPE within certain communities goal of ensuring health care workers safe access to needed supplies
3. Better recognition of care sites besides hospitals and sensitivity
4. Donation of procurement platforms that increased access
5. Nurses were behind some of the innovations that led to the conservation of PPE
6. Research of effective use of PPE
7. People coming together
8. Nurses asserting themselves under the pressure of visitation policies for dying patients

☑ Implications & Opportunities

1. Engage and play a leadership role in consistent disaster response and pandemic preparedness
2. Research the implications of re-use strategies for PPE, especially N95 respirators. Researching the effectiveness of alternative PPE supply sources
3. Develop a plan for alternate PPE sourcing/manufacturing
4. More standardized training
5. Assess national and regional stockpile needs – advocacy for a regional strategy
6. Need nurses to actively participate in educating the community
7. Nurses be a part of regional and state government advising team

Potential Implementation Approach

1. Engage with nurse member of Biden-Harris taskforce and advance ideas from the group as a whole (1)
2. Make sure a nurse on the disaster-preparedness taskforce and other infection prevention committees and policy committees at different levels (organizational, local, regional, national) (9)
3. Utilize nurses to deliver standardized message around COVID prevention to the public (3)
4. More standardized training and cross-training (including disaster preparedness) (5)
5. Developing a plan for alternate PPE sourcing/manufacturing (9)

Potential Impact on Profession

1. Safer nursing workforce

Potential Lead(s)

1. ANA
2. NLN
3. AACN

Mental Health & Wellbeing

Long-Term Mental Health Impacts

Evidence-based approaches for addressing PTSD and other mental health challenges that develop over time following emergencies and pandemics.

Challenges / Failures

1. Burnout, anxiety, depression, PTSD, moral distress and moral injury are impacting nurses everywhere
2. Lack of an integrated strategy and resources focused on supporting the mental, behavioral and moral health of nurses during the pandemic
3. Shortfall of sufficient resources available to those who need them most following the crisis (lack of sustained investment) and a lack of workforce preparation for future crises including strategies for wellbeing & ethical competence
4. Curricula and textbooks for students and practicing nurses is deficient related to resilience, wellbeing, and ethical practice, particularly during crisis situations

Successes

1. Some resources and recommendations provided by individual organizations like the ANF's Well-Being initiative, APNA's Managing Stress & Self-Care for Nurses, and AHNA's Nurse Resilience Series.
2. Various research reports and articles in both academic and popular press raising awareness of the issue.
3. "Safe space breakout rooms"
4. Current ANA pulse surveys to detect key indicators of well-being

Implications & Opportunities

1. Document the prevalence and consequences of the acute & chronic stress, distress, and degraded wellbeing on nurses and the workforce—ST and LT
2. Conduct research on best practice approaches for dealing with the long-term mental, behavioral and moral health effects of the pandemic
3. Develop programs to provide free and/or easy access to mental health resources. Provide evidence-informed psychological support, well-being and moral resilience recommendations and programs
4. Develop systemic interventions to address root causes of negative and detrimental outcomes to nurses and the workforce; Implement the NAM recommendations
5. Remove the stigma and impediments to access and utilization of mental and behavioral health resources-–ie licensure, employment, certification, insurance coverage
6. Shift focus to developing wellbeing—physical, psychological, moral, spiritual well-being as an outcome measure of success
7. Curate diversity of resources that address the sources of degraded well-being and integrity using methods that are culturally congruent and adaptative to a variety of settings.
8. Change the narrative by using healthcare journalists to tell the alternative story instead of individuals asking for help on social media
9. We need increased investment in resources (funding) from diverse sources including federal, state and local government, and philanthropy. This includes a foundation collaborative to support a national initiative.
10. Curricular reform to include relevant content related to resilience, wellbeing, and integrity

Potential Implementation Approach

1. Identify effective, feasible strategies and interventions aimed at building nurses' resilience and integrity to meet the challenges of their work, particularly during times of crisis
2. Develop a scalable model for providing and delivering mental and behavioral health services to nurses and other frontline workers

Potential Impact on Profession

1. Healthier, empowered and effective nursing workforce
2. Improved recruitment and retention to support a sustainable workforce
3. Evidence based research to inform new approaches to education, practice and policies related to mental, behavioral and moral health that improve health

3. Curate and expand availability of diverse resources to support wellbeing and integrity of nurses/students across all roles, specialties and educational programs 4. Change the narrative about nurses' role in the public's health and engaging media in shifting the perspective of the public and other key stakeholders	outcomes of the overall population by addressing health inequities and ethical complexities 4. Expand wellbeing and ethical competence of nurses to enable innovative solutions to address systemic factors that improve overall readiness and preparedness for future events.
Potential Lead(s)	
1. Tri-Council, professional nursing organizations (state and national), and regulatory agencies 2. Federal government agencies such as Health Resources Services Administration, CMS, Center for Medicare Medicaid Innovation, CDC, 3. Robert Wood Johnson Foundation, Johnson & Johnson, and other philanthropic organizations and industry partners (CVS, Walgreens, etc.). Ideally a consortium of funders dedicated to advancing this work.	

