



# ACCELERATING NURSING, TRANSFORMING HEALTHCARE

## CHAPTER 2

# Organizational Structure

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 second of the qualitative series, is the result of listening sessions with nine nurse leaders: it focuses on Organizational Structure and the relevant changes that occurred during COVID-19, including structures and operations; interdisciplinary collaborations; and organizational innovations that redefined leadership models, staffing and delivery. 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 the commitment to nurses holding leadership positions and adoption of nurse-led innovations; designing and investing in new, evidence-based systems and approaches; and the creation of more flexible career pathways that will enable nurses to change trajectories while staying in nursing and be prepared for other crises. Complementary papers focus on Care Delivery 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 qualitative research paper, the second in the series, focuses on Organizational Structure, including the structures and operations that have shifted during the COVID-19 pandemic to integrate nurses as leaders and innovators, as well as support transformative interdisciplinary collaborations and organizational innovations that redefined leadership, staffing and delivery models.

## APPROACH

To identify the lessons learned and recommendations that provide traction for the improvements, a series of in-depth interviews were conducted with nine 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 healthcare delivery systems.

The findings are loosely organized according to a variation of the social-ecological model that includes four conceptual levels: individual, organizational/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

We've got to look at different models of education, so that if you've got a junior in high school that's interested, you start building those competencies in high school—same for a senior in high school, freshman or sophomore in college. You would be surprised at the skills that they can have and contribute in the healthcare environment, as opposed to waiting for four years.

*Senior Vice President and Chief Nurse Executive for a large healthcare system*

## 1. KEY TAKEAWAY

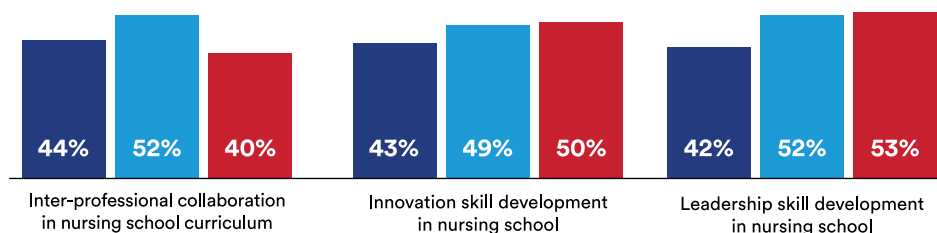
Address nurse education to support the diverse and growing continuum of nursing roles within an organization

- Real-world evidence shows improved outcomes when nurses have advanced degrees. The Bachelor of Science in nursing (BSN) degree and advanced/graduate level training should be encouraged early on.
- At the same time, workforce members with other types of education are key to the full spectrum of care, including non-traditional settings (long-term, virtual care and others), and in building a bridge to a formal nursing career.
- Start earlier by building competencies in high school, lowering the costs, and enabling entry into practice sooner (for instance, providing earlier residency).

## ENABLERS

- Enhancing access to education, including test preparation support and scholarships for baccalaureate education, would make the path more desirable and feasible for those considering the profession.
- Developing curricula for vocational training in high schools, perhaps in partnership with local community colleges, would help broaden the range of educational opportunities.
- Redesigning specialization fellowships (for instance, critical care), so that existing skills are leveraged, will encourage skill maintenance as well as mastering new areas.

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



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

■ Nurses ■ Students ■ Administrators

## CASE STUDY

### Expanding educational opportunities to support leadership in new roles

Over the past year, Humana set up a formalized rotation programs for nurses to provide them exposure to a broader view of the organization and the business of healthcare. Nurses rotate into or are embedded into various areas of the organization, including digital health and analytics area or population health, creating highly multidisciplinary teams. “Rotation opportunities also bring nurses’ valuable clinical input to other functions throughout the organization,” said Kathy Driscoll, Humana’s Chief Nursing Officer. “The idea is they go in and lead or co-lead projects over a six-month period. So, this increase in formalized mentorship programs has been really helpful.” She added that these experiences in different areas prepare nurses to lead in those areas in the future. “Our nurses have led projects in the informatics areas, interoperability, product development for behavioral health, and population health. It’s really the exposure. I think one of the important things that we’ve learned is that you need to prepare people and give them the tools and resources and support—not just put them in roles.”

