



ACCELERATING NURSING, TRANSFORMING HEALTHCARE

CHAPTER 1

Care Delivery

A Research Study to Define a Progressive Path Forward
for Nursing That Elevates and Prepares the Profession
to Lead Transformative Healthcare Change

ABSTRACT

The COVID-19 pandemic changed the practice and delivery of healthcare in fundamental ways, as nurses moved more to the center, stepping into new or non-traditional leadership roles and innovating entirely new models of care. In a series of studies, Johnson & Johnson, the American Nurses Association and the American Organization for Nursing Leadership set out to capture the critical lessons learned, so that they may be applied as the world moves into a new normal. An initial, quantitative phase of the research explored the impact of COVID-19 on the nursing profession from various viewpoints, including physicians, nurses and lay participants. A second, qualitative phase sought to listen closely to nurse leaders' experiences and recommendations. This paper, the first of the qualitative series, is the result of listening sessions with 12 nurse leaders; it focuses on Care Delivery, including the ways in which nurses led patient care amid the pandemic, as well as the new models, patient-centered innovations, and novel delivery systems they engineered. Findings are organized across individual, organizational, societal and policy levels. This and other recent research on the topic show a convergence of learnings as well as recommended approaches, including a refocus on patient outcomes spurred by fail-fast pilots, support of nurse well-being and their continued leadership across disciplines, and heightened use of modern health technology that allows nurses to deliver care in ways that maximize health equity. Complementary papers capture findings related to Organizational Structure and the Workforce of the Future.

OVERVIEW

Throughout the COVID-19 pandemic, nurses around the world rose to meet its many clinical and logistic challenges. The pandemic itself, along with the social and economic sequelae, were impetus for significant shifts that exposed gaps, broke down long-standing barriers, shifted policies, spurred innovative thinking and approaches, and spotlighted nurses' expanding roles at the center of patient care across settings.

In the context of these changes, Johnson & Johnson, the American Nurses Association and American Organization for Nursing Leadership partnered to conduct [quantitative](#) and qualitative research to evaluate the impact of COVID-19 on the nursing profession from various viewpoints; elevate the tremendous advancements and nurse-led innovations in patient care, which brought about improved processes, outcomes and progress toward stronger health systems; and identify a path forward that sustains and elevates that progress. A central finding in the original quantitative study was that while the remarkable shifts observed during the pandemic were partly driven by necessity, there were other elements, or "enablers," at play, including the breakdown of longstanding barriers and policies that supported these shifts.

This first qualitative research paper focuses on Care Delivery, which underwent significant transformation during the COVID-19 pandemic, including the arrival of innovative models and settings to meet patient needs, nurse-led models of care, virtual health, population health and complex care.

APPROACH

To identify the lessons learned and recommendations that provide traction for the improvements, a series of in-depth interviews were conducted with 12 nurses who led or actively engaged on the front lines during the pandemic. Nurses were notable experts in their fields—chief nursing officers, thought leaders, frontline leaders and providers, and executives who represent best-in-class experiences from public and private sector delivery systems, health foundations, think tanks and technology providers.

The findings are loosely organized according to a variation of the social-ecological model that includes four conceptual levels: individual, system, society and policy. While some recommendations fit neatly into one level, there is often interplay, so that a given recommendation may require changes across multiple levels. Where appropriate, figures from the earlier quantitative study have been included throughout this paper where they align with the qualitative findings.

Please note that the findings outlined below are reflective of qualitative research and represent a composite of the key points made by the nurse leaders with whom we spoke.

INDIVIDUAL

Includes intrapersonal barriers, changes at the individual level, self-perception and self-efficacy

Nurse’s self-care, wellness and health are as important as the work that we’re doing for our patients and it has got to be a part of the constant conversation.

*Chief Nurse Practitioner
Officer for a health and
pharmacy company*

1. KEY TAKEAWAY

Address nurse wellness to support a robust and healthy workforce that is set up to deliver the best patient care

- Burnout and mental health disorders rose in providers during COVID-19. Supporting nurses’ mental and physical well-being will reduce burnout, increase morale, decrease moral distress and ultimately support patient care.
- Taking care of nurses will also help reduce attrition from the profession and support the workforce across the many models of care—inpatient, at-home, virtual health, community and public health—which will only grow in the coming years.