Mental Health & Wellbeing

Mental Health & Wellbeing During a Crisis

An integrated strategy and resources focused on supporting the mental, behavioral, and moral health of nurses during prolonged emergencies and pandemics.

Challenges / Failures

1. Burnout, anxiety, depression and PTSD impacting nurses' health, wellbeing, and ability to deliver quality care
2. Lack of integrated strategy and comprehensive resources focused on mental health
3. Lack of self-care – nurses and students have embraced a culture of not recognizing or prioritizing mental health/well-being
4. Limited access to resources/services
5. Nurses felt unprotected/unsafe - PPE, lack of trust, taking on most of risk compared to other HCWs
6. Limited evidence on nurses' mental health and well-being
7. Limited content on mental health and self-care during education/training

Successes

1. Some resources and recommendations provided by individual organizations like the ANF's Well-Being initiative, APNA's Managing Stress & Self-Care for Nurses, and AHNA's Nurse Resilience Series.
2. Various research reports and articles in both academic and popular press raising awareness of the issue.
3. "Safe space breakout rooms"

Implications & Opportunities

1. Conduct research on best practice approaches for dealing with the long-term mental-health effects of the pandemic
2. Develop programs to provide free and/or easy access to mental health resources
3. Provide evidence-based psychological support self-care recommendations and programs
4. Assist profession in re-framing professional identity to develop intra-professional identity to enhance interprofessional practice/responsibility
5. Promote vertical alignment from C-suite to frontline to embrace culture of safety and wellness
6. Refer to quality & safety literature to translate established tools/mechanisms (e.g., huddles) to promote mental health and well-being in nurse work environments
7. Research to evaluate the effectiveness of shared governance or another mechanism to incorporate and value nursing's voice during a crisis
8. Reform nursing education to better incorporate mental health content and skills/competencies related self-assessment, situational leadership, design-thinking, etc. to enhance nursing practice and ability to recognize, address, and promote mental health and well-being in the workplace
9. Develop practical mental models for nurses to utilize in support of individual mental health/well-being.
10. Establish a campaign to change the narrative and re-frame concept of burnout to revitalization – define, self-assessment, engage, offer strategies – through a convening of frontline nurses in collaboration with leading experts within and outside of nursing in the fields of mental health, psychology, etc.

Potential Implementation Approach

1. Integrated strategies and approaches based on evidence that outlines essential interventions
2. Scalable model for providing and delivering mental health services to nurses and other frontline workers
3. Re-frame language and create cultural congruency
4. Develop curricula and build faculty capacity to integrate concepts related to systems thinking, self-assessment, mental health and well-being (coping skills development, self-care, managing moral distress, etc.)

Potential Impact on Profession

1. Healthier workforce
2. More effective workforce
3. Evidence based research informs new approaches to education, practice and policies that support greater community health
4. Building a culture of safety, resilience, and systems thinking

5. Develop practical mental models for nurses to utilize during a crisis to promote well-being 6. Eliminate regulatory practices and policies that penalize nurses from identifying mental health issues and accessing mental health services	
Potential Lead(s)	
1. NCSBN 2. Academic-practice partnerships 3. National Center for Interprofessional Practice and Education at the University of Minnesota	

Nursing Workforce

Dynamic Care Team Models

The capability to manage highly effective care teams through flexible staffing, cross-training, and diversity in ways that optimize quality and effectiveness across social and clinical settings.

Challenges / Failures

1. Workforce shortages and surge in patients
2. Barriers with regulations that would provide flexibility
3. Overworked staff who became overloaded
4. Staffing: Finding and rapidly deploying staffing models that leverage existing critical care expertise to provide safe and effective care
5. Lack of support from professional nursing community (not in clinical practice; no longer clinically competent); (e.g. practice hours required for APRNs)
6. Furlough nurses in particular areas vs. using them
7. Disaster plan, but no pandemic plan – chronic vs. acute crisis
8. Staffing model based on average daily census (vs. acuity, or variations)
9. Any system that does not include assessment of social situation; not giving nurses ability or context to understand SDoH that should be part of plan of care
10. Did not optimize use of nursing students

Successes

1. Greater use of telehealth
2. Create flexible staffing models - includes being ready to prepare staff for new roles, to redeploy staff across different units or even hospitals.
3. Change rigidity of shift hours, be ready to switch from "primary" to "team" approach to spread expertise.
4. Better communication within teams
5. Use of a tiered staffing model to leverage critical care expertise and the contributions of team members who do not normally work in critical care settings
6. Rather than furlough, team-based models using nurses not utilized in areas (e.g. perioperative areas, RTs; secondary responsibilities)
7. Rush System includes assessment of SDoH and flags for follow up
8. Curricula based on antiracist pedagogy

