



AMERICAN ACADEMY
of NURSING

HEALTHCARE SYSTEMS POST-COVID EXPLORING REFORMS & POLICY IMPLICATIONS



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HEALTHCARE SYSTEMS POST-COVID EXPLORING REFORMS & POLICY IMPLICATIONS

Hosted by the Building Health Care System Excellence Expert Panel
in Collaboration with the Expert Panels on Palliative and End of Life
Care; Military and Veterans Health; and Acute and Critical Care

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INTRODUCTION

In December 2021, the American Academy of Nursing (Academy) hosted a policy dialogue on “Healthcare Systems Post-COVID: Exploring Reforms & Policy Implications.” With a global perspective, the Academy’s Expert Panels on Building Health Care System Excellence, Palliative & End of Life Care, Military & Veterans Health, and Acute & Critical Care convened this dialogue to discuss policy issues associated with the complexity of healthcare systems and resulting burdens; the post-COVID challenges of supporting nursing leaders; continuing nursing workforce shortages; and, most importantly, the impact that practicing during the pandemic had on nurses.

Participants gained insights into changes and innovations implemented during the pandemic as well as policy initiatives to address post-pandemic practices and top nursing workforce issues such as burnout, wellness, and retention. Leading experts in health systems, the nursing workforce, direct patient care, and military care explored how the COVID-19 pandemic has impacted healthcare delivery, nurses’ well-being, and the nursing workforce pipeline.

This document contains highlights of the event, including:

- Summaries of the main session content, as well as the four-breakout discussion panels;
- Key takeaways; and
- Recommendations for the profession learned from experience with the COVID-19 pandemic.



ABOUT THE AMERICAN ACADEMY OF NURSING

The American Academy of Nursing (Academy) serves the public by advancing health policy through the generation, synthesis, and dissemination of nursing knowledge. Academy Fellows are inducted into the organization for their extraordinary contributions to improve health locally and globally. With more than 2,900 Fellows, the Academy represents nursing’s most accomplished leaders in policy, research, administration, practice, and academia.

Expert panels are one of the major forces within the Academy for developing new knowledge, promoting collaboration, and shaping policy. Fellows leverage their expertise in developing outcomes that provide the critical knowledge, and analysis, summary, and integration for transforming health policy and practice. The Expert Panels advance evidence-based innovations in health care delivery to address health needs. The Academy’s Expert Panels host Policy Dialogues on leading healthcare topics to engage on policy proposals and their impact.



MAIN SESSION SUMMARY

Throughout the COVID-19 pandemic, frontline providers have been heavily impacted in all aspects of their practice. Not only does the pandemic have implications for the current work environment—it will continue to impact nurses and nursing leadership for years to come. The panelists for this Policy Dialogue presented perspectives on varying facets of this complex and critical topic, exploring innovations during the pandemic that lightened the burden; the challenges faced by frontline clinicians caring for patients throughout the crisis; how to support nurse leaders; and implications for the current and future state of the nursing workforce.

SPEAKERS



Jennifer Adamski
DNP, APRN, ACNP-BC,
CCRN, FCCM
Assistant Professor &
AGACNP Program
Director
Emory University Nell
Hodgson Woodruff School
of Nursing

Jennifer Adamski is the Director of the Adult-Gerontology Acute Care Nurse Practitioner program at Emory University Nell Hodgson Woodruff School of Nursing in Atlanta, Georgia. In addition, she maintains a clinical practice as a critical care nurse practitioner for the Critical Care Flight team at the Cleveland Clinic and holds a seat on the American Association of Critical Care Nurses Board of Directors. In her presentation, Dr. Adamski explored innovations that stemmed from the COVID-19 pandemic that should be sustained through policy.

She emphasized the importance of telehealth in addressing issues of access to care, including in acute care settings where it has not traditionally been employed. During the pandemic, several settings were heavily impacted by COVID-19 but able to continue providing care by mobilizing an acute care at-home system. This allowed acute care patients that would typically be admitted to a hospital to instead be managed remotely through monitoring systems and telehealth under the care of physicians and nurses. Dr. Adamski shared that a significant challenge to telehealth sustainability is the lack of standardized policies regarding telehealth license reciprocity and reimbursement for services.

Further innovations that Dr. Adamski highlighted include emergency provisions at the state and federal level that allowed advance practice providers to care for patients under the full scope of their practice and education. Moreover, steps were taken to address the heavy burden of documentation for bedside nurses and clinicians. Both of these innovations allowed nurses to improve the quality of care provided on teams impacted by shortages and attrition due to the pandemic.

“When I look back over the last 18 months of our profession, and in spite of having seen such tremendous loss, moral distress, and fatigue, and despite the visceral fear I have some days donning my own scrubs or flight suit, there is such truth in the quote ‘the best way to find yourself is to lose yourself in the service of others.’ And honestly, I cannot remember a time when I was more proud to call myself a nurse.”

