

PREPARING FUTURE NURSES

RECOMMENDATION #1

Develop a strong and diverse nursing workforce that is representative of the communities served and is prepared to meet the growing health care needs of North Carolinians

Strategy 1

Expand early pathways to develop a nursing workforce that is representative of the population of North Carolina

Strategy 1.1 The North Carolina Nurses Association, North Carolina Future of Nursing Action Coalition, trade organizations representing employers of nurses, the North Carolina Department of Public Instruction, North Carolina Area Health Education Centers, the North Carolina Workforce Credentials Advisory Council, and health-related philanthropies in the state should collaborate to identify opportunities to partner with middle and high school counselors, career centers, and students to share information about health professional career paths—including the variety of pathways, degrees, and work settings for nursing.

Strategy 1.2 Employers of nurses should work with local public school units to develop nurse training Career and Technical Education programs in local high schools or increase capacity of existing programs.

Strategy 1.3 The North Carolina Future of Nursing Action Coalition should partner with myFutureNC, the North Carolina Association of Nursing Students, and the Health Occupations Students Association to develop a speakers bureau to partner with youth-focused organizations, including religious communities, community centers, and community-focused volunteer/philanthropic organizations (e.g., sorority/fraternity alumni organizations). The goal of this speakers bureau would be to provide information and guidance to middle and high school students about health professional careers in nursing. Speakers should receive training, key messages, and resources for students interested in learning more about nursing as a career.

Strategy 2

Increase nursing program collaboration, sharing of best practices, and connections with employers

Strategy 2.1 The Center on the Workforce for Health should convene a collaborative of North Carolina community college and university nursing programs to share academic best practices in addressing issues such as nurse faculty and student needs, pathway program support, and partnerships with local employers of nurses.

Strategy 2.2 University and community college nursing programs should commit to actively participating in the collaborative recommended in Strategy 2.1 with the goal of learning and sharing best practices and lessons learned to support nursing student success.

Strategy 3

Increase the number of North Carolinians graduating with nursing degrees by addressing faculty shortages

Strategy 3.1 Employers and educators of nurses, in partnership with the North Carolina Area Health Education Centers and the NC Health Talent Alliance, should collaborate to develop plans to align the demand for nurses with the ability of local institutions to educate nurses. These collaborations should identify shared investments and shared strategies to increase numbers of faculty to support education of nurses and increase graduation rates.

Strategy 3.2 The North Carolina General Assembly should leverage the information and plans developed through Strategy 3.1 to ensure there is an adequate number of nursing faculty in nursing programs and increase opportunities for innovative training solutions by:

- a) Partnering with UNC system, community college system, and North Carolina private educational institution leaders to:
 - i. Increase salaries for nursing faculty and educators.
 - ii. Identify and increase incentives for nursing students at the graduate level to attract and educate individuals for nursing faculty positions.
 - iii. Identify and increase incentives for educators/preceptors in clinical settings to attract and train individuals for these positions.
 - iv. Allocate funds to support nursing schools' capacity to integrate evidence-based high-quality simulation experiences for nursing students.
- b) Identifying and increasing incentives for institutions that develop, maintain, and financially aid academic and clinical partnerships in supporting nurse preceptors and the education of undergraduate and graduate nursing students.

APPENDIX A - RECOMMENDATIONS OF THE TASK FORCE ON THE FUTURE OF THE NURSING WORKFORCE

Strategy 4

Improve retention and graduation rates of nursing students by supporting economic and material needs and enhancing academic supports

Strategy 4.1 University and community college nursing programs should develop connections to NCCARE360 and other resources specific to addressing nursing student material supports and needs.

Strategy 4.2 North Carolina's community college and university nursing programs, employers of nurses, and state trade associations should partner to develop more opportunities for immersive experiences or internships in nursing during the learning process that provide financial compensation for participating students.

Strategy 4.3 The North Carolina General Assembly should allocate resources for university and community college nursing programs to "provide nursing students with better access to counseling and tutoring, additional faculty to provide remediation services and sessions, and academic services to develop math, writing skills, and test taking skills would likely lead to increase retention".

Strategy 5

Enhance the preparation of nursing students through more inclusive educational environments and curriculum

Strategy 5.1 The North Carolina General Assembly should commit to a data-driven approach to prioritizing investments in institutions that have a proven record of admitting, retaining, and graduating a diverse cohort of nurses that serve the communities with the highest health care nursing workforce needs.