Implications & Opportunities

1. Learn from new models that worked during pandemic
2. Demonstration that greater diversity within teams was effective: ensure diversity and inclusivity in decision-making teams at all levels (unit, hospital, state and federal). This means professional diversity (representation from nursing and from allied health) as well as gender, cultural, ethnic diversity.
3. Address long-term care staffing issues; Lack of appropriate triage at the community level; poor coordination of healthcare systems and little integration of the subacute setting, long-term care, assisted living/care settings into emergency/disaster planning
4. Require clinical hours as well as CNE?
5. Pairing nurses in different roles on regular basis upon hire (e.g. inpatient nurse with ambulatory care nurse)
6. Proactive training of HC workers for alternate roles in team models of care in crisis
7. Incorporate into EHR questions that relate to SDoH; issues flagged for follow up; ensuring nurses understand how SDoH
8. Nurses need to be more comfortable working with other sectors (housing, food, transportation – help them understand health aspects of social issues and vice versa
9. US PH service cadet corps (1940s) – look at reconstructing (using nursing students to assist in return education paid for)

Potential Implementation Approach

1. Include SDoH in nursing curriculum
2. National publication of compilation of best practices (service, education, regulation; students in the workforce; new grads)
3. Aligning this work with upcoming FON
4. Better communication within teams and hospitals and nursing schools
5. Removal of barriers that impended care delivery

Potential Impact on Profession

1. Improved care for patients
2. Empowerment towards a greater efficiency of nurses. More capacity for care
3. Rethink and redesign how we educate future health care workers, i.e. use of virtual learning, focus on public health and prevention, more emphasis on interprofessional collaboration

6. Have an effective contingency staffing plan 7. Ensure adequate nurse workforce 8. Replication model pairing nurses (Cincinnati Children's Hospital) 9. Longer term: Reinstitute Nursing Corp (requires federal funding) SDoH: Integrate SDoH in EHR	
Potential Lead(s)	
1. AONL HIMMS incorporate SDoH in EHR 2. Education: AACN, NLN, OADN, NCSBN 3. National organizations: Service: AHA, AONL, ANA, Regulation: NCSBN, Education: AACN, NLN, OADN, NCSBN 4. RWJF, TriCouncil, QuadCouncil, AAN, The Nursing Community	

Nursing Workforce

Public & Population Health Linkages

Nursing curricula and staff training that is anchored in public and population health issues and concepts.

Challenges / Failures	Successes
1. Lack of real-time collection and dissemination of clear, evidence-based public health data to nurses 2. Inability to quickly re-design curricula and staff training due to limited or conflicting information 3. Guidance has been ever changing, not consistent message between science and regulators, confusing for providers and educators; how to validate accurate information 4. We do not look at public and population health in staff training; person centered is good, focus is on individual and mandatory system training, but not clients as a population 5. Health care system is fragmented and siloed; need to collaborate more effectively across disciplines; lack of coordination of many different entities to provide EB 6. How can we have a repository of information we can draw on; base level public health knowledge for all health care providers 7. Financial component: health care institutions in trouble due to inability to do more lucrative procedures, which limited their available resources 8. Lack of technology; moving towards telehealth, but resources lacking; need openness for licensing across state lines 9. Need more public health content, not individual focused care in communities, but traditional public health 10. Fragmented beliefs in public; politicized public health knowledge	1. HCP stepped up; volunteered, moral basis of practice was apparent, even at great personal risk/sacrifice 2. innovations on the fly; learned and developed care modifications quickly 3. a percentage of the public has done well with public health precautions; good media messaging 4. Collaboration to learn; identified challenges and addressed them along the way; learning for now and for future; 5. We realized our vulnerability and did disaster planning, need coordination at government level; move that forward into education.

Implications & Opportunities

1. Define accepted, single source of objective public and population health data to inform curricula and training design
2. Virtual education and simulation works for nursing; apply these lessons learned for future educational changes
3. Develop inventory of health care workforce/resources, to help us plan for addressing health care needs on a broader national scale
4. Collaboration and development of communication principles to educate population on health-related issues, in regular matter
5. Core public health education across all health care professions
6. Support public health infrastructure
7. Enhance nursing leadership in public health
8. Public health education for existing health care providers; CE
9. Financial principles of how to cope in the next pandemic to support the health care system

Potential Implementation Approach	Potential Impact on Profession

1. Identify communication source to be the voice of trusted public and population health data for the health care professions, ex CDC, JHI, NYT collation 2. Define accepted, single source of objective public and population health data to inform curricula and training design 3. Virtual education and simulation works for nursing; apply these lessons learned for future educational changes 4. Develop inventory of health care workforce/resources, to help us plan for addressing health care needs on a broader national scale 5. Collaboration and development of communication principles to educate population on health related issues, in regular matter 6. Learn from the pandemic and use disaster prepared ness model to maintain support for the public health infrastructure to prevent future occurrences 7. Enhance nursing leadership in public health 8. Public health education for existing health care providers; CE; opportunity for nursing re-entry (clinically)	1. Ability to rapidly design and implement new curricula and training during a crisis 2. Ability to provide higher quality care during a crisis 3. Able to impact public health outcomes 4. Ability to mitigate the crisis and minimize harms 5. Impact needs to be on the health of the public, not just the professions
Potential Lead(s)	
1. Nursing Education organizations (NSNA, AACN, NLN) 2. Other health professions education organizations 3. NCSBN to support educational changes 4. All nursing organizations need to be involved	

Nursing Workforce

Workforce - Patient Safety

Ensure the safety of the inextricably linked nursing workforce with patients through PPE, real-time information, and application to ensure timely, quality care, infection control and prevention.