ENABLERS

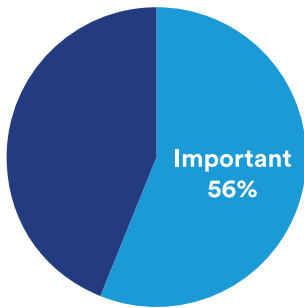
- Reducing administrative burden, including documentation requirements, will allow nurses to return their focus to patient care.
- Creating peer support groups will facilitate open conversations and nurture mental health and overall well-being.
- Implementing financial incentives for nurses can reduce the economic stressors that may drain mental reserves and distract from patient care.

CASE STUDY

Building institutional resilience by addressing nurse wellness

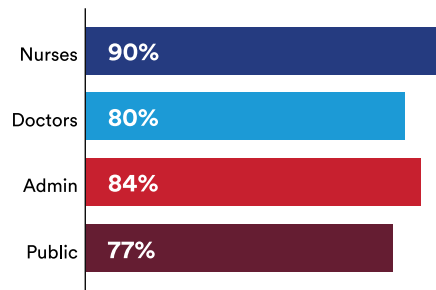
Cynda Rushton, PhD, RN, FAAN, the Anne and George L. Bunting Professor of Clinical Ethics in the Berman Institute of Bioethics and the School of Nursing at Johns Hopkins University, said the organization developed a “mindful ethical practice and resilience academy” (MEPRA) to support nurses experiencing burnout or moral distress. The program offers six four-hour workshops over a 12-week period and uses a five-pillar system focusing on moral resilience, moral agency, moral sensitivity, moral discernment and reasoning, and moral action. The nurse leader says they have had significant results—statistical improvements in ethical competence and confidence, mindfulness, resilience, work engagement and decreases in depression, anger and intent to leave their jobs. “It’s really about helping [nurses] remember why they’re doing their work,” said Dr. Rushton, “giving them specific skills on how to strengthen their connection to their values and integrity, and giving them communication skills, so they can speak up in ways that can be heard and to see themselves as actually belonging in those conversations and capable of being in those conversations.” The program also includes a community of practice, annual retreats and the development of unit-based MEPRA champions who are local resources to support other nurses to meet ethical challenges.

**% Nurses Who Believe
“Resilience and Well Being in HCPs”
Is an Important Aspect in
the Evolving Healthcare System**



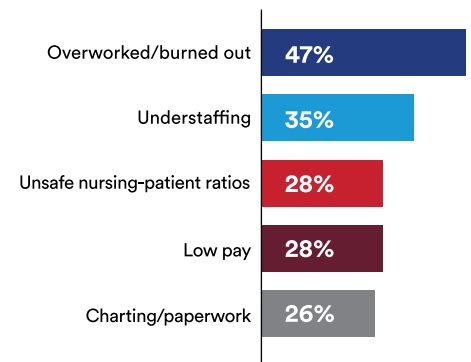
Q: How important do you think each of the following aspects of care will be for healthcare providers in the evolving healthcare system over the next 10 years?
SOURCE: August 2020 Survey, see methodology for details

**% Agree “COVID-19 Has
Placed a Great Deal of Stress on
Healthcare Providers”**



Q: Please indicate how much you agree or disagree with each of the following statements about the impact of COVID-19.
SOURCE: August 2020 Survey, see methodology for details

**% Nurses Who Say They Face Today
These Challenges or Pain Points**



Q: What do you see as top challenges or pain points facing nurses today? (Please select up to three)
SOURCE: August 2020 Survey, see methodology for details.

It starts with nurses really embracing our role as transformers—whether it’s within the healthcare system or within the community—and really owning that. It’s about valuing the depth of expertise and diversity; of how we see health and understand people in their community context. That is powerful for change; how nurses can be a change agent.