Strategy 5.2 The collaborative of North Carolina's community college and university nursing programs [see Strategy 2.1] should identify evidence-based holistic admissions practices that have been shown to be effective at enrolling a diverse student body and share experiences and lessons learned with each other to support admission of diverse nursing student cohorts.

Strategy 5.3 University and community college nursing programs should:

- a) Implement plans to create nursing education environments and curriculum offerings that support inclusive excellence. Implementation should include ongoing evaluation and adjustment based on outcomes and feedback from students and faculty.
- b) Work with the North Carolina Organization of Nurse Leaders and the North Carolina Nurses Association to identify best practices in nurse leadership development in the academic and employer settings and opportunities to equitably identify the strengths and skills of current and future nurses that can be harnessed to encourage them to explore roles, additional education, etc., related to health care informatics, health care payment (e.g., value-based care), technology, and business.

Strategy 5.4 NC AHEC should contribute to the advancement of mentorship programs by:

- a) Completing an environmental scan to identify effective mentorship programs that support the development of underrepresented groups in nursing.
- b) Partnering with North Carolina's community college and university nursing programs, employers of nurses, and state trade associations to identify opportunities and strategies to replicate or tailor programs to different schools/communities.

DEVELOPING, SUSTAINING, AND RETAINING NURSES IN THEIR CAREERS

RECOMMENDATION #2

Enhance the educational and career advancement of nurses through all stages of their careers, particularly those serving in practice environments experiencing persistent shortage (e.g., hospital, long-term care, underserved, and rural settings)

Strategy 6

Strengthen transition to practice and early career development for nursing students and new graduates across all care delivery settings

Strategy 6.1 Academic programs in nursing, North Carolina Area Health Education Centers, and employers of nurses should collaborate to expand the availability of new graduate nurse residency programs, including in more underserved and community-based settings, such as rural communities and community-based nursing practice.

Strategy 7

Identify opportunities for nurses to participate in educational advancement, leadership, mentoring, and preceptorship

Strategy 7.1 Employers of nurses should consider:

- Partnering with academic institutions and NC AHEC to create cross-training and refresher course opportunities for nurses to transition into different specialty areas if desired, allowing for flexibility within nursing education and clinical practice.
- Prioritizing education initiatives and work schedule flexibility to support nursing staff seeking higher education opportunities, such as accelerated BSN programs, LPN to BSN, MSN entry programs, DNP, and PhD pathways.

Strategy 8

Strengthen opportunities and incentives for later-career nurses to participate in mentor and preceptor roles

Strategy 8.1 Employers of nurses should promote and support the concept of nurse mentor as a highly valued professional practice role and develop or sustain roles for nurses to serve as unit leaders, mentors, and preceptors that provide:

- Relevant management training and supports.
- Formalized systems of knowledge transfer and mentoring.
- Professional valuing of the nurse mentor role.

Strategy 8.2 North Carolina nursing associations should promote the concept of nurse mentor as a professional identity for experienced nurses and identify standards and practices for nurse mentorship and existing trainings.

RECOMMENDATION #3

Ensure a workplace culture that values the physical and psychological safety and well-being of nurses

Strategy 9

Create and promote a supportive and inclusive workplace culture

Strategy 9.1 Employers of nurses should:

- Adopt and promote a culture of equity and inclusion, train team members from all disciplines on principles of teamwork, equity and inclusion, make clear what the goals and expectations of training are, and implement a plan to address incidents of racism or bullying among nurses and/or interprofessional team members.
- Offer mechanisms for reporting unsafe working conditions, biases, discrimination, and injustice without fear of retaliation and make clear how those reports will be addressed and how data collected on incidents will be used. Organizational leadership should commit to strategies for oversight, action based on reports, and transparency about actions and outcomes.
- Routinely evaluate pay equity for nurses employed in their organization and adjust salary ranges among staff to address inter-organization pay disparities.

Strategy 9.2 The North Carolina nursing associations should:

- Educate members about available mechanisms for reporting unsafe working conditions and experiences of bias, discrimination, and injustice.
- Develop a mechanism for informal reporting and sharing of stories from nurses about experiences of bias, discrimination, and injustice.

