





And here's the silver lining, there's always a silver lining. The projections that I've presented here this morning are not static, but rather manipulable outcomes based on the decisions that policymakers make today and in the near future. The presentation of these critical results in the panel discussion that will follow serve as an urgent call to action to tailor policy solutions aimed at fostering a more resilient, sustainable, and safer U.S.

nursing workforce. Not only now, but in the future. So, with that and without fnpu292ft65e0 G[So, with

They need to have a different environment. Those working nurses need a different environment today that is safer, that is more flexible, that is more supportive. I think of those early career nurses who need mentoring more than ever before, and they also believe that when you look at the math, we do not have enough registered nurses and LPNs to continue with the care delivery models that we have had in the past.

They just aren't enough. It calls for us to really look creatively at how can we provide excellent, high quality safe care in a different way.

- Thank you. And I'd like to open this up to the other panelists as well because this is such an important question to begin this discussion with.

- Sure. I'd like to add to Gay's comment here, is that as you are hopeful that this is an opportunity to really take a look at what we're doing in the care delivery system to address this particular issue. This is not just a nursing issue. This is as in the report a healthcare system issue. We're like the canaries in the coal mine here alerting the world that this is a particular issue here.

This also is a great time for innovation for us to take a look at what we've been doing, how we've been doing. But it's important for us to think about not just short-term solutions, but what are the long-term impacts of whatever we do here, and importantly, keeping the focus on patient care outcomes and also on the well-being of our staff.

So, I think lots of opportunities to innovate as long as we think not just about bodies in a place, but again, the care that they're able to deliver. I also think this is an opportunity to elevate the care system that we do. I think many times people devalue the work that nurses and other caregivers give.

We're so stuck on the procedures and the high-tech components. A lot of that has to do with the financing as well. But we're more than a cost center. We really are the oxygen of the healthcare system and we need investments in that area.

- Thank you. Rayna - I agree with everything that's been said already. And I would like to add and really emphasize what you're hearing is a call for systematic changes and what that really means, because I think people will hear us say we need systematic changes but not quite understand what that is.

And when you mention changing the environment, making sure that our nurses have a safe place to go to work is going to be extremely important. And making sure that we have a culture change within the nursing workforce. Since before the pandemic, we have research and evidence from the American Nurses Association and the Healthy Nurse Healthy Nation campaign that about two-thirds of nurses report they put the needs of others ahead of their own.

And that's something that nurses are known for doing. We care for our patients more than we take care of our own needs, and we cannot continue to pour from the empty cup, as the saying goes. So, really putting some culture changes and making environments changes that allow nurses to care for themselves so that we're healthiest to be able to care for our patients and our communities.

- And Robyn.

- Yes. I'd like to add a few things. First of all, my co-panel is so well said. Some of the work, you know, and before I start, actually, Dr. Martin, thank you for leading this really important study because these are, I think, for representing those in practice.

I mean, this is what our nursing leaders and our nurses have been, you know, have been experiencing for the past two years. So, the numbers that you shared really do validate what you know, anecdotally, we've been studying or what we've been hearing, rather, the AHA/AONL, we're not beginning our work right now. We've been working for several years.

In fact, there's wonderful resources. But the work for this year, 2023, I think if I just review the topic areas, it will really tie into what's been said. So, the priority areas for the AHA Workforce Task Force in collaboration with AONL is culture of work, including work environment, well-being, safety, mental health, work, and workflow changes, and how to lead transformation.

Second topic is care model exploration. And as Tony said, you know, it's really studying outcomes for the long-term quality safety, you know, patient experience, staff engagement, of course, as well as the economics of the model and scalability. The third topic is workforce planning.

And I think this study really adds to that body of knowledge. What data do we need for the future? I think it's easy to extrapolate if we think about the "old model of care." But when we have to redefine what we're going to be needing in the future with new models, it gets a little more complicated. And finally, messaging the healthcare career.