**Senior Advisor,
Complex Care**

2. KEY TAKEAWAY

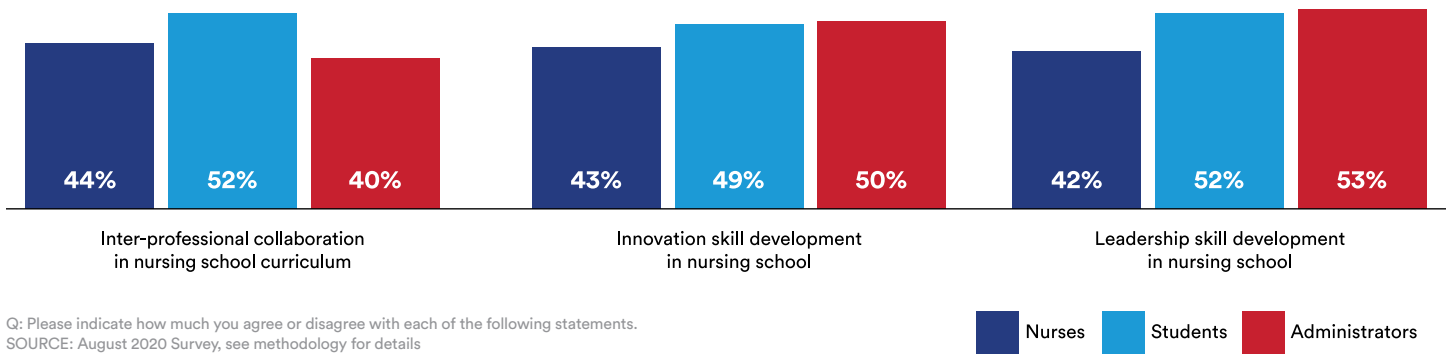
Provide nimble, cross-functional, interdisciplinary education to enhance patient care

- Opportunities for cross-training—across departments, organizations and care settings—not only build confidence and expertise, but can enable the use of emerging technology and help develop new skills.
- Interdisciplinary education also paves the way for leadership development, allows for redeployment (ad hoc or crisis), supports interdisciplinary teamwork and improves efficiency, all of which benefit the patient.

ENABLERS

- Cataloging the most effective strategies developed during the COVID-19 pandemic will allow teams to share and amplify best practices. Through strategic collaboration, pilot programs can be launched across locations to benefit more patients.
- Offering nurse-led, cross-functional education can expand skills and opportunities, as well as strengthen multidisciplinary relationships. Effective professional development includes simulations and a focus on collaboration.
- Offering more teaching modalities in nursing school will widen the variety of skills developed early on and prepare students for the growing range of care delivery models, from on-site to community, virtual to at-home. Additionally, leadership education embedded in nursing school experiences and preparation for executive roles will foster an advancement mindset from the earliest career stages.
- Providing professional development throughout the career will allow the adoption of new methods, technologies and additional skills to deliver care to patients in the ways that best meets their needs.

% Agree There Is a Need for Greater Emphasis on...



CASE STUDY

Developing partnerships to accelerate clinical entry

On discussing the need for formal, as opposed to informal, partnerships between academia and practice, President and Chief Executive Officer of the American Association of Colleges of Nursing, Deborah Trautman, PhD, RN, FAAN, noted that during the pandemic, a dean of a school of nursing was asked to graduate students early. “Because of an established relationship with our practice leader, the dean could get together with her and say, ‘tell me what your graduates most need to know, because they’re not going to have their normal orientation,’” said Dr. Trautman. “So instead of simply graduating the students eight weeks early, the eight weeks were spent focusing on those critical elements, to allow the nurses to be as prepared as possible.” Dr. Trautman stressed the need to establish academic-practice collaborations, as well as the appropriate incentives for each party, to support working toward their shared goals.

SYSTEM

Relates to the workplace, structures, policies that contain the work of nurses; also spans health systems and clinics, including colleagues, managers and leadership

People are resistant to change. Especially in healthcare, you're dealing with patients, it's highly regulated, and you're worried about privacy, security and trust. With the advent of COVID, there weren't enough options, but I think the technology had been around and people in healthcare had even used it, especially virtual visits. Yet, during the pandemic, it was sink or swim. We needed to make go or no-go decisions. When you're in it, you're moving forward and doing your best, and you can't look back.

National Director and Chief Nursing Officer for a technology company

1. KEY TAKEAWAY

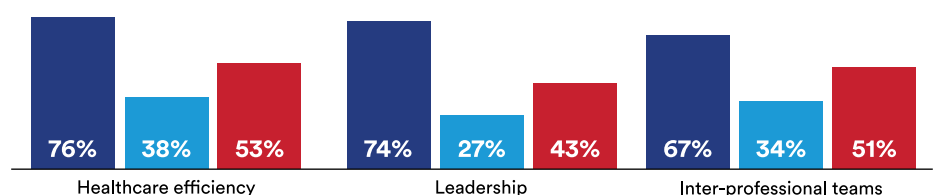
Establish ongoing need for nurses in leadership roles to identify and support new ways of working and keep nurses at the decision-making table for improved patient care

- Keeping nurses at the multidisciplinary table enhances system-level thinking, which in turn strengthens the workforce and improves patient-centered care.
- Nurse leadership and heightened visibility is also essential in empowering nurses to recommend novel, patient-centric tools, strategies and care models.