Challenges / Failures

1. No ability to ramp up appropriate PPE and supply leading to shortage and reuse. Poor products in circulation exacerbated this issue.
2. Inconsistent and conflicting clinical information and guidance from governmental agencies, experts and political leaders
3. A pause in reporting of safety measures and lack of staff to report or oversee - need for more staff creating unsafe environment
4. Politicization of public opinion being an impediment and influencing how care provided.
5. Absence of family and visitors during this time.
6. Acceptance of workforce harm as collateral damage during the pandemic
7. Life pressures of workers

Successes

1. Opportunity for greater input by nurses with innovative ideas and approaches
2. Flexibility in staffing models – double edged sword and can be a driver to burnout and other issues
3. Increased awareness of infection prevention and control opportunities - Increase adoption of hand hygiene
4. Energy to address inequity in light of issue
5. Increasing attention and knowledge of research
6. Greater appreciation of nurses and profession, leadership ability and value of nursing. Importance of their expertise.

Implications & Opportunities

1. Highlight models of success and explore them for greater use today or during non-pandemic times to improve care delivery.
2. Opportunity to permanently embrace better infection prevention practices.
3. Maximizing nursing so the profession is practicing to the highest level of its education
4. Supporting nurses during this time with education and resources.
5. Ability to effectively engage and manage patients virtually in care coordination, transition management and self-care management.
6. Importance of flexible state law and rules for licensure
7. Worker and patient harm should be tabulated in same place
8. Inability to track inequities effectively. No system to analyze.
9. Reimbursement approach to nursing – nursing needs to be more visible in all this
10. Shortage of nurses in key areas such as nursing homes and other areas
11. Need greater voice for workforce when there are issues. Need greater voice when evidence-based approaches available.
12. Nurses group to work with other for combined voice and role.

Potential Implementation Approach

1. Streamline regulation – national approach to support the removal of state-based model for nursing licensure
2. Commitment by supply chain to increase and improve production capabilities for PPE
3. Real-time reporting systems – federal investment to build and expand its use
4. Account for harmed patients and to workers - leadership who advocate and demonstrate patient and worker safety
5. Finding a different way to measure nursing workforce needs

Potential Impact on Profession

1. Greater opportunities for nurses to care for patients and operate at higher level
2. Regulations that protect the public and nurses
3. Nurses must be represented at the government level and be involved in policymaking to consider safety, job hazards, access to PPEs/tools to support their work and hazardous wage compensations
4. Importance of safety – a significant reduction of harm

6. Infusion needed for workforce – repair and rebuild for the future. Build overall infrastructure.	
Potential Lead(s)	
1. CMS 2. Accreditors 3. Healthcare leaders 4. Purchasers and third-party payers	

PRE-SUMMIT SURVEY

Pre-Summit Survey

The Pre-Summit Survey helped uncover the initial list of themes and topics that were then revised and updated during and after the Virtual Summit.

RESEARCH METHODS

A 10-question survey was developed and implemented to collect data through Survey Monkey. The survey was sent to 277 individuals in various organizations as identified by Tri-Council for Nursing summit leadership. Survey recipients represent the nursing workforce from the perspective of education, policy, and practice. The purpose of the survey was to collect information on the impact of the COVID-19 pandemic on the US healthcare workforce, specifically, nursing.

A topic modeling approach was implemented to analyze survey responses using several techniques and tools such as Survey Monkey reporting, NVIVO, Excel, and ATLAS.ti 8.

RESULTS ANALYSIS

A total average of 70 respondents participated on the survey. This represents a 25+% response rate out of the 277 survey recipients. Through the analysis of each question, a total of 6 themes and 22 topics were identified for both reporting purposes and guided content of the Tri-Council for Nursing summit on December 3, 2020. Additionally, each topic was categorized as a nursing issue specific to the current pandemic, the nursing profession, or both.

Below is the list of themes and topics identified and a summary analysis of each survey question findings.