So, it's really important for our, you know, for our communities to understand that healthcare nursing is has been a lifelong profession for me that I am so proud of. And yes, we know we have, you know, I'm the eternal optimist, but we've got lots that we have to improve and transform.

But it is such a meaningful career, and not just nursing, really any healthcare career. Real quickly, I'd like to note that AONL is doing deep dives on the role of the nurse manager, the frontline nurse manager, and also inventorying and assessing those innovative care models that we know have been developed over the course of the pandemic.

What's good for the future? What was an innovation that really needs to evolve and change? And the use of technology is really key here as well. Thank you.

- Thank you. Representative Blunt Rochester.

- Yes. Well, first of all, I want to say thank you so much for having me at the table. I think one of the main issues that I hear when I think about even the record and the data that's shown is that nurses need to be seen. One of my concerns is that we already had these challenges before the pandemic, and the pandemic just exacerbated it and accelerated.

I've talked to nurses in my state. We've had nursing roundtables. My g-201get37(w)6e7(know)6(ha7ve7(be)13e7h ] ]

And so, us as a society, as a country, recognizing that things like affordable housing, things like, you know, child care and elder care and caregiving are also important, as well as making sure that you have the tools that you need. I love some of the words that were said before safety, flexibility, the supportive environment, mentors.

But data is also so important, which is why the work that you have done and what you're showcasing helps me and other policymakers really do the work we need to do. I'm proud that we passed the Lorna Breen Act that allowed, you know, really focused on...here's a doctor who in the heat of the pandemic was so stressed, got COVID, came back to work, and was embarrassed to talk about her own stress and therefore committed suicide.

And so, we as policymakers, number one, need to see you. Number two, need to understand the data and the impacts. And as we talk about workforce planning, I was secretary of labor in Delaware and head of state personnel, as well as deputy secretary of health and social services. So, I think we already have an aging population as a country.

So, for me, this conversation is very important. I'm looking forward to us talking about some of the silver-lining strategies that we can employ. But I want you to know as a silver-lining piece, that even our work is bipartisan. And I think people need to have some hope that your work, what you're putting forward, is going to have real and lasting impact.

I'll turn it back over to you.

- Thank you so much. Well, some of you have spoken about new models of healthcare. What might that look like?

- I think when we look at, again, the numbers, we have to make sure that we are using this precious resource of registered nurses really well and looking at how can we relieve them of some of the work that they have been responsible for but really doesn't require the registered nurse.

That's part of the analysis, understanding that. Other, I think, other caregivers need to be a part of that team supporting the registered nurse. Our models in the past, often, the registered nurse was caring for a group of patients, for instance, in a hospital or an emergency room largely by themselves.

We really are going to have to use teams of people coming around the registered nurse. It was mentioned by one of the other panelists that we now have technology that can help bring together members of the team that previously it was more challenging. So, for instance, we know that we need more mentoring of a young workforce.

They're asking for it. They're needing it. They're showing by the numbers that they're leaving nursing at an alarming rate. We can bring experienced registered nurses who perhaps can no longer hike up and down the floors or lift patients or do some of the heavy physical work.

But we can bring them in through technology to be a part of the team, to help mentor early career nurses to be a part of decision-making, sharing their wisdom and their knowledge, and helping develop those who are early in their career. I think those are all pieces of this.

- Yeah. And just to let you know how important one of the things that you said about support care workers, this is a strategic initiative for NCSBN. We're going to be looking at that and how we

strengthen the support care worker, their competencies. And so, they are prepared to support registered nurses and the LPN as well.

- So, if I could just add to that, in addition to supporting our ends, we learned a lot in COVID. We had to make a lot of adjustments in terms of the responsibilities of care workers. And one of the things that's important is that nurses and all healthcare providers are able to work at the top of their license, and sometimes that's restricted within hospital systems.