Jennifer Adamski
DNP, APRN, ACNP-BC, CCRN, FCCM



Michelle Patch
PhD, MSN, APRN-CNS,
ACNS-BC
Assistant Professor
Johns Hopkins School of
Nursing

Michelle Patch is a board-certified adult health clinical nurse specialist and Clinical Nurse Scientist track coordinator in the Johns Hopkins School of Nursing’s DNP-Advanced Practice Program. She also has extensive experience in emergency management and disaster response, including former service as a U.S. Navy Nurse Corps officer, operations chief for Johns Hopkins Medicine’s COVID-19 Unified Command Center, and director of Johns Hopkins School of Nursing’s COVID Vaccine Volunteer Program that deployed resources for vaccine clinics across Washington, DC and Maryland.

Across all of the diverse roles involved in disaster response, the principles of mission, mindset, and team building have been the most important components of response. On the topic of trauma-informed leadership, Dr. Patch



Phases of Disaster

added that during disaster response, there is a psychological curve (pictured right) that can anticipate how team members and leaders will be feeling at different time points. She shared that this can serve as a tool for managing concerns and responding proactively to needs in shifting circumstances.

“Having clarity of purpose—what that ultimate goal for what the disaster response should be—and then how we each could contribute toward attaining that goal, both uniquely as well as in a team, helped immensely in all of these situations when we were navigating tense situations, and troubleshooting fast-changing situations,” Dr. Patch highlighted.



FEMA Crisis Counseling Assistance and Training Program Guidance CCP Application Toolkit, Version 5.0, July 2016.



K. Kelly Hancock
DNP, RN, NE-BC, FAAN
Chief Caregiver Officer
Cleveland Clinic

As Chief Caregiver Officer for the Cleveland Clinic health system, K. Kelly Hancock leads the development and implementation of all aspects of caregiver engagement for Cleveland Clinic’s 75,000 caregivers. With a focus on enhancing the health system’s team-based culture, Dr. Hancock provides strategic direction and expertise for the organization’s human resources function domestically and internationally. The COVID-19 pandemic has heavily impacted nurse leaders and the workforce as they have had to navigate complex and challenging issues. The most pressing challenges that Dr. Hancock highlighted are increased demands in patient care, increased rates of burnout among the healthcare team, and lack of retention in staffing.

Despite these challenges, Dr. Hancock emphasized that the COVID-19 pandemic has also served as a catalyst for change in recognition of the importance of

mental health and well-being for nurses and nurse leaders.

“At the end of the day, we know that many nurses are feeling emotionally and physically exhausted. It is our duty, and more importantly, it is our responsibility to change this narrative. We need outstanding nurse leaders to perform at their best to help transform our healthcare systems, and this means we need to protect their mental health and holistic health,” Dr. Hancock shared.

New initiatives at the Cleveland Clinic include the creation of a unified caregiver office that serves the system’s caregivers with a “caring for caregivers” program designed to preserve, restore, and enhance their well-being through counseling, training, and online community resources.



Peter Buerhaus
PhD, RN, FAAN, FAANP(h)
Professor
Montana State University
College of Nursing

Peter Buerhaus is a Professor of Nursing and Director of the Center for Interdisciplinary Health Workforce Studies at the College of Nursing, Montana State University. His body of work has focused on developing and testing measures of hospital quality of care, determining public and provider opinions on issues involving the delivery of health care, and forecasting nurse and physician supply. As a highly regarded healthcare economist, his presentation offered the long-term perspective on the financial impact the pandemic will have on the workforce.

Dr. Buerhaus emphasized that positive messaging surrounding nursing as a profession must be enhanced and expanded in order to grow the nursing workforce and avoid shortages. He added that the profession must prepare for the retirement of approximately 500,000 nurses nationally from the Baby



Boomer generation, and plan for the related loss of experience, knowledge, mentorship, and leadership.

Additionally, Dr. Buerhaus shared that the COVID-19 pandemic presents an opportunity for nurses to reset their relationship with hospitals. Dr. Buerhaus added that the nurse practitioner workforce is estimated to more than double by 2030. He recommended that restrictions on the practice of these providers be lifted so that they may be leveraged within the workforce to provide better care and improved access to underserved populations. Finally, Dr. Buerhaus discussed the growing demands for specialists in areas such as primary care, mental health, geriatrics, and women's health and called on nursing leaders to produce a workforce that will meet these demands.

By producing high-value care that results in better outcomes at lower costs, nurses can contribute to the economic well-being of hospitals in a value-based payment system and increase their own power within the organization to address burnout, autonomy, and staffing concerns.

"As we think about and formulate workforce policies, they should be grounded in a deep understanding of the strengths of our workforce and how to leverage them," Dr. Buerhaus shared.

BREAKOUT SESSIONS

To facilitate open dialogue, participants joined four separate breakout panel discussions on different themes explored by the guest panelists. The discussions were centered on:

- Sustaining Pandemic Innovations;
- Impact on Frontline Clinicians & Related Policy;
- Well-Being of Nurse Leaders; and
- Policy Surrounding Workforce.