ENABLERS

- Creating rotation and mentorship programs will build skills and relationships, remove hierarchy and encourage the flow of ideas and opportunities that build nurse skills and improve care delivery.
- Appointing a Chief Nursing Informatics Officer (CNIO) and Nursing Director of Innovation (or Director of Innovation with a clear path for all healthcare providers, including nurses) will support agility and ensure that innovation has a strong nursing component. The CNIO will translate the informatics to capitalize on its workforce capabilities and transform delivery of care.
- Establishing innovation processes to evaluate new ideas, analyze data and develop new strategies will uncover nurse-led ideas to improve care delivery.

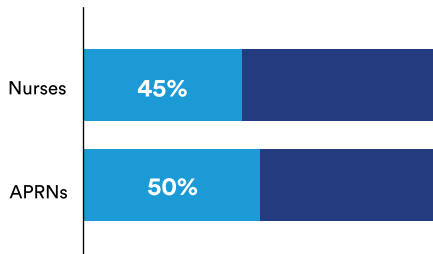
% Agree Nurses Should Be More Involved Than They Are Now in...



Q: For each of the following area, in the next 10 years do you think NURSES should be less involved, equally involved, or more involved than they are now in the following aspects of care?
SOURCE: August 2020 Survey, see methodology for details.

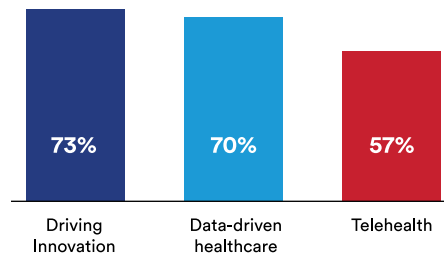
■ Nurses ■ Doctors ■ Administrators

% Nurses Satisfied with “Opportunities for Professional Advancement”



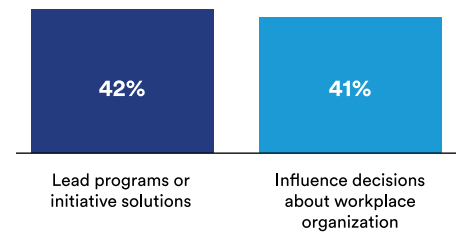
Q: Please rate each of the following aspect of your job.
SOURCE: August 2020 Survey, see methodology for details

% Nurses Who Think They Should Be More Involved in...



Q: For each of the following area, in the next 10 years do you think NURSES should be less involved, equally involved, or more involved than they are now in the following aspects of care?
SOURCE: August 2020 Survey, see methodology for details.

% Nurses Feel Satisfied with Opportunities to ...



Q: Please rate each of the following aspect of your job.
SOURCE: August 2020 Survey, see methodology for details

CASE STUDY

Embracing the strength of nurses within healthcare organizations

Mary Beth Kingston, PhD, RN, FAAN, the Chief Nursing Officer (CNO) at Advocate Aurora Health, recounted how the pandemic transformed the organization’s perspective of nursing leadership. Dr. Kingston described the trust she had earned prior to the pandemic with the health system’s chief executive officer—and this opened the door to her co-leadership with the chief medical officer (CMO) on the pandemic response. Putting the CNO at the helm at this precarious time in this large, integrated healthcare system was not a traditional choice. However, the nurse leadership was successful and, in turn, widespread internal confidence grew. Most directly, the successful pandemic CNO/CMO co-leadership accelerated opportunities for nurse leaders across the organization, spreading across geographies and service lines. “We have tremendous respect for nursing in our healthcare system—people have recognized what nurses can do,” said Dr. Kingston. “But in many organizations, I think that sometimes there is this feeling that nurses can’t span those boundaries, that we’re focused solely on our area of expertise. Some may not recognize that what makes us good at taking care of patients, managing care delivery and the patient care workforce are leadership skills—and that those leadership skills are transferable, across many boundaries, situations and different forums.”

