Meeting Minutes: 155th NACNEP Meeting, December 6-7, 2023

The 155th meeting of the National Advisory Council on Nurse Education and Practice (NACNEP, or the Council) was held December 6-7, 2023. The meeting was hosted by the Division of Nursing and Public Health (DNPH), in the Bureau of Health Workforce (BHW), Health Resources and Services Administration (HRSA), Department of Health and Human Services (HHS), and conducted in-person and by a remote videoconference platform. In accordance with the provisions of the Federal Advisory Committee Act (Public Law 92-463), the meeting was open to the public for its duration.

Council Members in Attendance

Interim Chair: Dr. Justin Bala-Hampton
Ms. Susan Cannon
Ms. Patricia Dieter
Ms. Kristie Hartig
Dr. Meredith Kazer
Dr. Kae Livsey
Dr. Nina McLain
Dr. Courtney Pitts
Dr. Carolyn Porta
Ms. Constance Powers
Dr. Teresa Shellenbarger
Ms. Christine Smothers

HRSA Support Staff Present:

Mr. Raymond J. Bingham, Division of Nursing and Public Health, HRSA
Ms. Janet Robinson, Advisory Council Operations, HRSA
Ms. Zuleika Bouzeid, Advisory Council Operations, HRSA

Wednesday, December 6, 2023

Welcome and Introductions

Dr. Justin Bala-Hampton, the NACNEP Designated Federal Official (DFO) and Interim Chair, convened the 155th meeting of NACNEP on Wednesday, December 6, 2023, at 9:00 a.m. ET. He welcomed the Council members to the HRSA headquarters for the first in-person NACNEP meeting in over three years. He stated that the purpose of NACNEP was to provide advice and recommends to the HHS Secretary and to Congress on policy and program development activities pertaining to the federal programs authorized under Title VIII of the Public Health Service (PHS) Act, covering a range of issues related to the nursing workforce, nursing education, and nursing practice improvement. He noted that the Council was currently comprised of 11 of a possible 23 total members. As described under the Council's authorizing legislation, Section 851 of the PHS Act, the NACNEP members represent: nursing students and professionals at all levels, schools of nursing, healthcare organizations, and the public.

Dr. Bala-Hampton conducted a roll call, indicating the attendance of all eleven of the Council's current appointed members – eight attended in person, and three attended remotely by videoconference. He confirmed the presence of a quorum, allowing the meeting to proceed.

Dr. Bala-Hampton stated that he had reviewed the draft minutes from the 154th NACNEP meeting in August 2023 and they had been provided to the members. He asked if any members had comments, questions, or edits. Receiving no response, he accepted the minutes into the Council's record.

HRSA Updates

Diana Espinosa, MPP
Deputy Principal Administrator, HRSA

Dr. Bala-Hampton introduced Diana Espinosa, Deputy Principal Administrator, HRSA. Ms. Espinosa explained that she was filling in for Carole Johnson, the HRSA Administrator, who was unable to attend. She thanked the Council members for the time they invest in serving on a federal advisory council.

Ms. Espinosa described the mission of HRSA as working to improve health outcomes and achieve health equity through developing a skilled healthcare workforce, improving access to high-quality health services, and developing innovative, high-value programs. She noted that millions of Americans receive quality, affordable health care and other services through the 90-plus programs that HRSA oversees. She noted the role that the nursing profession, as the largest of the health professions, plays in improving health care access. She pointed to recent funding opportunities through BHW that are focused expanding the nursing workforce in behavioral health care and maternal care, two of HRSA's current top priorities.

Ms. Espinosa said that in fiscal year (FY) 2023, HRSA's National Health Service Corps (NHSC) supported the training of over 22,000 health professionals, including over 10,000 nurses. In FY 2022, the last year with full data available, HRSA supported a total of over half a million clinicians, including 31,000 nurses, with roughly 66 percent of training sites serving medically underserved areas.

Ms. Espinosa said that HRSA recognizes the many stresses facing the current nursing workforce, noting that a recent survey found high levels of burnout and intention to leave among nurses and other health professionals. She noted that HRSA received funding through the 2021 American Rescue Plan Act (ARPA) for programs to support health provider resiliency and mental health. In August 2023, HRSA announced over $100 million in funding to expand the nursing workforce with a focus on addressing the increased demand for registered nurses (RNs), licensed practical nurses (LPNs), certified nurse midwives, and nurse faculty. She said that HRSA was anticipating publication of the results of its most recent National Sample Survey of Registered Nurses to help inform its workforce investments. She expressed appreciation for the input that NACNEP provided in the first HHS Health Workforce Strategic Plan, published in 2021.