You can’t underestimate the value that the nurse leader has sitting at that table from beginning to end and helping with the coordination and the execution of the plans, because ultimately, we’re impacting patients. It’s critical for any type of emergency—another pandemic or whatever it may be.

*Senior Vice President and System Nurse Executive for a large healthcare system*

## 2. KEY TAKEAWAY

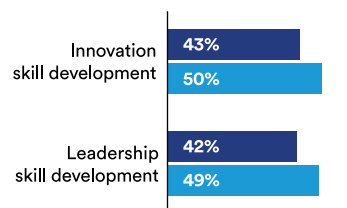
### Fully integrate nurses’ breadth of education, skills and approaches into care models

- During the pandemic, nurses were—and are—the “doers” since they are at the core center of skills, practical knowledge and care delivery. The “only a nurse can do it” phenomenon is frequently observed.
- Nurses should be aware of their pivotal role in patient care, from advocacy to bedside, as well as their capacity to innovate practical solutions—and scale them.
- Health systems need to understand the broad skillsets of their nursing workforce, build greater interdisciplinary awareness of the roles of nursing and find ways to include the voices of nurses in decision making.

### ENABLERS

- Developing an organizational nurse vision/mission with individual nurse input (including nurse focus groups and voting) can help bring into focus the larger goals and plans.
- Having executives, physicians and medical students shadow a nurse for a day would help them grasp the ways in which nurses’ knowledge translates into daily tasks and patient care.
- Cataloging and amplifying nurse stories throughout the organization will build a greater understanding of and respect for the contributions of nurses.

**% Nurses Agree Need for Greater Emphasis in Nursing School on...**



**% Nurses Satisfied with Opportunities to Work on...**



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

## CASE STUDY

### Integrating nurses' skillsets into design of new care models

Geralyn M. Randazzo, RN, MS, NEA-BC, Vice President, Case Management of Northwell Health Solutions recalled that at the beginning of the pandemic, because the influx of COVID-19 patients was so high in New York, the health system had to reposition many resources to support COVID-19 care in the community where possible. Many of these efforts were led by nurses. "There was seminal innovation and development of guidelines and resources around discharge planning and transitions of care occurring in a very short period of time," said Ms. Randazzo. "Nurses were driving much of the transformation because of their skill sets, from clinical expertise to understanding the financial, administrative and regulatory components. Many of our counterparts had the expertise to really deliver, and this gave the nursing profession the recognition to innovate and deliver in a quick and reliable manner." She said she hopes that in the future, nurses will continue to lead efforts to build out integrated delivery networks across partners. "Nurses are uniquely positioned to do that because they understand that continuum and how to build those bridges and work with others to coordinate the care and services. Nurses really need to lead the development of the strategies around identifying who those key partners are."

# SYSTEM

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

COVID opened up everyone’s eyes in the organization to the role of nurses—that nurses have tremendous skill sets that are transferable and the preparation and experience of nurse leaders is transferable to broad initiatives. It does not need to be solely focused on nursing skills alone. There’s leadership that can occur across disciplines and departments.

*Chief Nursing Officer for a large healthcare system*

## 1. KEY TAKEAWAY

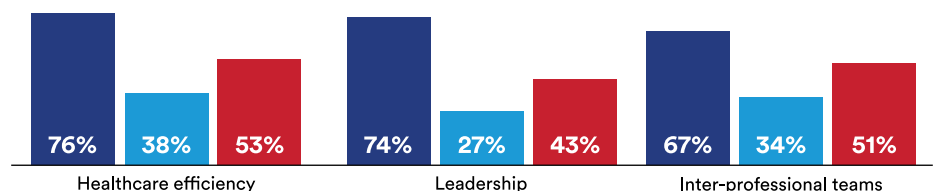
Operate in interdisciplinary teams with nurses placed intentionally in central roles

- Nurses drove important transformations during the pandemic because of their combination of clinical, financial, administrative and regulatory expertise.
- Committees, boards and other leadership initiatives should be staffed with nurses to provide input and guidance.
- The chief nursing officer, medical officer, operations officer and finance officer must come together to make decisions about structure, models and care delivery. True interdisciplinary function brings faster decisions and allows resources to be deployed where they are most needed.