CASE STUDY

Paving a new path for nurse leadership

In the Veterans Health Administration (VHA), an important shift occurred: The chief nursing officer (CNO) was given the same level of title as the chief medical officer (CMO). “For the first time in VHA history, the CNO has the title of Assistant Undersecretary for Health for Patient Care Services and Chief Nursing Officer,” said CNO of the VHA, Beth Taylor, DHA, RN, NEA-BC. “This is a big organizational chart change by Department of Veterans Affairs (VA) standards, but it was also a shift in culture for the organization, which positions nurses to lead at the national level as executives, as collaborative leaders with physicians.” The shift pushed the organization to consider deeply what an executive role for a nurse entails—ultimately, it enabled a greater level of responsibility for the CNO, leading across multiple program offices as well as the 113,000 nursing staff members of the VHA. Nurses are natural leaders, Dr. Taylor said, as “they understand how all the pieces come together at the point of impact—the patient. Nursing has always been the hub of the coordination of provision of care and provision of services. We’re brilliantly positioned and prepared to run healthcare systems.” She added that the positioning of nurses within organizations speaks volumes. “In the end, where nurses are positioned within any organization is a message to the entire organization about nurses’ roles,” said Dr. Taylor. “This change is the most pivotal I’ve seen for our organization—and the one that will have the most sustainable and long-term impact on our profession in VHA.”

2. KEY TAKEAWAY

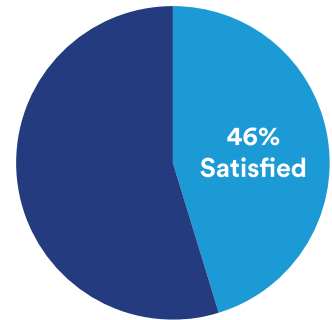
Evolve accountability framework and embrace risk to find new ways to improve care coordination and delivery of patient care

- Adopting a willingness to change and a fail-fast approach can usher in more innovative models of care.
- New strategies can facilitate adoption of future-facing technologies, encourage iterative approach to program design/implementation, tap into lessons from others, pilot new programs, and prioritize the needs of the workforce and patient.

ENABLERS

- Embracing a pilot culture and “risk-friendly” mindset, which requires a top-down approach with C-Suite “buy-in,” will promote novel ways of working. As above, implementing a nurse innovation leader will help shepherd ideas and test and learn best practices in patient care.
- Keeping apprised of what has worked elsewhere (for instance, case studies from other healthcare systems that have or haven’t worked) and thought leaders’ views on likely changes in the future will lead to more researched and calculated approaches.
- Making patient outcomes the end-point will reorient success to value and away from traditional volume metrics.

% Nurses Who Feel “Supported and Encouraged to Innovate”



Q: Please rate each of the following aspect of your job.
SOURCE: August 2020 Survey, see methodology for details

CASE STUDY

Flipping the dashboard to make way for healthy change and improved outcomes

Kathy Driscoll, Humana’s Chief Nursing Officer, reflected upon how the pandemic amplified the importance of focusing on the social determinants of health (SDOH) needs of Humana members. “One of the biggest things that Humana changed was to quickly pivot our care coordination efforts,” said Ms. Driscoll. “We were able to incorporate the clinical knowledge of nurses, social workers, behavioral health associates and pharmacists—and through an interdisciplinary approach to care along with our analytics, focus on identifying barriers and closing gaps. Our nurses, who were visiting patients in their homes or whose clinical role was to review claims for medical necessity, for example, were brought into a complete telephonic role to outreach Humana members to understand their unique needs and provide the necessary support.” Importantly, Ms. Driscoll noted, this change had senior-level support from the CEO and broader clinical and non-clinical leadership. She said this approach to care coordination positioned the company to effectively respond to the needs of Humana members during the pandemic and had largely been maintained. It also accelerated the company’s longer-term efforts regarding an interdisciplinary, whole-person approach to care coordination: “We’ve really changed what we focus on, looking at good outcomes, both for our associates or employees and how it ladders up to outcomes that impact our members and the populations we serve.”

SOCIETY

Relates to broader public opinion, which includes patients, along with community groups and leaders; external goodwill and skepticism exist at the societal level

What’s changed over the past year for our workforce and our work are the evolving needs of our patients. As a result of the pandemic, our nursing team has pivoted, demonstrated agility, grit and resiliency to change. For example, our team ramped up our virtual care to be able to connect with patients virtually.