Q and A

There was a comment from a Council member about the integration of RNs into primary care, noting that HRSA-funded health centers could advance models for interprofessional practice. It was noted that current billing procedures under the Centers for Medicare and Medicaid Services (CMS) treat nursing services as a cost center, and do not allow for RNs or advanced practice registered nurses (APRNs) to bill for their services to generate revenue. Ms. Espinosa replied that HRSA had participated in health center conferences to emphasize the development of interprofessional teams, and BHW funding notices for health centers have promoted the integration of nursing services in care models.

Presentation: Bureau of Health Workforce Updates

Luis Padilla, MD
Associate Administrator of Health Workforce
Bureau of Health Workforce, HRSA

Dr. Padilla thanked the Council for their work on improving the nursing workforce across the country. He noted that HRSA programs reach trainees, students, and clinicians across the country, and that HRSA had increased its focus on strengthening the nursing workforce and finding innovative solutions to develop a workforce that meets the needs of the country, particularly in rural and underserved areas.

Dr. Padilla reviewed some of the impacts of the COVID-19 pandemic on health workforce attrition, noting that almost 80 percent of workers report staff shortages, around half report symptoms of burnout, and 29 percent report an intent to leave their current position. He discussed the struggles of the behavioral health workforce in addressing a range of societal issues including substance use, eating disorders, depression, and suicide.

Dr. Padilla provided a brief overview of BHW programs working to build the health workforce and reviewed the recent budget history of BHW, with increased funding from APRA to expand the NHSC and create new medical and nurse practitioner residencies, along with programs to support provider resilience and well-being. He listed the HRSA workforce aims:

- Increase Supply
- Improve Distribution
- Advance Health Equity
- Promote Resilience
- Amplify HRSA's Impact.

In addressing the needs of the nursing workforce, Dr. Padilla noted that HRSA projected a shortage of over 140,000 nurses by 2035. He highlighted HRSA efforts to increase the number of nurses while enhancing nursing education and practice through a range of programs intended to expand the maternity care nursing workforce, facilitate the pathway to RN training, and broaden access to simulation training to improve quality. He noted that HRSA was attempting to address NACNEP recommendations in educational infrastructure, faculty, and preceptors, among other areas, to make the nursing profession attractive and to incentivize a greater number of talented students to pursue nursing careers.

Dr. Padilla stated that promoting resilience was an important component of workforce development, and has become a major HRSA aim. As a result, HRSA provided funding for a technical assistance center [Health and Public Safety Workforce Resiliency Technical Assistance Center (HPSWRTAC)], designed to help recipient organizations of HRSA's workforce resiliency grants rapidly deploy evidence-informed or evidence-based strategies that promote mental and behavioral health, prevent suicide, and reduce burnout and substance use.

Dr. Padilla listed the BHW funding opportunities expected in FY 2024 for pipeline programs, public health, behavioral health, medicine, and nursing. He also highlighted the health workforce data and tools available through the data.HRSA.gov web pages, including updates to the Area Health Resource files, health professions training programs, and a new Nursing Workforce Dashboard.

Dr. Padilla asked NACNEP members and others to consider serving as HRSA grant reviewers to participate in the evaluation process for applicants to HRSA grants. He added that work as a reviewer helps in learning about the grantmaking process and promotes networking with other individuals and organizations with shared interests.

Lastly, Dr. Padilla discussed HRSA's ongoing efforts to increase stakeholder engagement by reaching out to entities that had not traditionally sought HRSA funding. He cited the example of historically Black colleges and universities and other minority-serving institutions that have a history of attracting a diverse, high-caliber student population and may be eligible for several HRSA programs. However, only a few apply or succeed in getting funded. Since HRSA has an interest in diversifying the workforce, the agency is exploring ways to help these school be more aware of funding opportunities and more competitive when applying for grants.

Q and A

There was a question from the Council about the ability of HRSA and BHW to provide health workforce projection data at the county level. Dr. Padilla replied that HRSA is always interested in more granular data, but collecting data that is sufficiently robust for HRSA to use and share at the county level is difficult. Thus, most HRSA workforce data remains at the national, regional, or state level.