Sometimes that's regulated by states. And again, that just causes a lot of bureaucracy and unneeded oversight. So, those are things that need...and I know Gay can talk other... that work in the health system and talk about that more tangibly. But that is an issue that we know that we're hearing from our health system partners.

- And we need policymakers to listen to that because we have legislation throughout all the states really to get advanced practice nurses working at the top of their license. And there's a lot of opposition to that. Rayna, do you have anything to add?

- I would. I would like to add from a workforce development point of 5dJET00.00000912 W let o(2017)rp of pof 5d.







I'm excited and I will announce that our bill will actually be in the health subcommittee hearing next week. And for me, that's a really incredible start and portion of what the work is that we have to do. But I'm glad and just check out next week. It'll be in the health subcommittee.

- Well, thank you so much. We'll be anxious to see that. I would be remiss if I did not turn this topic now to nursing education. Our nursing students were hit very hard and suffered consequences during the pandemic. Antonia, what can we do now moving forward to prepare our nursing students for the challenges that lie ahead and the workforce?

- Sure. First of all, I think from the survey results, it's not a surprise that students don't feel clinically ready to enter the healthcare system. Any graduating nurse from the beginning of time will tell you they don't feel that they have those clinical skills ready. Certainly, it was exacerbated during COVID when they didn't have the same opportunities, but they were provided with incredible opportunities.

I mean, to be able to practice population health in the middle of a pandemic and see the leadership and innovation of nurses was absolutely phenomenal. We had students placed in settings that we had never imagined before, working hand in hand with our healthcare system partners, I think specifically one condition is how do we support the nurses and healthcare providers that were on the frontlines of COVID.

One of the nurses and other folk decided to do a hotline for people that anybody could call during the pandemic to talk them through whatever happened. And this was a great training opportunity for our nurse practitioner students. So, again, opportunities that they had never had before. That being said, we've talked a lot about the academic practice partnerships.

Those are absolutely key. We're fortunate at Penn working with our academic health partners and others in the community that we have a robust partnership and we speak regularly about what is it that we need to do on the education side to make sure that our students are practice ready. On the other hand, we get feedback from our components, from our practice partners to ensure that we're providing the skills that are needed and also help students in the transition.

I think Robyn mentioned before that we are looking at nursing as well as other healthcare professions as this is lifelong learning and we have to be able to prepare and to be able to support nurses at whatever level they are at, to inform them of what other opportunities there are to both improve the practice that they have, as well as to be able to take a look at other components.

We also take a look at what we're doing in our education setting to make sure that we are, again, looking at practice-ready components. So, one of the things that we have done that causes our grads a lot of angst isn't necessarily in the assessment skills, but it's in the use of technology. The electronic health record is one.

We are one of the few schools that prepare students in the use of the electronic health record that's used in our health system. And so, reW\*ñBTt0



They don't feel as prepared as they need to. We have objective evidence that also supports the competency level of new nurses has declined over the past 15 years as healthcare organizations are becoming more and more complex and our patients are becoming more sick, we have to look at innovative strategies to better prepare the nursing workforce, but then to support them once they're there.

The transition to practice programs or nurse residency programs are an innovative solution that can help to better prepare these new nurses for the complex healthcare organizations in which they will work. I think it's really important also to go back to and thank the representative for the work you're doing to bring state and federal collaboration together and making sure that we continue both the National Forum of State Nursing Workforce Centers and the NCSBN working together to say what's happening nationally and taking those deep dives into the state data to be able to look at the evidence and then be able to build our solutions based on the evidence.

So, when we're looking at our national levels of the new nurses and their turnover rates after year one or year two, is that the same in most states? Is it even the same within the states and geographical areas? And making sure that we're building all of this out based on our evidence.

- So, let's turn now to the state. Several of you have mentioned that, what is important at the state level, what do we need to do? What type of policies laws do we need to enact? What do you want to tell your policymakers, your legislators at the state level?