Theme	Topic	Pandemic	Profession
Inter-professional emergency planning and response	**Incorporating Research and Evidence into Practice**	**X**	**X**
Inter-professional emergency planning and response	**Cascading Communication for Responders**	**X**	
Inter-professional emergency planning and response	**Mobilizing Response Resources**	**x**	
Inter-professional emergency planning and response	**Supply Chain Challenges**	**X**	
Inter-professional emergency planning and response	**Communication with Consumers**	**X**	**X**
Equity and Health Equity	**Determinants of Health in Education and Practice**		**X**
Equity and Health Equity	**Culturally Informed Care through overcoming Implicit Bias and Ensuring Social Justice**		**X**
Equity and Health Equity	**Healthcare Access for All**		**X**

Ethics	**Nursing Duty to Care for All Patients**	**X**	
Ethics	**Self Care and Professional Competence Dilemma**	**X**	
Ethics	**Ethical Guidelines during a Crisis**	**X**	
Innovation	**Pedagogy in a Virtual World**		**X**
Innovation	**Practicing at full scope**		**X**
Innovation	**Mapping the Spread**	**X**	
Innovation	**Creating surge capacity**	**X**	
Innovation	**Expanding access to education**	**X**	**X**
Innovation	**National compact for reimbursement & telehealth**		**X**
Mental Health and Wellbeing	**Mental Health and Wellbeing**	**X**	
Mental Health and Wellbeing	**Long-Term Mental Health Impacts**	**X**	
Workforce	**Safety**	**X**	
Workforce	**Care Team Models**		**X**
Workforce	**Public and Population Health Information**		**X**

FINDINGS SUMMARY PER QUESTION

Question: What have been the top three greatest overall challenges in effectively responding to the COVID-19 pandemic?

Summary

A total of 207 inputs were provided from 70 respondents for this question. Each respondent was asked to identify up to 3 challenges faced during the COVID-19 pandemic. Respondents were not asked to rank their responses in order of importance and hence the responses were analyzed as a single group (n=207). NVIVO was used to support the analysis.

Through a series of analysis techniques, results showed emerging themes of challenges such as *Workforce availability, Change and Uncertainty, Mental Health Support, Equipment, Maintaining Services, and access.* Additionally, auto coding of the responses resulted in the generation of 24 themes a synopsis of these themes A to X can be viewed in Table 1.

	A : Access	B : care	C : changing	D : clinical	E : communication	F : critical care	G : education	H : emergency	I : graduate	J : health	K : healthcare	L : issues
Q5 Top 3 Challenges	3.62%	5.76%	3.05%	5.67%	2.8%	3.05%	7.54%	2.69%	3.15%	2.74%	2.71%	2.73%
	M : Lack	N : licensing	O : nursing	P : planning	Q : practice	R : settings	S : staffing	T : students	U : supporting	V : system	W : worker	X : workforce
	3.74%	2.49%	12.94%	2.85%	3.78%	3.47%	7.29%	4.73%	4.28%	2.84%	4.26%	1.84%

Table 1: Autocoding of themes relating to the top three challenges identified by respondents

To examine whether there was alignment with pre-determined themes (ethics, equity, communication, innovation, and mental health), determined by the Tri-Council for Nursing leadership, a text search using broad generalization was conducted. First, the average and Standard deviation of scores given to the themes was calculated. Table 2 illustrates that communication & transformational change being the most important theme.

All Data	Ethics	Equity	Innovation	Mental Health	Communications
Average	3.10	2.91	3.06	2.65	3.23
St. Dev.	1.45	1.47	1.48	1.22	1.41
Regulators	Ethics	Equity	Innovation	Mental Health	Communications
Average	2.59	3.45	3.00	2.96	2.87
St. Dev.	1.56	1.47	1.54	1.15	1.32
Educators	Ethics	Equity	Innovation	Mental Health	Communications
Average	3.09	2.36	3.18	2.64	3.73
St. Dev.	1.38	1.36	1.47	1.57	1.19
Practice	Ethics	Equity	Innovation	Mental Health	Communications
Average	3.67	2.89	3.44	2.00	3.00
St. Dev.	1.12	1.62	1.42	1.00	1.58
All Sectors	Ethics	Equity	Innovation	Mental Health	Communications
Average	3.35	2.69	2.92	2.62	3.42
St. Dev.	1.41	1.41	1.52	1.17	1.47

Table 2: Average and Standard Deviation of rankings given to the 5 predetermined themes

As can be seen the Aggregate data and the data from those respondents that identified themselves as representing all three domains Practice, education and regulation rank the priori themes in the same order. In the case of analysis by the three domains different priorities to emerge. Note that small standard deviation scores indicate consistency of views.

Question: What is a noteworthy example of "innovation" that shows how to successfully address the significant challenges brought about by the pandemic?

Summary

A total of 69 inputs were provided for this question. ATLAS.ti 8 was used to support the analysis and codes (themes) were determined by analyst through commonalities in responses. Nine categories were identified based to the repetition of words and concept similarities as determined by an analyst.