There was question about the intent of the HRSA-funded technical assistance center on health provider resilience. Dr. Padilla responded that the resiliency programs follow two paths: one to create and build programs that improve access for individual clinicians and providers to services that promote resilience, and the other to fund broader programs that promote staff resilience and decrease burnout. The HPSWRTAC is designed to evaluate and disseminate some best practices for hospitals and other health care organizations to incorporate at the system level in promoting the well-being and resilience of their workforce.

There was a further question related to HRSA's data collection on the nursing workforce. It was noted that a recent HRSA policy brief on long-term care support services appears to minimize or overlook the role that RNs play in meeting the needs of long-term care patients, indicating that nursing roles may not be captured in these and other practice settings. Dr. Padilla said that he would have to refer the question on nursing in the long-term care report to HRSA's National

Center for Health Workforce Analysis, as there might be a technical reason of how the care services were defined. HRSA has been taking steps to get the best data possible on workforce composition, size, and distribution. However, there are limitations to the types of data that HRSA can collect.

Presentation: The Nursing Workforce and the Need for Innovation

Dan Weberg, PhD, MHI, BSN, RN, FAAN
Executive Director, Nursing Workforce Development and Innovation
Kaiser Permanente

Dr. Daniel Weberg spoke about innovative solutions to support nurses in the emerging health care landscape, with a focus on transition to practice, workplace wellness and flexibility, and the incorporation of new technologies into health care. He listed three reasons why an industry becomes more receptive to innovation:

1. **Fractures and fault lines that decrease the relevance of the service to consumers.** The healthcare system lacks the appropriate data to forecast where nurses are needed most. In addition, nurses are often treated as a commodity, not as skilled professionals. Workforce trends show an increased desire among younger nurses for flexibility and mobility, and nurses are more willing to switch workplaces to seek better value and pay.

2. **Unpredictable or "unthinkable" events, such as the COVID-19 pandemic, that change population mindsets.** Experiences from the pandemic have changed the outlook of many nurses. Meanwhile, emerging from the chaos of the pandemic presents an opportunity to lower the barriers to change. The nursing profession needs to take advantage, or it could find itself going backwards.

3. **Running out of road, when products or services fail to keep pace with advances.** Projections indicate that the country needs to train over 200,000 new nurses every year through 2029, but nursing schools lack sufficient capacity. In addition, nursing schools need to develop partnerships with practice settings to streamline the training process, and to improve the use of simulation and related technologies and informatics. For example, nurses need to learn about how appropriate use of artificial intelligence can improve care, instead of focusing on negative aspects that threaten to get in the way of providing personalized patient contact.

Dr Weberg noted some changes being initiated by several technology companies such as Amazon, Google, Apple, and others, in adding primary care services, extracting data from electronic health records, and expanding urgent care, radiology, and vision services. The nursing profession will need to partner with these new entities in order to move forward.

Dr. Weberg reviewed the results of a 2021 survey on the state of the nursing workforce during the pandemic, noting that over three-quarters of respondents reported stress, almost half reported worsening mental and/or physical health, around 30 percent reported symptoms of depression or anxiety, and one-third reported increased alcohol intake. He also noted that hospitals often have policies restricting access to information technologies in the workplace, forcing nurses to work

with outdated information. Training methods for both nursing students and practicing nurses are not matching the technology advances in the practice environment. Given these disruptions in the healthcare sector, nursing must stay relevant not by doubling down on the past, but instead by investing in the future. He called on HRSA to look toward investing its resources in areas that can amplify the disruptions to improve nursing education and practice.

Dr. Weberg examined the evolving use of technology in nursing education, which include developing interconnected learning modules to replace block content, improving access to evidence-based tools, and promoting team-based learning. He also noted the changes within the workforce, with younger nurses desiring more flexibility, and workplaces requiring team-based training to better match clinician skill levels with the needs of patients.

Dr. Weberg pointed to several resources driving nursing innovation. The American Nurses Association (ANA) has a Council focused on the future of healthcare, and the American Nurses Foundation (ANF), the philanthropic arm of the ANA, is funding new nursing models within education, practice, and research, as well as exploring new reimbursement policies, in order to advance the nursing profession. He said HRSA can play a role in spreading the word on successful, evidence-based models. In conclusion, Dr. Weberg emphasized the need for the nursing profession to overcome fear of change and embrace innovation.