*Chief Nurse Practitioner
Officer for a health and
pharmacy company*

1. KEY TAKEAWAY

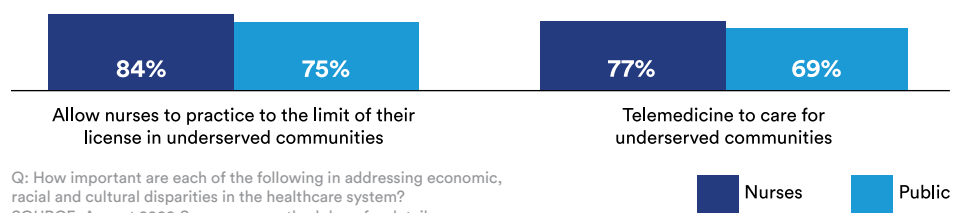
Bring care to patients *where they are* for improved outcomes and a more equitable health system

- Meeting patients where they are, by providing care through a broader range of deliveries and locations, can help address the vast health inequities further exposed by the pandemic.
- Bringing care to patients means continuing to utilize new technologies that modernize health on a societal level, like virtual health, video conferencing, apps and patient portals, and seeking new partners with similar goals. This may include helping healthcare consumers gain access to and learn how to use these tools, as well as debunking myths around the digital divide.
- Focusing on understanding the social determinants of health and wraparound needs, rather than just clinical care, improves health outcomes for everyone; this may require shifts in several areas to manage shifts in costs.

ENABLERS

- Embracing a continuum of care will make that care more personalized and inclusive—for instance, virtual health, home care, long-term care are all elements of a more comprehensive definition of healthcare. Providing nurses with the right tools will allow them to offer more as well as teach their patients the relevant technologies.
- Leveraging partnerships will allow for the provision of holistic care and optimal use of nurses’ skill sets. Working across disciplines will help address social determinants of health.

% Important Opportunities to Address Economic, Racial and Cultural Disparities in the Healthcare System...



CASE STUDY

Addressing health inequities with telehealth

Kristi Henderson, DNP, NP-C, FAAN, FAEN, senior vice president of the Center for Digital Health at Optum & CEO, MedExpress, began advancing telehealth at the University of Mississippi Medical Center (UMMC) before many people knew what telehealth was or could accomplish. She and her colleagues deployed the most advanced technology available at the time, fiber optic cable, to support virtual care in an impoverished, rural area. They also helped bring broadband to those who didn't have it. "A lot has changed since then, but many obstacles remain," said Dr. Henderson. "The whole traditional health care system is unfortunately filled with inequities around access to care, including transportation, geography, language and cultural barriers." Telehealth can overcome many of these obstacles and expand care, she said. "For example, if you're receiving in-person care and need someone who's proficient in sign language, or who speaks another language, it's going to take time to track down an interpreter and wait for them to arrive on site. But with a virtual visit, I can have a tele-interpreter on a video call within seconds. I think that technology actually addresses many of the inequities that too often exist in the health system."

COVID really brought to the forefront the value of the very large nursing population. We have nurses who are functioning in lots of different roles throughout the organization. But the most important thing at the beginning was the immediate focus on vulnerable populations, which is where the biggest gaps are and where we needed to prioritize and beef up outreach. During the pandemic, nurses were given the flexibility to change roles on a dime.

***Chief Nursing
Officer of a health
insurance company***

2. KEY TAKEAWAY

Ensure nurse voices are heard across audiences to increase prominence and highlight care delivery insights

- Getting nurse healthcare impact stories "out there" builds patient awareness of and demand for nurse-led care.
- Elevating their voices also ensures new approaches and insights from nurses are represented—this raises the visibility of their expertise and value across the continuum of care, and it spotlights promising new approaches and models of care.

ENABLERS

- Expanding the placement of scientific publications beyond nursing journals (e.g., *HBR*, *JAMA*) will demonstrate and showcase nurse expertise to a broader range of professional audiences. Nurse and patient stories, as well as pieces on nurse innovation and leadership, can be placed in lay publications, including general media.
- Matching nurses to care delivery based on skillsets, credentials, experiences and the specific needs of each patient will cultivate the sharing and celebration of nurses' capabilities among patients. Connecting with nursing academia will promote the exchange of ideas regarding the types of clinical experience and skill sets that will be needed for the future.

CASE STUDY

Ensuring nurse voices are heard

Simone Hannah-Clark, BN, RN, CCRN, an intensive care nurse at Mount Sinai hospital in Manhattan, reflected on how fast things changed when COVID-19 hit the city, and how nurses were often the ones charged with setting up COVID intensive care units (ICUs) and making decisions about patient care. “For those not in healthcare, not at the bedside, it may be difficult to fully appreciate how momentous the speed was and how, as the early days of the pandemic unfolded, we were literally making decisions on our feet,” she said. “Nurses drove what happened because we were the ones who knew what was or wasn’t going to work.” She recalled that on the first day, when a patient care decision needed to be made, a nurse leader asked for several staff members’ opinions. “My feedback is what the nurse leader ultimately decided, because she knew that we are the ones who ultimately know what will be best for the patient.” Ms. Hannah-Clark added that although nurses are the most trusted profession, the public doesn’t always understand the full scope of their jobs, which she said is unfortunate, since the ultimate beneficiary of nurse-led innovation is the patient. To promote awareness of nurses’ roles and voices, she recommends that nurses share their stories broadly, as she has done herself in national publications and podcasts. “What it ultimately comes down to is that nurses must be more visible. We need to leverage this time in the spotlight. When you’re more visible, you’re valued and when you’re valued, you are given a voice and decision-making capacity.”