CATEGORIES OF NOTEWORTHY EXAMPLES OF "INNOVATIONS"	SAMPLE SIZE
TECHNOLOGY (TELEHEALTH, TELEWORKING, VIRTUAL OPPORTUNITIES, REMOTE LEARNING ETC.)	n=29
LICENSURE	N=11
WORKFORCE (CAPACITY, STAFFING, ETC.)	N=9

STUDENT CLINICAL HOURS/EXPERIENCES	N=7
OTHER	N=10
HEALTHCARE (SERVICES, DELIVERY, ACCESS, CARE, PPE, ETC.)	N=9
PROTOCOLS, POLICIES, AND PROCEDURES	N=8
PARTNERSHIPS AND COLLABORATIONS	N=4
NONE	N=5

About 42% of total inputs provided an example of innovation in relationship to technology such as transitioning to a virtual environment to provide care or run operations. Furthermore, about 16% of examples provided referenced nursing licensure which included the Nursing Compact, emergency licenses for retired or recent graduates and the expansion of practice of active nurses.

Summit Focus Areas

Regulation Examples of Innovation

- Addressing policy issues to ease advanced practice nursing clinical practice restrictions and allowing for nurses to work at the top of their licenses and certifications to the full extent of their education and training
- Created a free 90-day Emergency limited license to allow retired or inactive nurses to get back into practice safely and swiftly.
- Issued a provisional temp license to new grads; application, fee, and transcript made them eligible to test (or at least schedule it, since there was a backlog) while allowing the nurse to enter the workforce due to the pandemic and shortage

Education Examples of Innovation

- innovative virtual simulation to count as clinical hours at undergraduate level, telehealth work for students at undergraduate and graduate level.
- Using nursing students for public [health] education, contact tracing, Covid 19 testing.
- Adjustment in assessing competencies mid semester to complete required coursework.

Practice Examples of Innovation

- Leveraging the use of technology to deliver patient care ie. digital care rounds for patients and families; use of digital treatment platforms, expansion in the use of telehealth to deliver care in the patient's home.
- Use of "care zones" to conserve PPE supplies and reduce the burden of donning and doffing.
- CARES Act funding was used in a school district to purchase a mobile van that delivered school health services to students in their communities. Vaccines, mental health checks, vision and hearing screenings are provided to students where they live and play.

Question: What are the top three lessons from the COVID-19 pandemic that the nursing profession should remember and apply to the future when it comes to practice, education and/or regulation?

Summary

A total of 188 inputs were provided from 62 respondents for this question. Respondents provided 3 options each. This report used excel and a word cloud software to analyze the raw the data and identified 14 overarching themes within

the context of regulation, education, and practice. From the overarching themes, more than half of respondents mentioned “flexibility” and “training”.

Using a topic modeling approach on Excel, 14 overarching themes were identified from 188 inputs:

Theme	Count	Total	Per respondent
flexibility	41	21.81%	65.4%
training	33	17.55%	52.7%
safety/ppe	22	11.70%	35.1%
clinical placement	17	9.04%	27.1%
Communication	15	7.98%	23.9%
telehealth	13	6.91%	20.7%
innovation	13	6.91%	20.7%
collaboration	12	6.38%	19.1%
mental health	9	4.79%	14.4%
funding	3	1.60%	4.8%
diversity and inclusion	3	1.60%	4.8%
evidence	3	1.60%	4.8%
Dedicated response team	3	1.60%	4.8%
ethics	1	0.53%	1.6%

More than half of respondents expressed that “flexibility” and “training” are the top lessons learned in relationship to regulation, education, and practice. Next, between 20% and 35% respondents alluded to “safety/ppe”, “clinical placement”, “communication”, “telehealth”, “innovation” and “collaboration”. Notably, one in six respondents mentioned “mental health” as a top lesson.

<u>Summit Focus Areas</u>

Regulation Lessons

- Flexibility in relationship to laws and legislation that present barriers for nurses, and student nurses, to work to the full extent of the education, training, and licensure.
- Require states to participate on the Nurse Licensure Compact and advance nursing mobility.
- Advocacy and communication to voice nursing issues and have a seat the table with decision-makers.
- Policy makers to provide necessary resources and funding for public health crisis.

Education Lessons

- Innovation in nursing education to carry out classes and clinical experiences.
- Have a plan for clinical placements when students are not allowed.
- Teach about SDOHs, diversity and inclusion as it relates to pandemic management.
- Maintain engagement and competency levels.

Practice Lessons

- Promote interprofessional collaboration within healthcare and partnerships with other sectors.
- Plan for staff safety and resource allocation to have enough PPE.
- Provide emergency preparedness training and provide flexibility for standard procedures.
- Recruit and retain staff.
- Provide and promote telehealth services and get appropriately compensated.

Question: What are top issues that must be addressed in the future to ensure greater responsiveness and effectiveness for future pandemics and/or in a world post-COVID related to the following topics (please be as specific as possible)

Summary

A total of 68 inputs were provided for this question and Excel was used to analyze the data. An average of 86.47% of respondents indicated a top issue within the pre-determined topics: ethics, equity & social justice, innovation (Technology & new ways of doing things), mental health & well-being, and communication & transformational change. The topic that received the most responses was innovation (63) and communication the least (53).