- I would say that I lead a health system that is across 26 states. And so, I regularly am dealing with needing to look at every single state's laws and regulations before I can explore, for instance, an innovative care delivery model and enacting that in different places.

I have to figure out how a nursing assistant is not allowed to work in the hospital in some states or an LPN is not allowed to do a whole set of patient care in this state and that state, but they can in another state. It's very complex. And the variation between the states and the regulation within the state will impede our ability to figure out new ways to provide care in this situation that we're in with not enough caregivers.

We have to do that work. But it's much more difficult when we have all of these varying regulations between the states and within the state. So, I urge flexibility, we had it to a much higher degree during the pandemic. We saw what we were able to do quickly to care for our population in the U.S., but it's because some of those restrictions were loosened just a bit safely, but loosened a bit to allow us to be creative and explore some new things.

We need that flexibility desperately.

And that causes...it may be a short-term solution, but without the right planning and the right articulation of these programs to ensure that there can be progression of these students into other healthcare careers is a concern of mine.

- May I build on that?

- Sure.

- Thank you. So, at the state level we definitely identify the nursing shortage and some people may think it's an easy fix. If you need more nurses, just produce more nurses. And I think that we all understand it's so much more complex than that. And so, if we are opening new programs to increase the capacity of nursing students so that qualified candidates aren't turned away from our programs, we have to also look at the contextual factors or the complexity surrounding that.

And so, how do we ensure that the new programs are of quality and meet maybe an accreditation standard is going to be very important. And then also looking at the number of faculty that are available to be able to train these new nurses as we're increasing the capacity of the pre-licensure students and the pre-licensure programs. We have a nursing shortage the evidence supports.

We also have a faculty shortage. And it is very, very difficult to be able to recruit faculty members into those vacant positions for several reasons. A lot of times we just don't have enough qualified candidates at the credentialing level that's needed to be able to teach in these programs. And also, the salary is not competitive for those nurses who have the increased credentials to allow them to teach, identified their expertise.

The salary is not competitive, especially in the public schools.

- They would have to take a pay cut in many cases. I have really talented nurses who would be excellent faculty, but they would have to take a significant pay cut in order to teach. And that's an impediment.

- And, you know, I want to talk about too, when we talk about at the state level licensure, 39 states, and we're on the verge of 40, have passed the nurse licensure compact. And surely that has to be of assistance to you with having facilities across 26 states. The Nurse Licensure Compact allows a nurse to care for patients.

Either telephonically, digitally, or physically on one license, one multistate license, instead of having to get multiple licenses in every one of those states. And in this day and age, more and more patients are seeking care across a state line.

Nurses are doing even a lot of telehealth, and we need to have the Nurse Licensure Compact passed in 50 states so that we can relieve this burden and this extra cost and time involvement of these multiple licenses and just allow them to work on one license, which is actually even safer than the waivers during the pandemic because those nurses that have a multistate license are very well vetted by the state board.

- Two quick points, the first is that, you know, as we look at more states that are passing the compact licensure, that's a wonderful thing. But it really begs the question of, are we looking at the Nurse Practice Acts in all the states and comparing them? Because when you think about a nurse, you know, perhaps, going over the bridge to Pennsylvania or from New Jersey or to Delaware, you know, to be knowledgeable of the differences is really can be burdensome, so that's number one.





That's why they need to come into nursing.

- Robyn.

- Wow, I don't know if I have much to add. Just great final thoughts. The one thing we did not get a chance to talk about this morning, probably because of time, is the slow progress that's being made around diversity of our workforce. I believe that you know, and I was encouraged to see that we are moving in the right direction.

You know, when I reviewed the numbers and I'm sure as everyone dives into the report, they'll be able to see that, but it's not enough and it's not fast enough. And that actually creates a wonderful opportunity to do all those things to expand our programs. Who small me to snh 40JETQrenng (7f)2t know wviflyhae dives