APPENDIX A - RECOMMENDATIONS OF THE TASK FORCE ON THE FUTURE OF THE NURSING WORKFORCE

Strategy 10

Protect nurses from violence in the workplace

Strategy 10.1 Employers of nurses should increase attention to and promotion of workplace safety strategies to protect nurses from experiences of violence in the workplace. These actions should include:

- a) Using appropriate engineering controls to reduce the risk of violence and/or allow for early intervention.
- b) Establishing an evidence-based system within existing electronic health records to alert health care providers about patients with past violent, assaultive, or harassing behaviors in the health care setting and facilitate appropriate precautions for the protection of health care providers and the patient.
- c) Displaying signage that emphasizes the importance of respectful communication and behavior from patients and visitors, as well as other care team colleagues.
- d) Raising awareness for patients and visitors about potential criminal charges for assault on healthcare providers in hospitals.
- e) Offering or requiring evidence-based de-escalation training.
- f) Providing easily accessible trauma-informed care to employees who experience or witness workplace violence.

Strategy 10.2 The North Carolina General Assembly should help address the significant issue of violence in health care facilities by designating funding to help safety net organizations, critical access hospitals, and other less-resourced providers access evidence-based technology, other workplace tools, and evidence-based de-escalation and self-defense training to reduce the incidence of workplace violence.

Strategy 10.3 A neutral convener, such as the North Carolina Institute of Medicine in collaboration with the University of North Carolina at Chapel Hill School of Government, should facilitate a comprehensive review of the application and effectiveness of Session Law 2015-97. Perspectives should be gathered from health care providers (including nurses), people with disabilities, experts on the legal rights of people with disabilities, law enforcement, hospitals, other health care settings, and the North Carolina General Assembly.

- i. This group should discuss concerns about nurses being discouraged by employers or law enforcement to pursue charges after an assault and instances when an assault was a manifestation of a disability, or a result of the incongruence of aspects of treatment with disability needs.
- ii. The North Carolina General Assembly should apply perspectives gathered from representatives listed above to ensure that when adjudicating assaults on health care workers, there is a process to determine whether the assault was a manifestation of a disability and establish guidelines for sentencing that require consideration of the result.
- iii. The North Carolina General Assembly should consider expanding the settings that Session Law 2015-97 applies to.

Strategy 11

Increase awareness and support for the mental health of nurses

Strategy 11.1 Employers of nurses should help support the mental health and well-being of nurses by:

- a) Developing organizational training and services, including in nurse residency programs, for:
 - i. Leaders and managers to learn to recognize signs of mental health distress and appropriately connect colleagues to available supports.
 - ii. Evidence-based peer-to-peer solutions to support mental health and well-being, such as Stress First Aid.
 - iii. Recognizing burnout and reducing stigma around compassion fatigue.
- b) Raising employee awareness about existing services (e.g., Employee Assistance Programs [EAP]) and increasing access to counseling and mental health services, particularly during work hours.
- c) Adopting setting-specific practices that give nurses the opportunity to access team support in stressful moments.
- d) Ensuring sick leave policies clearly define mental health care as a legitimate use of sick leave and allow nurses to use sick leave days without penalty.

Strategy 12

Evaluate the current state of efforts to address equity in the nursing workforce

Strategy 12.1 Philanthropies (e.g., health care philanthropies) should provide funding to conduct an analysis of the current state of efforts to address equity in the nursing workforce in North Carolina's nursing schools and practice settings. Organizations to complete this analysis could include a school or schools of nursing in partnership, a nursing association, the Center on the Workforce for Health, Future of Nursing Action Coalition, or other organization with a concentration on the nursing workforce.

Strategy 12.2 The Sheps Health Workforce Research Center should conduct a statewide analysis of nurse pay differentials across and within practice settings and geographic areas of the state, and among different demographic groups. Results from this analysis should be used to inform employers and policymakers of pay disparities and opportunities for pay equity. Partners for this work may include the Department of Commerce and the Department of Labor.

RECOMMENDATION #4

Expand the role of nurses in leadership, shared decision-making, and team communication

Strategy 13

Create robust systems that involve nurses as leaders in decision-making that impacts their work environment, patients, and the interprofessional team

Strategy 13.1 Hospitals and health systems should create or sustain unit councils and hospital-wide shared governance councils that value nurse leadership in decision-making.