POLICY

Includes rules and regulations, public and private, that enable or limit practice at all levels: organization, local, state and federal

We are not going to address things like racial equity, social needs and behavioral health needs if we don't move to more value-based payment models. Those models will free up nurses to do what they do best—coordinating care, spending more time with patients, getting to know their concerns and addressing them.

Program Officer for a foundation focused on optimization of healthcare access

1. KEY TAKEAWAY

Maintain payment model reforms from the pandemic to expand equity in care

- Value-based payments serve the quadruple aim of healthcare (improved clinician experience, improved patient experience, lower costs, better outcomes), tap into nurses' skills and education, increase focus on preventive care, and cultivate nurse "supply" moving forward.
- Continuing payment reform incentivizes efficient clinical practice and puts patients at the center.

ENABLERS

- Developing evidence that supports the quadruple aim and demonstrates the value of nurse-led care across the continuum of delivery models will support forward momentum in payment system reform.
- Advocating for loan forgiveness for nurses who serve in healthcare deserts and underserved areas will help build the much-needed workforce in those communities. Different models of financing nursing education can minimize the need for loans and accrual of debt.
- Advocating for laws that allow virtual health and other APRN-led care to continue to be covered and fairly reimbursed, including across state lines, will expand care to more patients.

CASE STUDY

Tapping into novel partnerships to deliver care in new ways

The CARES Act helped organizations collaborate with others to transform care for homeless populations, with nurses helping to orchestrate services, including shelter and treatment, among others, said Luran Hardin, MSN, CNL, FNAP, FAAN, Senior Advisor of Camden Coalition's National Center for Complex Health and Social Needs. In California, for instance, funding from RoomKey allowed money to go toward hotels where homeless community members could be housed. Ms. Hardin pointed out that nurses were "deeply involved in the wraparound services connecting people to benefits and treatment for behavioral health and substance use disorder, and really holistically starting to solve the homeless problem in a way that communities could not have previously achieved. The transformation in that area has just been incredibly dramatic." Importantly, some funding required collaboration among stakeholders: "Several states required that there was cross-sector collaboration—public health, healthcare, social services," said Ms. Hardin. "And that brought people together around a table with dollars to fuel transformation."

For the policies that have supported and increased access and coverage to care and social needs, there's an opportunity for policymakers to enact these changes permanently at the local, state and federal level. We've clearly identified that there's a need for these policies to support the effectiveness of the health care system and we've witnessed the positive effects of these policies.

*Executive Director
for a care delivery
innovation nonprofit*

2. KEY TAKEAWAY

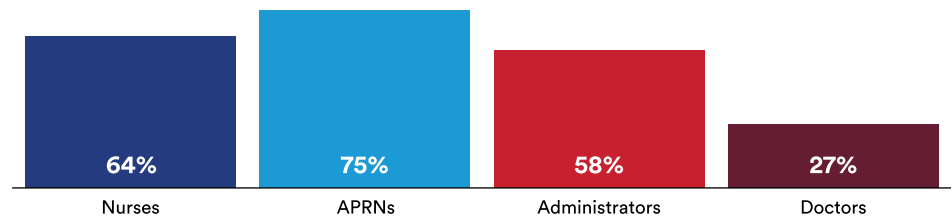
Overhaul licensure laws and regulations to address staffing needs and maintain expanded scope of practice (SOP) to improve access to care

- Cross-border practice enables expanded care delivery, including virtual health and crisis-based deployments. Allowing inter-state practice can help build capacity to provide care to vulnerable communities (for instance, rural and other underserved areas) and encourage top-of-license practice.
- The changes in SOP laws/regulations, including enhanced prescriptive authority, which were critical to support the influx of patients during the pandemic, must be maintained moving forward.

ENABLERS

- Adopting the Nurse Licensure Compact can help achieve cross-border practice for registered nurses.
- Advocating for policies that align SOP and remove barriers to full practice authority for both registered nurses (RNs) and advanced practice registered nurses (APRNs) will expand care to patients across communities.