## ENABLERS

- Developing process standards for nurses as co-leaders (with interdisciplinary partners) for command centers and emergency response, or creating pilot programs where needed, will be instrumental.
- Placing nurses in central roles will also address nurse burnout and rekindle their trust in the organization.

% 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.

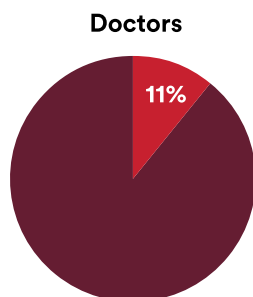
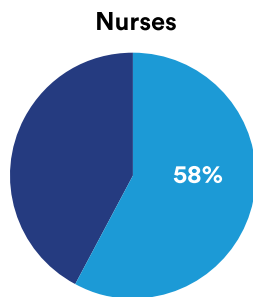
■ Nurses ■ Doctors ■ Administrators

## CASE STUDY

### Shifting the organization to system thinking

Sylvain Trepanier, DNP, RN, chief nursing officer at Providence St. Joseph Health in Renton, Washington, discussed the importance of “system thinking” as a vital concept in organizational structure. “System thinking creates opportunities to collaborate and innovate,” said Dr. Trepanier. “When you embrace system thinking, you start moving away from the traditional functional silos and the bureaucratic structure. You move toward a matrix environment.” He recalled that during the pandemic, while he served in southern California, he and other senior leaders “flipped” their organizational structure and had nurses leading and collaborating across all clinical services. They aligned all clinical operations, including nursing, pharmacy, imaging, laboratory, and rehabilitation under one leader—the regional chief nursing officer. Additionally, all acute care hospitals followed a standardized nursing organizational structure, and all nursing services were lined up structurally under one division as opposed to a function. “This allowed for better collaboration—and it fostered multidisciplinary collaboration,” said Dr. Trepanier. “System thinking gives meaning to the phrase ‘the whole is greater than the sum of the parts.’”

#### % Agree “Development of Technology in Healthcare Should be Driven by Nurses as They Are the Primary Users”



Q: Please indicate how much you agree or disagree with each of the following statements.

SOURCE: August 2020 Survey, see methodology for details

## 2. KEY TAKEAWAY

Lean into informatics, evidence and data-driven decisions to streamline the system

- Combine existing assets with electronic medical records, staffing and other data sources to provide robust content to make fast, real-time decisions.
- Technology can be a digital front door and entry point to care, while addressing several key issues, including translation, location and patient preferences. A scheduling aggregator assesses these variables and pairs the patient with the right provider and delivery.
- Existing productivity standards do not benefit patients or nurses. Predictive modeling can help move systems from “what we can afford” to “what is needed.”

## ENABLERS

- Supporting chief nursing informatics officer (CNIO) and other health IT career paths will ensure sufficient technology implementation in healthcare systems. Ensuring nurses help design technology tools is essential, given their pragmatic nature and eye toward usability and patient need.
- Updating outdated productivity and staffing studies will help identify and drive changes. Also, implementing predictive modeling will improve nurses’ schedules and alleviate overwork.
- Addressing interoperability will allow for “when-needed” use of information from various sources, while balancing the documentation requirements of clinical staff.
- Using technology to create virtual specializations can support 24-hour care, reach underserved communities and expand workforce opportunities (i.e., some nurses may be fully remote).
- Offer digital schedulers that resonate with patients to enhance access to care.