Strategy 13.2 Employers of nurses should:

- Appoint nurses to top organizational leadership positions that affect organization-wide policy, including institutional boards.
- Create organizational leadership roles that allow nurses to remain working in clinical practice in a part-time capacity if that is their preference.
- Ensure that diverse candidates are prepared to step into these roles by increasing leadership development, education, and opportunities for nurses throughout their careers.

Strategy 14

Improve communication and understanding within interprofessional care teams

Strategy 14.1 Employers of nurses should:

- Implement TeamSTEPPS training or a similar teamwork and communication curriculum for employees across professions (i.e., nurses, physicians, pharmacists, physical therapists, social workers, etc.) and along the continuum of employment.
- Ensure interprofessional care teams convene regularly to communicate about patient care.

Strategy 14.2 The North Carolina Board of Nursing and North Carolina Interprofessional Education Leaders Collaborative should partner with relevant licensing boards to create or use existing educational materials and reference guides to educate nurses, physicians, and other members of the interprofessional team on scope of practice of other disciplines on the health care team.

Strategy 14.3 The North Carolina Department of Health and Human Services and relevant stakeholder groups at the state level should coordinate to create documentation that clearly explains the roles of paramedics, medication aides, community health workers, and unlicensed personnel across health care settings.

RECOMMENDATION #5

Improve retention of nurses in practice environments with high rates of turnover or vacancies by addressing work environment issues such as workloads and offering flexibility in scheduling

Strategy 15

Expand opportunities for non-traditional employment schedules and settings and increase family-friendly workplace policies

Strategy 15.1 Employers of nurses should:

- Adopt innovative scheduling, contract, and role opportunities.
- Expand virtual nursing opportunities by conducting a thorough review of nursing roles and offering virtual nursing positions if appropriate to the setting.
- Implement family-friendly workplace policies.
- Provide options and flexibility for nurses to cross-train for multiple roles if that is their preference.

Strategy 15.2 The North Carolina Organization of Nurse Leaders should work with associations representing employers of nurses and other nursing partners to identify opportunities for sharing innovations in nursing roles in a variety of practice settings to expand opportunities for workforce flexibility and improvements in patient care.

APPENDIX A - RECOMMENDATIONS OF THE TASK FORCE ON THE FUTURE OF THE NURSING WORKFORCE

Strategy 16

Decrease the experience of high workload and documentation burden for nurses

Strategy 16.1 Employers of nurses should consider:

- Designating nurse-led interprofessional committee to review all documentation fields in their charting system, electronic or otherwise.
- Ensuring that nurses are part of the decision-making team about procurement of technology solutions; provide guidance on pilot testing, implementation processes, and strategies to navigate implementation challenges; and are provided resources for ongoing tech support.
- Identifying strategies to minimize the additional work that nurses are called upon to do to fill gaps left by inadequate support staff and other health care team members.
- Ensuring that job descriptions accurately reflect the role that is expected of the nurse and are updated as needed.
- Compensating nurses for time spent in required or optional trainings and finding opportunities to improve the efficiency of completing trainings.
- Improving awareness and knowledge about documentation tools available in the organization, such as speech recognition technology, dictation programs, and smart phrases for documentation of care plans and patient education.

Strategy 16.2 To incentivize time-limited commitments to serve in roles as health care support staff (e.g., environmental services, catering, etc.), associations representing employers of nurses should conduct an environmental scan of existing employment programs that pay for support staff to earn health care professional certifications or degrees and increase awareness of these programs.

Strategy 17

Retain nurses in North Carolina and incentivize practice in needed roles and rural areas

Strategy 17.1 The North Carolina General Assembly should implement:

- Expanded loan forgiveness programs and other incentives (e.g., financial assistance for higher education fees for children of nurses) for nurses who commit to practicing in rural areas, and
- Other incentives based on outcomes of the statewide nursing survey conducted by NC AHEC and the UNC Chapel Hill School of Nursing.

VALUING THE WORK OF NURSES

RECOMMENDATION #6

Equip nurses and the public to be strong advocates for nursing and health care improvement

Strategy 18

Enhance the ability of nurses to advocate for themselves and their profession

Strategy 18.1 North Carolina nursing associations should continue to provide advocacy training opportunities for nurses and identify ways to increase uptake of these opportunities.

Strategy 18.2 Employers of nurses should encourage nurse participation in nursing associations and coalitions and consider employee benefits that would pay dues and permit work time dedicated to participating in membership activities.