Summit Focus Areas

Regulatory Top Issues

- Expansion and funding of telehealth.
- Minimize the digital divide and promote technology equity across education and practice.
- Consistently demonstrating how science and evidence drive policy and decision-making improves trust and adherence. Implementing a framework such as the Healthy Work Environment Standards in public health institutions and federal agencies may help this goal.

Education Top Issues

- Expansion of education access and resources.
- Public health policy.
- Re-training of faculty to maximize use of technologies.

Practice Top Issues

- Address supply chain barriers to increasing production and ensuring appropriate distribution to areas in need.
- Streamlined process for data collection from hospitals about their capacity.
- Mental health offerings.

Question: For these five items, prioritize them by the overall importance for the future of the nursing profession: Ethics, Equity & Social Justice, Innovation (Technology & new ways of doing things), Mental Health & Well-being, Communication & Transformational Change.

Summary

A total of 71 inputs were provided for this question. Participants ranked the provided pre-determined topics and Survey Monkey reporting was used to analyze the answers. The top issue was mental health and well-being with a score of 3.35 and last issue was communication and transformational change with a score of 2.72. The prioritization was relatively even across respondents and topics.

	1	2	3	4	5	TOTAL	SCORE
Ethics	21.43% 15	12.86% 9	25.71% 18	17.14% 12	22.86% 16	70	2.93
Equity & Social Justice	21.43% 15	25.71% 18	12.86% 9	20.00% 14	20.00% 14	70	3.09
Innovation (Technology & new ways of doing things)	22.54% 16	16.90% 12	16.90% 12	21.13% 15	22.54% 16	71	2.96
Mental Health & Well-being	21.13% 15	25.35% 18	28.17% 20	18.31% 13	7.04% 5	71	3.35
Communication & Transformational Change	14.08% 10	19.72% 14	16.90% 12	22.54% 16	26.76% 19	71	2.72

Question: Within the context of meeting changing needs and recovery from the crisis, what are the top three specific opportunity areas for the nursing profession to address the problems you mentioned through focusing on innovations in nursing education, nursing practice, and regulation?

Summary

A total of 201 inputs were collected from about 68 respondents. Each respondent was asked to provide 3 areas of opportunity for nursing through the lens of education, practice, and regulation. Results show consistency with previously stated challenges, lessons learned pre-determined themes.

Summit Focus Areas

Regulatory Opportunities

-

Education Opportunities

-

Practice Opportunities

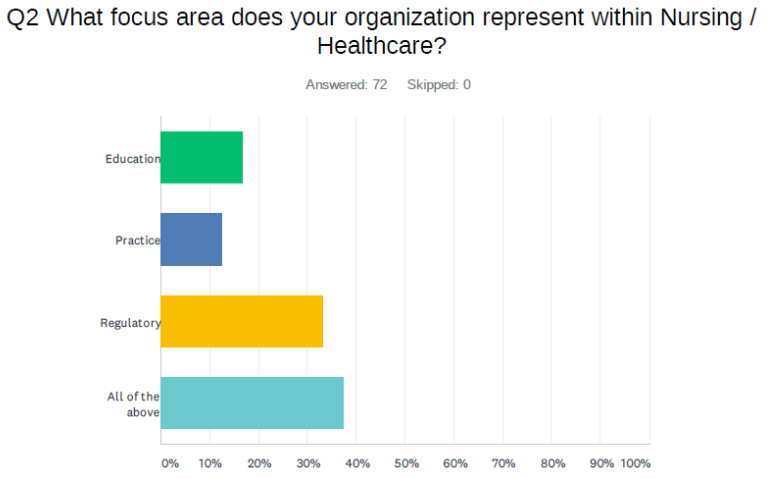
-

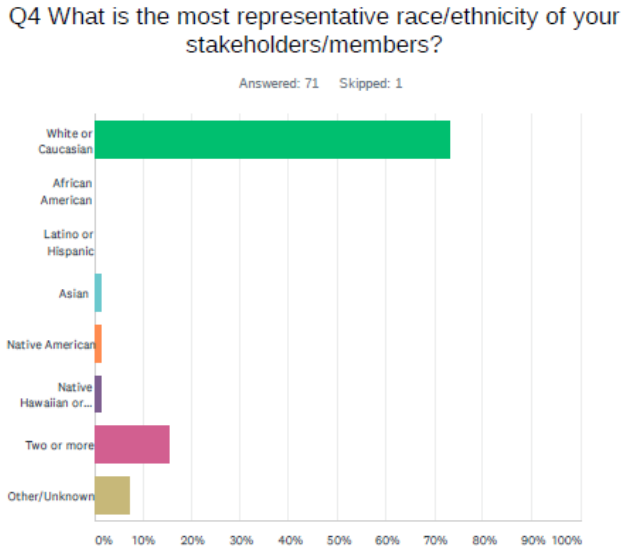
Demographics

The first three questions of the survey were intended to collect strategic demographic information of the stakeholders the survey participants represent. A total of 72 inputs were collected for these questions. Results show that 37.5% of

respondents represent education, practice, and regulation within healthcare/Nursing. The second largest group is regulatory, which is the focus area of 33.33% of respondents.