## CASE STUDY

### Leveraging informatics—and nursing—to improve organizational efficiency

Vice President for Nursing at Epic Systems, Emily Barey, MSN, reflected on the degree to which the pandemic raised the visibility and the value of nursing informatics to rapidly assimilate new information into new care models. “The model of informatics is that data collected derives information, information collectively produces knowledge, and then knowledge applied yields wisdom,” said Ms. Barey. “This cycle repeated itself every day during the pandemic as nurses determined best practices for turning ventilated ICU patients, identified strategies for reducing PPE while still administering medications safely and maintaining close monitoring, and effectively delivering care through telehealth.” She added that when health systems have a Chief Nursing Informatics Officer, it can foster a culture of informatics, including the capacity to create action in the midst of change, as during the pandemic. “You needed to quickly be able to put a process to those changes,” she said. “It’s one thing to decide that not all COVID positive patients will be admitted and some will be remotely monitored at home, or that others will be discharged to a field hospital, but it is another thing to actually develop a highly reliable and safe workflow, map the handoffs, determine what technology could help, train clinicians and measure the impact. The pandemic highlighted that if you bring the nurses to the table and you bring informatics to the table, we can pretty much solve anything in a rapid period of time.” Ms. Barey added that the data collected helped organizations predict patient deterioration, refine staffing models, reduce nursing documentation burden and promote nurses working at the top of their license in team-based care models. “Every organization is looking to deliver more efficient and effective care now more than ever as we make the shift into value-based payment models. If there is a silver lining to the pandemic, it is how many organizations were able to rapidly leverage the triad of nursing expertise, informatics and technology and recognize this as an essential asset to thrive in the future.”



# SOCIETY

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

There is a real need for establishing integrated delivery networks, where we have partnerships with not only the acute care providers, but all the partners in the community, to ensure that we're delivering the care and the right service, at the right time, in the right place. Nurses are uniquely positioned to do that because they understand that continuum and how to build those bridges and work with others to coordinate care and services.

*Executive in strategy and deployment of risk-based care management in a large healthcare system*

## 1. KEY TAKEAWAY

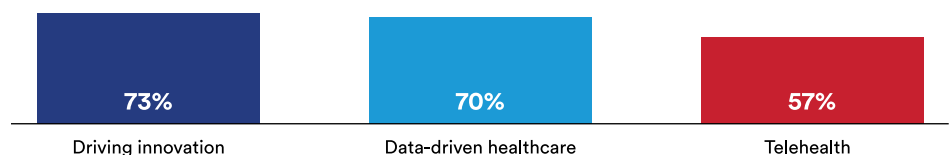
Use modern approaches to deliver the congruent, appropriate continuum of care that patients now expect

- An efficient operating model should integrate home, virtual and on-site care, based on individual patient needs. Treat patients in the best place for them—and move away from the “volume as volume” model. Patients who do not require in-patient stays should be treated in ambulatory care, rather than in the operating room; patients who can adopt virtual health tools can be seen remotely.
- The rapid adoption of health technology tools and virtual health proved to be successful during the pandemic, even in poorer states and in rural areas. Nurse-led innovations addressed access, use and engagement with patients, and patients were receptive to the options and adopted new approaches both in temporary and long-term solutions.
- Fewer billing complaints are the strong evidence that modern, congruent, accessible care delivery is successful.

## ENABLERS

- Sharing success stories can debunk myths about the digital divide (for instance, lack of broadband access in rural areas and lack of adoption by older individuals) and celebrate its capabilities (e.g., the ability to cross language barriers and locations).
- Continuing to innovate new community-level access to technology—curbside telehealth, deploying devices, connection through community centers or retail partners—will meet patients’ needs more fully.

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



Q: For each of the following areas, 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.

## CASE STUDY

### Using a virtual hospital to significantly expand patient care

Atrium Health, a health system headquartered in Charlotte, quickly ramped up an existing virtual hospital during the pandemic, to expand the number of patients it was able to serve. The virtual hospital was headed by one of the health system's chief nursing executives, who handled CMS and regulatory considerations. An executive team led surge efforts and made sure the virtual hospital had the staff and resources it needed. Established software allowed staff who had been trained to deliver virtual care to be matched with patient needs in various areas—and the CMS waiver implemented during the pandemic allowed for reimbursement for these virtual services. “No one ever thought it would be ramped up so quickly and dramatically,” said Maureen Swick, MSN, PhD, RN, NEA-BC, Senior Vice President and System Nurse Executive. “The last I heard it was over 40,000 patients that we had taken care of through our virtual hospital program. I’m not sure if we’re going to get the waiver again, but I think it’s the right thing to do, to be able to take care of patients in their homes.”