Strategy 18.3 The Center on the Workforce for Health should engage an advisory council to provide data, guidance, and best practices concerning efforts to address the nursing workforce crisis, provide critical perspectives from key interested parties, and decrease duplication of efforts. Representatives of the council should include nursing educators from community college and university settings, nurses with experience in a variety of health care settings, employers of nurses, and representatives of nursing associations and the Future of Nursing Action Coalition.

Strategy 19

Enhance the ability of the public to advocate for nurses

Strategy 19.1 North Carolina nursing associations should expand consumer outreach efforts to help support enhanced understanding of the value of nursing contributions to health care.

APPENDIX A - RECOMMENDATIONS OF THE TASK FORCE ON THE FUTURE OF THE NURSING WORKFORCE

RECOMMENDATION #7

Quantify the Value of Nursing Care

Strategy 20

Use value-based payment and develop mechanisms to quantify the importance of nursing in quality care

Strategy 20.1 North Carolina health insurance plans and payers and NC Medicaid should incorporate nationally recognized nurse-sensitive indicators for acute and ambulatory settings as part of quality measures for providers engaged in value-based payment arrangements. To start, this should focus on quality measures that are already being measured.

Strategy 20.2 The North Carolina Department of Health and Human Services, in partnership with nursing workforce researchers, should evaluate nurse-sensitive quality indicator data across providers to identify trends in staffing policies and team-based care approaches that are most supportive of higher quality.

Strategy 21

Explore opportunities for nurses related to National Provider Identifier (NPI) numbers

Strategy 21.1 All NC RNs should obtain an NPI to elevate and recognize them as clinicians providing vital services to patients.

RECOMMENDATION #8

Optimize payment for health care services to support nursing care

Strategy 22

Increase funding to support school nursing

Strategy 22.1 NC Medicaid, the North Carolina Department of Public Instruction, and other relevant partners should work to implement state policies and practices that support schools in billing Medicaid to provide additional funding for school nurses.

Strategy 22.2 The North Carolina Department of Health and Human Services, North Carolina Department of Public Instruction, and North Carolina Department of Insurance should partner to produce a report exploring additional methods of funding school nursing, such as private health insurance and tax revenue. The North Carolina General Assembly should consider these additional options.

Strategy 23

Use funding mechanisms to support the long-term care nursing workforce

Strategy 23.1 NC Medicaid should consider and/or implement policies that help address the long-term care nursing workforce shortage to ensure quality of care, by:

- a) Considering the impact that transitioning to Medicaid managed care for dual eligibles would have on the nursing workforce and making efforts to ensure any transition does no harm to that workforce nor makes it harder to grow that workforce.
- b) Piloting a proposal-based incentive program directed at improving the workforce.
- c) Evaluating the overall funding and reimbursement levels for long-term services and supports (LTSS) (e.g., nursing facilities, home- and community-based services, etc.) to ensure they are adequate to support and attract a sufficiently sized nursing workforce to provide high-quality LTSS to North Carolinians who need those services.

APPENDIX A - RECOMMENDATIONS OF THE TASK FORCE ON THE FUTURE OF THE NURSING WORKFORCE

Strategy 24

Promote RN billing in primary care

Strategy 24.1 The North Carolina Area Health Education Centers (NC AHEC) should develop and disseminate a course related to inclusion of RNs on primary care practice care teams, with information about scope of practice, patient outcomes, and revenue generation.

Strategy 24.2 North Carolina Medicaid and private payers should pilot coding processes that allow optimal use of RN services within primary care.

Strategy 25

Expand the state budget in key shortage areas for nursing care

Strategy 25.1 The North Carolina General Assembly and other key funding entities should expand funding in areas of the state budget that will support nurses who make important contributions to keeping the state's population healthy. Increased funding is needed to create additional jobs in some places, and to increase wages in many areas to make roles more competitive and help fill current vacancies. In these areas, the General Assembly is the primary funding agency and adequacy of services is directly correlated to adequacy of funding. This would include increased funding with the following goals:

- a) Ensure that a school nurse can be in every school and every Head Start program.
- b) Increase access to home- and community-based nurse services, such as hospice, palliative care, home health, home care, and the Program for All-Inclusive Care for the Elderly (PACE).
- c) Increase the number of public health nurses, especially in rural and lower-income communities.
- d) Increase Medicaid reimbursement rates for long-term care.
- e) Increase access to mental and behavioral health care in state facilities.