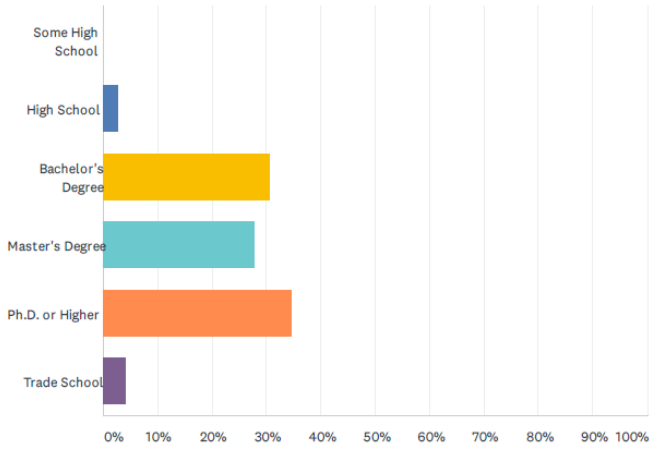
Furthermore, majority (70%+) nursing/healthcare stakeholders represented are White/Caucasian and (90% +) hold a bachelor's and above.





Q3 Select the highest education level that best describes your stakeholders/members

Answered: 72 Skipped: 0



ANSWER CHOICES	RESPONSES	
Some High School	0.00%	0
High School	2.78%	2
Bachelor's Degree	30.56%	22
Master's Degree	27.78%	20
Ph.D. or Higher	34.72%	25
Trade School	4.17%	3
TOTAL		72

ABOUT THE TRI-COUNCIL FOR NURSING

The Tri-Council for Nursing

About the American Association of Colleges of Nursing
The American Association of Colleges of Nursing (AACN) is the national voice for academic nursing representing more than 840 schools of nursing nationwide. AACN establishes quality standards for nursing education, influences the nursing profession to improve health care, and promotes public support of baccalaureate and graduate nursing education, research and practice. For more information, visit www.aacnnursing.org.

About the American Nurses Association
The American Nurses Association (ANA) is the premier organization representing the interests of the nation's 4 million registered nurses. ANA advances the nursing profession by fostering high standards of nursing practice, promoting a safe and ethical work environment, bolstering the health and wellness of nurses, and advocating on health care issues that affect nurses and the public. ANA is at the forefront of improving the quality of health care for all. For more information, visit www.nursingworld.org.

About the American Organization for Nursing Leadership
As the national professional organization of more than 10,000 nurse leaders, the American Organization for Nursing Leadership (AONL) is the voice of nursing leadership. AONL's membership encompasses nurse leaders working in hospitals, health systems, academia and other care settings across the care continuum. Since 1967, the organization has led the field of nursing leadership through professional development, advocacy and research that advances nursing leadership practice and patient care. AONL is a subsidiary of the American Hospital Association. For more information, visit AONL.org.

About NCSBN
Founded March 15, 1978, as an independent not-for-profit organization, NCSBN was initially created to lessen the burdens of state governments and bring together nursing regulatory bodies (NRBs) to act and counsel together on matters of common interest. It has evolved into one of the leading voices of regulation across the world.

NCSBN's membership is comprised of the NRBs in the 50 states, the District of Columbia, and four U.S. territories — American Samoa, Guam, Northern Mariana Islands and the Virgin Islands. There are three exam user members. There are also 27 associate members that are either NRBs or empowered regulatory authorities from other countries or territories. For more information, visit www.ncsbn.org.

Mission: NCSBN empowers and supports nursing regulators in their mandate to protect the public.

About the National League for Nursing
Dedicated to excellence in nursing, the National League for Nursing is the premier organization for nurse faculty and leaders in nursing education. The NLN offers professional development, networking opportunities, testing services, nursing research grants, and public policy initiatives to its 40,000 individual and 1,200 institutional members, comprising nursing education programs across the spectrum of higher education and health care organizations. Learn more at NLN.org.

*American Association of Colleges of Nursing, the American Nurses Association, the American Organization for Nursing Leadership, the National Council of State Boards of Nursing, and the National League for Nursing.

About the Process Leader

InnovationPoint, a boutique consulting firm led by Dr. Soren Kaplan, operationalized the vision of the Tri-Council leadership and provided end-to-end management of the process, facilitation of the Virtual Summit, and development of this final report.

Dr. Kaplan is a bestselling and award-winning author, an Affiliate at the Center for Effective Organizations at USC's Marshall School of Business, the Innovate Columnist at Inc. Magazine, and the Founder of InnovationPoint and upBOARD. Business Insider and the Thinkers50 have named him one of the world's top management thought leaders and consultants. Dr. Kaplan can be reached at www.innovation-point.com or innovation@innovation-point.com.