Q and A

There was a comment from the Council about a study which indicated a higher level of satisfaction among nurses working for a nurse staffing agency versus within a hospital or health system. Dr. Weberg replied that a staffing agency charges hospitals to provide nurse staffing, thus the agency values its nurses as the primary revenue-generating engine. In contrast, hospitals and health systems that employ nurses tend to view nursing services as a cost to be minimized.

There was a question regarding innovations in the way that hospitals schedule nurses, which has a large impact on quality of life for the nursing staff. Dr. Weberg noted that different health care systems are trialing more flexible and real-time staffing and scheduling models to improve the match between the needs of patients and the skill sets of the nurses providing care.

There was a comment that many graduate-level nurses must continue working while pursuing advanced education, thus indicating a need to develop a sustainable funding model for graduate nursing education similar to the graduate medical education model, which receives federal funding for medical residency programs. Dr. Weberg said that Kaiser Permanente invests significant resources in its nursing staff through scholarships and tuition reimbursement for advanced education, and is exploring creative ways improve the pathways for individuals to enter the health professions. He added that there is a need for better data on the nursing workforce and that he is a proponent of nurses obtaining a National Provider Identifier number to improve workforce tracking. In addition, the professional organizations that represent nurses need to come into greater alignment to strengthen the voice of nurses. Lastly, he noted that nursing often comes under attack from other health professions, citing the example of a recent campaign by the American Medical Association to promote physicians over comparably prepared nurse practitioners. Better workforce and health outcomes data could help in assessing the impact of nursing on lowering costs and improving value in health care.

Presentation: The Student Perspective

Lauren Lodico
President, National Student Nurses' Association

Ms. Lauren Lodico, a senior nursing student and president of the National Student Nurses' Association (NSNA) for the 2023-2024 term, noted that NSNA has a membership of around 50,000 nursing students in the United States, and it holds two meetings every year with a focus on leadership and career development activities, networking, and employment opportunities. She described the mission of NSNA as focused on three areas of student development:

- Mentorship – helping students prepare for initial licensure as registered nurses,
- Professional preparation – conveying the professional standards, ethics, and skills that students need to become leaders, and
- Advocacy – promoting policies that advance nursing education and ensure access to high-quality, evidence-based health care for all.

Ms. Lodico said that NSNA had recommendations for NACNEP under two categories: preparing practice-ready nurses, and improving the nursing education experience. She emphasized that nursing schools should prepare students not simply to pass the RN licensure exam, but to become professional RNs to the best of their capabilities. She noted that ANF defines practice ready nursing programs as "helping ensure newly graduated nurses can immediately contribute to and succeed in a variety of settings where patients need care." She referenced a survey that revealed nursing students want more preparation in skills such as intravenous line insertion and participation in mock code situations, as well as increased training in the use of medical records systems, more diverse clinical locations outside of acute care units, and greater incorporation of simulation and related technologies.

To improve the educational experience, Ms. Lodico noted four focal points: (1) make nursing education more affordable, (2) reduce student debt, (3) improve accessibility through educational supports, and (4) enhance student quality of life. Students have identified the need to make nursing education more affordable and accessible to attract more students with a wider range of backgrounds. In addition, students desire an improved quality of life by allowing adequate breaks between lecture classes and clinical rotations, incorporating self-defense classes to help students improve safety and manage potentially threatening situations, providing mental health resources, and promoting leadership training.

In closing, Ms. Lodico summarized a statement from Dr. Jennifer Kennedy, president of the ANA, in saying that if nurses do not join the future in health care education and technology, they will be left out of the conversation all together and the future will happen without their input.

Q and A

One Council member asked about the experiences within NSNA that student members find most valuable in their preparation for nursing practice. Ms. Lodico replied that many students have found externship programs beneficial in providing a more in-depth and hands-on exposure to clinical practice environments. She also noted her own experiences within NSNA as she worked her way up from local chapter officer positions to serve as the NSNA president, adding that students often need encouragement from faculty to pursue their leadership potential.

Dr. Kenya Williams, the NSNA Executive Director, highlighted the NSNA leadership honor society as a way that the organization can bring promising nurse student leaders together. She also noted the work of past and present NSNA members in creating task forces to help formulate and implement state- and national-level health policy. She said that faculty need to look at leadership opportunities as a practicum, to help students learn the scope and skills of leadership to bring into the clinical setting once they graduate and become licensed RNs.