SUSTAINING PANDEMIC INNOVATIONS

Participants in the breakout session discussed the impact of full practice authority for advanced practice registered nurses during the pandemic and shared that the expansion led to positive outcomes for patients as well as cost savings. A need for the continuation of full practice authority was identified, with expansion of efforts at the federal level. Participants also discussed support for expanded compact licensure to allow nurses to practice where needed. Additionally, participants discussed prelicensure opportunities for healthcare students to get involved in their communities to meet needs, such as during the COVID-19 pandemic when they were able to participate in vaccination clinics and support hospitals in underserved areas. Participants agreed that reducing the burden of required documentation for nurses should be sustained after the pandemic. Finally, participants identified the continuation of telehealth services after the pandemic and reimbursement for telehealth as critical ways to bolster public health capabilities. These practices should be addressed and implemented through policy.

IMPACT ON FRONTLINE CLINICIANS & RELATED POLICY

Participants in this breakout session discussed the implementation of relief teams—which proved effective in military operations—in healthcare settings to provide direct frontline workers respite during the pandemic. Additionally, participants identified a need for the reinforcement of indirect time that nurses spend on shift besides direct patient care. Another issue identified concerned models of care and pay inequities, especially in regard to the long-term impact of travel nurses. Participants agreed compensation models should be an area of policy focus moving forward. Finally, participants discussed addressing vulnerability among healthcare workers, particularly the challenges associated with being called a hero publicly but experiencing trauma privately. A focus on integrating support for mental health and addressing Post Traumatic Stress Disorder (PTSD) was identified.

WELL-BEING OF NURSE LEADERS

Participants in this breakout session identified a need for services and roles within organizations that are solely dedicated to promoting the well-being of nurses and nurse leaders, as Dr. Hancock has established at the Cleveland Clinic health system. In addition, nurse leaders need reassurance that they are in a position to



create positive work environments. Improved team functionality leads to cost-saving and enhances patient outcomes as well as experience. Participants discussed the expansion of full practice authority as well to shift models of care and reduce burden on the profession. Finally, participants discussed providing educational training for nurse leaders in order to empower them to provide emotional support for themselves and their teams.

POLICY SURROUNDING WORKFORCE

Participants in this breakout session recommended the establishment of a commission, similar to the National Health Care Workforce Commission established as part of the Affordable Care Act, to analyze and inform decision-making related to workforce needs. In addition, participants discussed the role of regulation in improving workforce pressures. There is a need for more metrics to measure the value of nurses and for greater emphasis on public health in nursing education. Finally, participants shared that mental health is a top priority, around the globe, and more specialists in mental health are critical to serve nurses, patients, and communities, particularly in rural areas.



KEY TAKEAWAYS

The Mental Health and Well-Being of Nurses & Nurse Leaders Must Be Addressed

Burnout, stress, and PTSD among healthcare workers have only risen since the start of the COVID-19 pandemic. More resources, recognition, and support are needed, especially for nurse leaders to support nurses impacted by trauma.

The Pandemic Has Spurred Innovations That Should Be Sustained

The expansion of telehealth, full practice authority, compact licensure, and the reduction in documentation regulations for nurses have positively impacted patient outcomes.

Education Must Meet Demand for Nursing Specialties

The demand for nurse specialists in areas such as mental health, geriatrics, and women's health are predicted to grow beyond capacity. Schools of nursing must anticipate these demands.

The Nursing Workforce Pipeline Must Shift to Prepare for Future Needs

The profession must prepare for the retirement of hundreds of thousands of nurses in the coming decade and strengthen positive messaging around the profession to grow the workforce.

The COVID-19 Pandemic Can Serve as a Catalyst for Reform in Nursing

The pandemic has demonstrated the need for rethinking models of care, compensation models, and resources provided to nurses and nursing leaders. Nurse leaders have an opportunity to shift the conversation and address compensation, staffing, and other pressing needs.

Investment in a Healthcare Workforce Commission is Critical

Federal efforts must be directed toward researching, analyzing, and crafting policies that address pressing workforce needs.



RECOMMENDATIONS

1. Support the creation of roles and resources within healthcare organizations dedicated to the mental health and well-being of nurses and nurse leaders.
2. Invest in a federal healthcare workforce commission to research and innovate solutions for critical workforce needs.
3. Expand policies regarding telehealth, full practice authority, compact licensure, and reduced documentation burdens for nurses.
4. Strengthen and communicate widely a nursing narrative surrounding the nursing profession to motivate prospective nurses and grow the workforce.
5. Implement incentives to anticipate increased demands for nurse specialists in areas such as mental health.
6. Integrate military and disaster response best practices to support nurse leaders and teams.
7. Invest in nursing science to study the impact of COVID-19 on patients, families, communities, and healthcare providers, including the impact of long COVID and sustained moral distress.

ACKNOWLEDGEMENTS

GUEST PANELISTS

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Peter Buerhaus, PhD, RN, FAAN, FAANP(h)
K. Kelly Hancock, DNP, RN, NE-BC, FAAN
Michelle Patch, PhD, MSN, APRN-CNS, ACNS-BC

MODERATOR

Rosanne Raso, DNP, RN, NEA-BC, FAAN, FAONL*

BREAKOUT SESSION MODERATORS

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