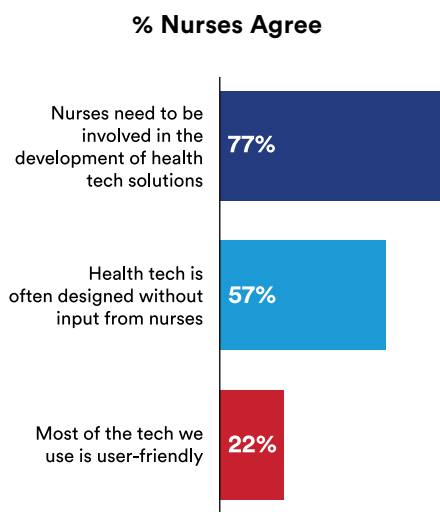
## 2. KEY TAKEAWAY

### Capitalize on nurse innovation and bake its potential into new systems

- Nurses’ role is pragmatic by nature—they can design technology, apps and products for optimal clinical use, user-friendliness and easy adoption. Nurses seeing their innovations (apps, products) showing up in clinical practice is proof of their value.
- Nurses have many valuable ideas but are often constrained by daily duties or the lack of time or channels to share them. Innovation by nurses must be allowed and encouraged by the organization, regulatory agencies and boards.
- Building technology driven by nurses’ valuable input is critical. Technology should be smart, deployable, scalable and resonate with users (think Facebook, which solved a problem and spread quickly and socially without advertising).

### ENABLERS

- Creating a clear, actionable process that allows nurses to submit their ideas to a team that would vet and test them will help usher them through the development process. Nurses must have protected time in their schedules to devote to development.
- Implementing larger, interdisciplinary teams and partnerships across organizations will help put new strategies into action. Nurses should have central roles, given their system understanding and patient care expertise, but team members should also include physicians, administrators and payers.
- Sustaining the openness to innovation and the “try stuff quicker” method that was enabled by COVID-19 will help trial new strategies over the long term.



Q: Nurses can play many roles in today's broader healthcare system. How interested are you in each of the following roles?  
SOURCE: August 2020 Survey, see methodology for details.

## CASE STUDY

### Building a formal system to translate nurse innovation into practice

Two Boston area hospitals partnered to form a COVID-19 Innovation Center that developed programs dedicated to COVID-19 tests and treatments, design and development of personal protective equipment (PPE), and data analytics programs, among others. Hiyam Nadel, MBA, RN, BSN, nursing director and longtime innovation mentor, says the Center worked well because everyone was invited to the table, including community members, with a common goal, and funding barriers dissolved. It also worked well because nurses were deeply involved in both development and testing. “Almost everything that came out of that Center had to be tested with nurses,” she said, “so all of a sudden, it was like, ‘oh wow, we really need our nursing colleagues here because, as you know, every process and equipment—everything—goes through nurses that touches a patient.’ And so that really, really elevated [nurses] in a big way.”

# POLICY

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

A lot of waivers that went into place during COVID allowed us to have the handcuffs removed and to go do what needs to be done for individuals. Out of that came some of the most beautiful care models, and it would be an unfortunate situation if those waivers go away and we have to go back to what didn't work.

*Senior Vice President of Telehealth & Innovation at a health services and innovation company*

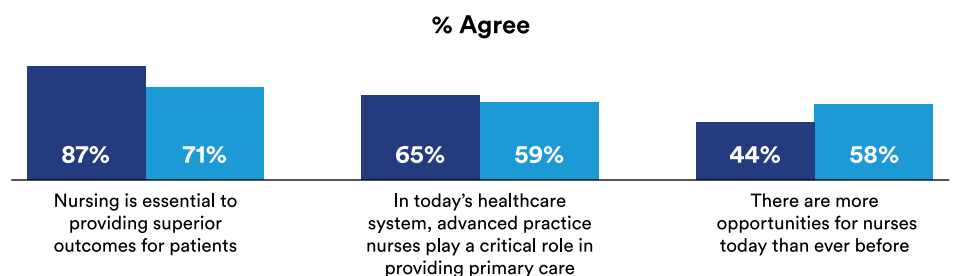
## 1. KEY TAKEAWAY

Support systematic reforms that modernize operations with an intention for nurse-led care

- Focus on reducing documentation requirements and duplication efforts to reduce burden. Start by mapping out what is most and least important or effective, to remove barriers and enhance patient safety.
- Focus on nurse staffing resources will open up time and make possible the innovation needed to reorganize the system. Encourage nurse staffing committees based on acuity of patients, nursing skill mix, and other resources at the facility.
- Nurses deserve—and the entire system would benefit from—true, systemic changes: “Work-arounds” are not sufficient.