There was another question related data on the geographic locations of leadership program opportunities. Dr. Williams responded that NSNA does collect data on geographic distribution, noting that schools in some regions report a high student participation in NSNA leadership programs while there is a drop-off in other regions. NSNA is working to develop more comprehensive data to improve its national programs, and to dessiminate more information on the importance of increasing leadership growth opportunities across the spectrum of nursing undergraduate and graduate programs.

Council Discussion: NACNEP 19th Report Final Review (Day 1 and Day 2)

Meredith Kazer, PhD, APRN-BC, FAAN
Nina McLain, PhD, CRNA
Co-Leads, NACNEP 19th Report Writing Group

Dr. Bala-Hampton turned the floor over to Dr. Meredith Kazer and Dr. Nina McLain, the co-leads of the Council's 19th Report working group, for a review and discussion of the final report draft. Dr. Kazer noted that the Council had voted to approve four recommendations during its May 2023 meeting. As a result, the Report was divided into four sections:

- *Salary Equity and Sustainability for Nurse Faculty*
- *Educational Infrastructure Advancement*
- *Paid Nursing Student Internships with Incentivized Mentorship*
- *Professional Development and Compensation of Preceptors*

There was some discussion on changing the images in the draft to more accurately reflect the content. There was a suggestion to include the names of all of the speakers who presented to the Council and shared their expertise on topics related to the 19th Report to the Acknowledgements section of the final report. Several Council members also provided feedback to incorporate into the report text, with a particular focus on developing clearer definitions of the terms around "preceptor" and "preceptorship." Members of the report writing group incorporated this feedback to revise several entries in the glossary section of the report.

On the second day of the meeting, with these suggestions noted and edits in place, the Council members voted unanimously to approve the report for release, pending minor grammar or formatting edits. The 19th Report is due for release by January 2024.

Closing

Dr. Bala-Hampton adjourned the first day of the meeting at 3:30 p.m. ET.

Thursday, December 7, 2023

Opening remarks

Dr. Bala-Hampton welcomed the Council members to the second day of the meeting and took a roll call, confirming the presence of a quorum.

Presentation: Division of Nursing and Public Health Overview

Tara Spencer, MS, RN
Deputy Director
Division of Nursing and Public Health, BHW, HRSA

Adanna Agbo, DrPH, MPH, MSN, RN
Chief, Advanced Nursing Education Branch
Division of Nursing and Public Health, BHW, HRSA

Ms. Tara Spencer, DNPH Deputy Director, stated that DNPH administers and provides oversight to the BHW nursing, behavioral, and public health workforce development programs under Title VII and Title VIII of the PHS Act (except the Nurse Corps, which is administered separately). DNPH has an annual budget of over $600 million. It awards funds to academic institutions, clinical facilities, and community partners through several funding mechanisms, including grants, cooperative agreements, and contracts.

Ms. Spencer said that DNPH programs work to expand academic-practice partnerships, enhance nursing curricula and clinical training, and promote faculty development and continuing education opportunities. DNPH is divided into three branches:

- Nursing Education and Practice, focusing primarily on undergraduate nurses.
- Advanced Nursing Education, overseeing programs for graduate-level education, advanced practice nursing, and nurse faculty.
- Behavioral and Public Health, addressing the workforce in a wide range of areas including behavioral health, public and community health, and maternal health.

Ms. Spencer noted that the aims of the HRSA workforce programs focus on supply, access, distribution, and quality. The focus areas for BHW included behavioral health, community health, and maternal health. Within DNPH, the prominent themes include examining the nurse's role in primary care, improving workforce diversity, addressing the social determinants of health, promoting interprofessional team-based care, advancing innovative models of training and practice such as virtual learning and telehealth, supporting academic-practice partnerships to bolster nursing education, and establishing and improving APRN residency programs.