% Agree "Nurses and APRNs must be allowed to practice to the limit of their license to address demands of the healthcare system"



Q: Please indicate how much you agree or disagree with each of the following statements.
SOURCE: August 2020 Survey, see methodology for details

CASE STUDY

Shifting staffing regulations can improve patient care

C.J. Marbley, RN, Chief Nursing Officer of New Orleans East Hospital, recalled that during the pandemic, the hospital pivoted to team nursing, which included RNs, CRNAs, LPNs, and Pediatric nurses. This shift was possible because of changes in ratio and training regulations. "We could now take care of four instead of two ICU patients," said Mr. Marbley. "And in medical surgical units, instead of four, we could take care of eight patients. We're still using a version of this RN, LPN and CRNA team." He added that since the changes were made, a number of patient satisfaction scores have risen. "In 'responsiveness,' 'medication timing,' 'nurses listening to my concerns.' All these items went up drastically."

PROMISING PRACTICES

Listening to nurses, nurse leaders and nurse advocates illuminated actions that were emblematic of nurse-led innovation that transformed patient care and health systems during the pandemic. This list of promising practices captures the tangible actions that emerged from the research and that can be continued or expanded to sustain the progress made during the COVID-19 response. These examples are not meant to be comprehensive of nurse-led innovation related to changing care delivery, but rather to start a catalog, encourage creativity and action, and open a discussion to further recognize the remarkable efforts evident in healthcare since early 2020.

- Created **nurse-led command centers** to deploy organization resources to meet rapidly-changing care needs
- Deployed **team-based care delivery** to extend specialized nurse capacity and develop skills of nurse colleagues
- Optimized approaches to providing **on-the-job training** to deploy nurses where most needed
- Formalized teams to solicit, document and pilot **nurse-led innovations**
- Trained **nurses on use of digital tools** for rapid uptake and sustained integration into ongoing practices, such as previously under-utilized NICU technologies or teleconferencing apps to facilitate family visits or virtual vigils
- Utilized **health tech tools**, including virtual visit platforms, online screening tools, telemetry monitors, and more
- Used **digital schedulers** to match patients to needs and preferences, such as provider specialization, delivery mode, location, language needs and other requirements
- Aligned **care delivery to acuity**—keeping patients at home, maximizing ambulatory clinics, increasing use of mobile and community sites
- Forged **formal and informal partnerships** with community care, social work, public health, education and other organizations to provide care where needed most directly in communities
- Modified **practice policies to expand nurse capacity**, such as supervision requirements, prescriptive authority, certifications, and cross-border requirements
- Catalogued **changes to practice policy** to recognize and prevent backslide on advances

CONCLUSION

As partners, Johnson & Johnson, the American Nurses Association and American Organization for Nursing Leadership approached this research to illuminate nurse-led innovation that has reshaped care delivery during the pandemic. The findings of this and other recent research on the topic converge in important ways and offer myriad opportunities to improve patient outcomes and strengthen health systems.

This research raises several priorities to the forefront:

- Focusing on patient outcomes, rather than on volume metrics, puts wellness at the center and ushers in new models of care that lean into practical nurse innovations, which can be accelerated with “fail fast” pilots.
- Empowering nurses to lead and provide care across departments and disciplines and fostering partnerships with other stakeholders (community providers, social workers, etc.) has been key to patient-centric collaborations that bring healthcare to all and refortifies nurses’ purpose and well-being.
- Bringing appropriate care to patients, wherever and wherever they are, particularly through use of modern health technology tools, will continue to reshape healthcare delivery to reduce disparities and be enabled by expanding scope and ensuring top-of-license nursing practice.

METHODOLOGY NOTE

Twelve in-depth interviews were conducted with nurse leaders identified by the program partners. Each 30-minute interview was professionally moderated by APCO Worldwide between March 1-23, 2021 using a standard discussion guide.

The August 2020 survey was conducted online from August 7-30, 2020 and included 4,000 US-based respondents, including 1,000 nurses (inclusive of 236 APRNs), 250 nursing students, 500 physicians, 250 healthcare administrators and 2,000 of the general population and was fielded by the research firm Ipsos.

DISCLAIMERS

The responses above reflect the opinions of the individuals interviewed and do not necessarily represent the views of Johnson & Johnson.

Some of the views and opinions expressed within this document may not reflect the position or policy statements of the American Nurses Association. If you have questions or are looking for additional materials please visit: www.nursingworld.org.

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