## ENABLERS

- Gathering evidence that reduced or alternative documentation can deliver strong patient outcomes will demonstrate value to a wider audience.
- Viewing the situation in its entirety and advocating for broader, longer changes will be required for systemic shifts. Scope, site of care, reimbursement, cross-state practice, policy/regulatory are all part of a single system.
- Recrafting systems so that they are designed around optimizing the skills and time of nurses will enhance patient-centered care and streamline the system itself.



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

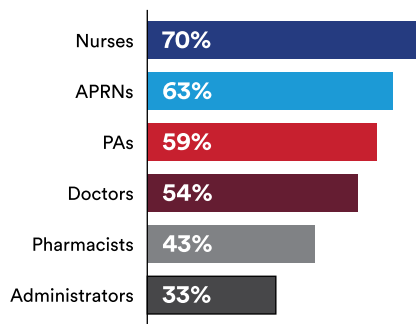
■ Nurses ■ Administrators

## CASE STUDY

### Harnessing informatics to guide optimal documentation practices

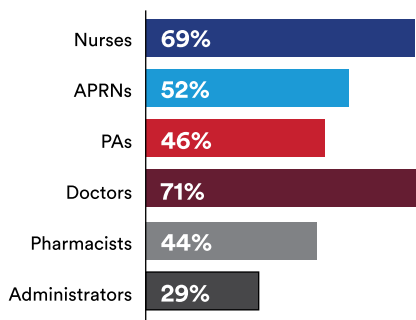
Vice President of Nursing at Epic Systems, Emily Barey, MSN, noted how informatics can help relieve the double-edged sword of documentation. While documentation can help support value-based care by gathering evidence of essential aspects of nursing care, including patient assessments, teaching, care planning, quality, billing, and other metrics, it can also be a contributor to nurse burnout. “There is no doubt that nurses will remain critical to delivering safe and effective care,” said Ms. Barey. “There has been an explosion of telehealth, virtual hospital, home and community-based care, and nurses are leading the way. It will require informatics to optimize how we work differently in these models, measure our contribution to care and discern the essential data required to do that while avoiding documentation burden.” She added that while returning to pre-pandemic documentation levels is undesirable, the “disaster documentation mode” of the pandemic may also not be sufficient to gather the metrics to support value-based care and nurses’ critical contribution to it. “There needs to be a happy medium here where documentation is for meaningful use.”

#### % Public Who Choose One of the Roles That Has Become More Important Given the Recent Changes in Our Healthcare System



Q: How important are each of the following ROLES in providing positive outcomes for patients?  
SOURCE: August 2020 Survey, see methodology for details.

#### % Public Who Rate Each HCP as Important in Providing Positive Outcomes for Patients



## 2. KEY TAKEAWAY

### Extend waivers to extend coverage and reimburse nurse-led care across the continuum

- Nurses must be able to continue to practice with full capabilities and practice authority after the pandemic is over—this will provide care to more people across more communities.
- Extending coverage is the right thing to do for patients and it opens capacity where needed (for instance, less acute patients can stay at home, which frees up space and healthcare professionals for in-person care).
- As clinics reopened, there was a fallback to previous, less-productive ways—for example, the reduction in use of telehealth. It is important to keep hold of the successful models developed during the pandemic.
- Evidence has shown that nurse-led care provides value to patients and health systems. Building this body of evidence can support policy changes that incentivize value-based care that puts the health outcomes, preferences and needs of the patient first.

## ENABLERS

- Continuing to support waivers for CMS, Medicaid for virtual health, and expanded coverage and reimbursement across locations will help expand nurse-led care. Coverage across care sites, regardless of mode of delivery (e.g., in-home care), is also key.
- Advocating for cross-state practice will help address workforce shortages in the long run, especially in rural and appointment shortage areas. It may also address supply and demand issues and concerns around management.
- Reimbursing on outcomes across modalities (especially nurse-led, value-based models) will support a more equitable healthcare system. Payers beyond Medicaid must reimburse for fuller expansion of care.