Dr. Adanna Agbo presented some data on how DNPH had addressed the needs of the communities it serves. From during the 2021-22 period (the latest data currently available), DNPH supported the training of over 31,500 nurses, 43 percent of whom were from disadvantaged backgrounds. Noting the HRSA efforts to improve health care access, Dr. Agbo said that around 64 percent of the training sites were located in rural or other medically underserved communities, 78 percent served children and adolescents, 77 percent served older

adults, 65 percent served individuals with mental illness or substance abuse disorders, 67 percent served low-income individuals and families, and 71 percent served individuals with disabilities. Related to workforce distribution, Dr. Agbo noted that around 30 percent of the graduates of HRSA programs chose to work in underserved communities, 17 percent entered primary care, and 10 percent practice in rural settings. In addition, around 14 percent go on to serve as full-time nurse faculty, and another 7 percent as part-time faculty.

Dr. Agbo discussed the DNPH efforts to promote health equity, in alignment with the HHS mission to provide essential human services. As a result, DNPH was working to increase the diversity of the students it attracts to its programs. DNPH had developed academic, peer, and social supports necessary to facilitate and maintain the academic success of students from disadvantaged backgrounds. These efforts have included strategies to improve student resiliency and well-being in order to prevent burnout along the nursing educational pathway.

Dr. Agbo said that the DNPH areas of focus for the future include:

- Improving nurse wellness.
- Retaining nurses in practice.
- Ensuring systems are built to support the role of the nurse, help nurses succeed, and broaden access to healthcare services.
- Fostering a culture of wellness within training programs.

Dr. Agbo provided some examples of clinical-academic-practice partnerships that are developing new models of recruitment, training, engagement, and retention.

Q and A

There was a comment that the formulas used by HRSA in evaluating grant applications do not take into full consideration if the applicant school serves a rural or underserved area. Dr. Agbo replied that HRSA had expanded its formulas in the last few years to improve how they address rural and underserved areas, and is continuing to hold conversations to improve support for rural schools in competing for grants.

There was another comment expressing concern about the term "resiliency," as programs to address resilience may place the burden of finding a solution on the individual. There was a related comment on the system-level changes needed to address burnout and improve the work environment and interprofessional relationships. Ms. Spencer agreed, noting that HRSA programs aim to improve the healthcare workplace in how nurses are treated and valued.

There was another comment about the need to develop nurse leaders and place greater emphasis on building leadership skills. It was noted that the new generation of nurses typically expects greater job mobility and flexibility, and thus may not stay at one organization to rise through the ranks into leadership positions. Dr. Bala-Hampton agreed with the need for more leadership training, stating that it should start at the undergraduate or prelicensure stages. In addition, health policy should be a part of the curriculum at both the undergraduate and post-graduate levels to instill leadership capabilities and improve the ability of nurses to advocate for themselves and address system-level issues.

There was a question on how DNPH envisions addressing system-level change beyond the needs of providing individual patient care on a nursing unit. Dr. Agbo replied that DNPH intends to look creatively at how to align with the priorities of HRSA with the needs of the nursing profession. Thus, the recommendations from the Council can help to shift the agency's priorities. Ms. Spencer added that DNPH is tied to the authorizing legislation of its programs, but has the flexibility to address issues from different angles and push for different solutions. For example, she noted that hospitals might focus on the immediate need for more nurses on the ground, but there has to be a greater understanding that training more nurses also requires preparing more nurse faculty and developing nurses for leadership positions to strengthen the profession, improve patient care, and promote both resiliency and retention.

Presentation: Clinical Quality and Innovation

Toby Bressler, PhD, RN, OCN, FAAN
Senior Director of Nursing for Oncology & Clinical Quality
The Mt. Sinai Health System

Dr. Toby Bressler stated that she would present an overview of an innovative program aimed at reducing barriers to nursing practice and promoting a team-based approach implemented by the Mount Sinai Health System in New York City (NYC). She noted that nurses are essential for high quality care delivery, but they experience regulatory and institutional restrictions on their practice which prevent them from working to the full extent of their education and training within interprofessional teams. She said that eliminating institutional barriers to nursing practice is one key to establishing high-quality, interprofessional practice environments.

Dr. Bressler said that the emergence of the COVID-19 pandemic in the spring of 2020 hit NYC especially hard. However, the chaos it caused also provided an opportunity for health professionals to work together. For example, the rapidly-shifting parameters of patient care allowed APRNs to expand their role in symptom management, promote greater interprofessional interactions, and assume management of triage and infusion centers.

Dr. Bressler identified several barriers to APRN practice in the state of New York, including

- A requirement for restrictive collaborative physician practice agreements,
- Lack of hospital admitting privileges, and
- Restrictions of the ability to perform certain procedures or authorize certain services.

Dr. Bressler discussed some strategies used at Mount Sinai to reduce or eliminate these institutional barriers, including: review of institutional policies, revision of RN and APRN reporting structures, establishment of APRN leadership roles, and leveraging of nurse-physician relationships to elevate APRN practice. She shared that a shift to more APRN-led clinics led to:

- Doubling the number of patients seen.
- Increased cancer screenings.
- Increased follow-up visits.
- Establishment of survivorship clinics.
- Institution of RN educational visits prior to treatment.
- APRNs allowed to bill as providers, improving clinic revenue.

Dr. Bressler said that in the midst of the pandemic, many patients feared to come in-person to the clinic, even for routine screenings. In response, Mount Sinai instituted a mobile mammogram clinic with APRN leadership and staffed by patient care technicians who understood the local culture, to bring mammogram screening into underserved communities. She also noted anecdotal evidence indicating that patients who saw an APRN were more likely to return for follow up visits and adhere to the treatment plan, and thus were more likely to give a higher patient experience rating.

Dr. Bressler emphasized the importance of interpersonal relationships in helping to change the institutional culture and promote nursing care. She said that the physicians that she worked with became strong partners in promoting change at the senior level. For instance, when the nursing team worked with the breast surgeons to allow APRNs to conduct patient follow-up visits, the surgeons were able spend more time in the operating room. Also, the institutional reporting structures were changed, allowing APRNs to report to nursing leadership, rather than a physician, which had improved staff mentoring and coaching

Q and A

There was a comment on the value of the Mount Sinai example in showing the impact of nurse leadership on system change. There was a question about establishing synergistic interprofessional relationships with hospital leadership, as many physicians lack a good understanding of the roles of RNs and APRNs. Dr. Bressler acknowledged the complexity of the issue. She said that Mount Sinai received a grant to implement an intensive, in-person training program on team-building and communication. In addition, they trialed a pilot program to have the resident physicians spend part of a shift with a nurse, and to have nurses spend part of a day with a resident. One result was a decrease in safety event reporting, perhaps due to improved understanding and communication between medical residents and the nursing staff.

There was another question about how to steer conversations among colleagues and stakeholders to improve buy-in of new programs. Dr. Bressler replied that nurses need to understand the importance of mentorship and the value of policy in promoting change.

Presentation: Nurse Faculty Shortage Focus Areas Inquiry

Jocelyn Dillard, MPH
Public Health Analyst
Division of Nursing and Public Health, BHW, HRSA

Aroona Toor, MPH
Public Health Analyst
Division of Nursing and Public Health, BHW, HRSA

Jocelyn Dillard, MPH, and Aroona Toor, MPH, shared the results of a DNPH survey of HRSA nursing grant recipients on factors impacting nurse faculty recruitment and retention. Ms. Dillard noted that the U.S. is projected to experience a shortage of RNs and APRNs over the next several years as a result of nurses leaving the workforce due to retirement or burnout, an aging population that will require more health care, and a shortage of nurse faculty that limits the capacity of nursing schools to admit and educate more students.

Ms. Toor said that DNPH distributed the survey in the summer of 2022 to eligible recipients of several DNPH grant programs, and received replies from 37 schools representing both pre-licensure and post-graduate programs, and both urban and rural areas. The most common reported challenges in recruiting nurse faculty included low salary, location, inflexible work schedules or lack of work-life balance, competition with other nursing schools for a limited applicant pool, and the need to hire diverse faculty to mirror the student population. Recruitment strategies included offering remote work and smaller class sizes, promoting mentoring relationships with experienced faculty, allowing the flexibility to teach and to maintain clinical practice, and providing research and scholarship opportunities. Other strategies included tuition waivers and robust retirement packages.

In regard to faculty retention and development, challenges included an inadequate reward system, high workloads, non-competitive salaries, and limited funds and opportunities for professional development. Strategies to improve retention included efforts to promote work-life balance, incorporating requirements for professional development into accreditation standards, and focusing on wellness. Still, respondents identified non-competitive salaries as the primary challenge in retaining existing faculty.