## CASE STUDY

### Advocating for sustained policy changes to support telehealth

Sigi Marmorstein RN, MSN, PHN, FNP-BC, the CEO and founder of Telehealth Consulting Services, pointed out that two important shifts happened to boost the utilization of telehealth during the pandemic. One was necessity: “It was the inability to do it any other way,” said Ms. Marmorstein. “Before 2020, we saw 3-4% utilization in some places and up to about 10-15% in an integrated system, like Kaiser. Now we see about 50% utilization across the board in the integrated healthcare systems and about 20% for others.” The other key to this rise was the CMS policy shift that allowed for the reimbursement of telemedicine across providers and disciplines. “Billing for telemedicine the same as a face-to-face visit was a huge catalyst,” she said. “For the last 10 years, billing had been very physician-oriented. And now physical therapy and all the disciplines had codes for telemedicine, which removed big barriers.” This was particularly important, since in her own telehealth consulting, she had found that nurses were often more eager to adopt it. “I started just over 68 different telehealth programs and 90% of them were the nurse base who were first to say, ‘we’ll do it,’ and then it would trickle up to the physicians. Nurses are definitely the catalyst for health innovations in general.” She added that the growing body of evidence for the value of telemedicine, based on claims and patient outcome data, could support retaining policy changes in the future.

# 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 rethinking organizational structure, but rather their aim is 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 COVID-19 response teams **co-led by chief medical and nursing officers**
- Assembled **interdisciplinary leadership teams**, including chief operating, financial, medical and nursing officers, to make decisions about organization structure and models of care
- Deployed **team-based care delivery** to extend specialized nurse capacity and develop skills of other nurses
- Engaged **pre-graduation nursing students** for contact tracing, which filled staffing needs and developed clinical skills
- Identified **weak points in inter-operability of platforms** (i.e., clinical, human resources, pharmacy, supply, etc.) and developed task forces to address them
- Optimized **workforce management approaches** by partnering clinical nurses with human resources teams to identify workforce needs and modify scheduling, including merging data from electronic medical records and human resources databases to allocate staff and redeploy to serve patient needs
- Implemented **pilots with short-term decision points** marked at days from launch (not weeks, months or years) to force decisive action to continue, modify or cease various practices
- Staffed nurses with **dual reporting to informatics and clinical teams** to transparently share information and facilitate expedited decision-making
- Reduced **documentation requirements** to minimum needs to reduce nurse burden while providing for patient safety and outcomes measurement
- Formalized information-sharing partnership structures with community providers (e.g., local emergency response, etc.), sub-acute facilities and public health clinics, including **updated communication protocols** and **regular meetings**
- Drafted a **five-year nurse mission statement** to recommit nurses to their purpose and align the organization around a common vision
- Created **governance structures** meant to increase communication and reconnect nurses to purpose through operations, such as bedside shift reports and handoffs

# CONCLUSION

As partners, Johnson & Johnson, American Nurses Association and the American Organization for Nursing Leadership, approached this research to illuminate how nurse-led innovation and responses to the pandemic helped reshaped organizational structure and operations. 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:

- Nurses have demonstrated extraordinary leadership during the pandemic, tapping into invaluable expertise and carrying it through to new and nontraditional roles. Health systems should seek to accelerate this shift by actively evaluating skillsets of their nursing workforces in relation to structural and operational needs, and identifying pathways for nurses to continue to lead and drive impact.
- Designing new systems and approaches means leaning into informatics and the evidence base and that investments must continue to be devoted to studying and launching new models. At the same time, these new approaches should seek to streamline administrative burden on the nursing profession.
- Nurse roles must continue to grow within organizations and in healthcare broadly. Creating more flexible and meaningful career (developmental) pathways will encourage nurses to remain in healthcare and be better prepared for crises.

## METHODOLOGY NOTE

Nine 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 15–23, 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](http://www.nursingworld.org).*

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