From the survey findings, DNPH identified several needs to address:

- Fund more full-time nurse faculty positions at competitive salaries.
- Invest in faculty pipeline programs.
- Develop academic-clinical partnerships.
- Expand research and scholarship opportunities.
- Offer flexible work schedules.
- Foster an organizational culture that promotes wellness and decreases burnout.

Q and A

A council member asked if the survey differentiated the types of faculty appointments between tenured, tenured track, or adjunct faculty. Ms. Toor replied that there are limits to types of questions that federal agencies can ask grant recipients. Ms. Dillard added that the data from this survey are not granular enough to demark different types of faculty appointments.

There was a comment about specific challenges faced by state-sponsored schools regarding nurse faculty vacancies and salaries. State schools are often funded based on enrollment, but that fails to account for the faculty-student ratios needed in clinical settings or the service, scholarship, and research responsibilities of nurse faculty outside of teaching.

Discussion: NACNEP 20th Report Recommendations

Moderator: Justin Bala-Hampton, DNP, PhD, MPH, MILA, NP, AOCNP
Interim Chair, NACNEP

Dr. Bala-Hampton opened the floor for a discussion on potential topics, themes, and recommendations for the Council's 20th Report, due by January 2025. He reminded the members of the process in place to assure a smooth transition from the 19th Report to the 20th Report, to create the bridge between education and practice. He noted from past discussions that the 20th Report should focus on the practice component.

Council members raised a number of potential themes for the 20th Report on the current and anticipated needs of the nursing workforce, enhancing nursing practice, and promoting more positive practice environments in the post-pandemic period. Main topic points included:

- Strengthening collaboration between academic and practice settings to prepare practice-ready clinicians.
- Supporting nursing leadership development and defining nursing practice.
- Focusing on technology in health care education and practice, in line with current trends.
- Addressing nursing workforce diversity through internship/externship and residency programs and the community college system.
- Promoting professionalization within a new generation of nurses, who tend to emphasize work-life integration and career mobility.
- Advancing systemic changes in the health care system to support nursing and enhance interprofessional practice and team building.

Dr. Bala-Hampton stated that he would form work groups to help prepare draft recommendations for the 20th Report, which would be presented and discussed at the March 2024 meeting and voted on during the May 2024 meeting.

Public Comment

The Council received two comments from public attendees:

- Dr. Simmy King, a nurse educator and health care executive with the George Washington University Hospital, expressed support for the Council's discussions in the areas of transition to practice and apprenticeships, interprofessional communication in the health care workplace, environmental and workplace safety for nurses, and the need to train nurses in informatics and information technology.
- Ms. Christine Watkins spoke on the need to change the culture of health systems to support nursing practice, and the importance of focusing on work/life integration and balance for the new generation of nurses entering the workforce.

Business Meeting

Ms. Spencer introduced Dr. Leah FitzGerald as the newly appointed DNPH Director. By the Council's charter, the DNPH Director also serves as the NACNEP chair. Ms. Spencer thanked Dr. Bala-Hampton for his service as both the Acting NACNEP Chair and the DFO since the departure of the previous DNPH Director in December 2022. Dr. FitzGerald greeted the Council members. She noted that she was in the fourth day of her new position, and she looked forward to working with NACNEP in the future. She added that Dr. Bala-Hampton would continue to serve as acting chair for the current meeting to allow for a smooth transition.

Adjourn

Dr. Bala-Hampton noted that he would be following up with work groups on the dissemination of the 19th Report and the development of recommendations for the 20th Report. There was a motion made and seconded to adjourn the meeting, and the motion passed by unanimous voice vote. Dr. Bala-Hampton adjourned the meeting at 3 p.m. ET.

Acronym and Abbreviation List

ANA	American Nurses Association
ANF	American Nurses Foundation
APRN	Advance Practice Registered Nurse
ARPA	American Rescue Plan Act
BHW	Bureau of Health Workforce
CMS	Centers for Medicare and Medicaid Services
DFO	Designated Federal Official
DNPH	Division of Nursing and Public Health
FY	Fiscal Year
HHS	Department of Health and Human Services
HPSWRTAC	Health and Public Safety Workforce Resiliency Technical Assistance Center
HRSA	Health Resources and Services Administration
LPN	Licensed Practical Nurse
NACNEP	National Advisory Council on Nurse Education and Practice
NHSC	National Health Service Corps
NSNA	National Student Nurses' Association
NYC	New York City
PHS	Public Health Service
RN	Registered Nurse