

NACNEP : National Advisory Council on Nurse Education and Practice

Meeting Minutes: 147th NACNEP Meeting, December 7-8, 2021

The 147th meeting of the National Advisory Council on Nurse Education and Practice (NACNEP, or the Council) was held on December 7-8, 2021. The meeting was hosted by the Health Resources and Services Administration (HRSA), Department of Health and Human Services (HHS), and conducted via the Zoom teleconference 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

Chair: CAPT Sophia Russell
Dr. Mary Ellen Biggerstaff
Dr. Steven Brockman-Weber
Ms. Susan Cannon
Ms. Patricia Dieter
Ms. Karen E. B. Evans
Ms. Kristie Hartig
Dr. Meredith Kazer
Dr. Rose Kearney-Nunnery
Dr. Kae Livsey

Dr. Nina McLain
Dr. Luzviminda Miguel
Dr. Janice Phillips
Dr. Courtney Pitts
Dr. Carolyn Porta
Ms. Constance Powers
Dr. Patricia Marie Selig
Dr. Teresa Shellenbarger
Ms. Christine Smothers

Others Present:

Dr. Camillus Ezeike, Designated Federal Official, NACNEP
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
Ms. Kimberly Huffman, Advisory Council Operations, HRSA

Tuesday, December 7, 2021

Welcome and Introductions

Dr. Camillus Ezeike, Designated Federal Official (DFO) for NACNEP, convened the 147th meeting of NACNEP on Tuesday, December 7, 2021, at 10:00 a.m. ET. He conducted a roll call, indicating the attendance of eighteen of the twenty appointment members of the Council. Dr. Ezeike confirmed the presence of a quorum, allowing the meeting to proceed. He further noted that 12 newly appointed members had joined the Council since its last meeting.

CAPT Sophia Russell, the NACNEP chair, welcomed the new members, and provided a brief overview of the meeting agenda. CAPT Russell asked if any Council members had comments or edits to make on the minutes from the July 2021 NACNEP meeting. No comments were offered, so she certified the minutes as a true and accurate account of the meeting.

CAPT Russell asked each of the Council members to introduce themselves in turn. At the conclusion, there was a question about how to bring a topic to the attention of the Council for inclusion in the agenda. Dr. Ezeike replied that the Council agenda is determined largely by the planning committee, in consultation with the DFO. In addition, he noted time set aside in the agenda for Council discussion, allowing members to raise any issues of concern. He reminded the Council members that agenda items are subject to change as priorities dictate.

HRSA Welcome

Diana Espinosa

Acting Administrator, HRSA

CAPT Russell introduced HRSA Acting Administrator Diana Espinosa, who offered opening remarks to welcome the Council members. Ms. Espinosa stated that HRSA has played a key role in the federal response to the COVID-19 pandemic. In 2021, HRSA managed the largest program portfolio in the history of the agency, providing additional health care services and financial assistance, including launching programs to provide COVID-19 vaccines to hard-to-reach populations, providing supplemental funding to the Health Centers, and increasing funding to rural health clinics to support and expand COVID-19 testing and mitigation efforts.

Among other initiatives, HRSA expanded the number of maternal health clinicians in the Healthy Start Program, made investments to expand telehealth nationwide, and awarded the largest field strength in its history for its health workforce loan repayment and scholarship programs. HRSA also led the development of the first Health Workforce Strategic Plan for HHS, providing a forward-looking framework for health workforce improvements.

Ms. Espinosa noted that she participated in the HRSA-sponsored Listening Session on the Nursing Workforce, held on August 20, 2021. The discussion highlighted many of the challenges facing nurses during the COVID-19 pandemic, particularly exhaustion and burnout. Respondents wanted to learn about ways to support the resilience and well-being of the nursing community, and many shared steps their organizations have taken to address nurses' concerns. This input will help HRSA plan future workforce programs and activities.

Q and A

At the conclusion of her talk, Ms. Espinosa addressed questions from the Council, including:

What are the current challenges facing HRSA?

Ms. Espinosa noted that HRSA staff has been working to distribute the funds appropriated by Congress to enhance the pandemic response, and working with grantees to find flexibilities in program requirements that help them continue their work, including the transition to telehealth visits and the creation of a new program for vaccine distribution. She also noted the need for continued investments in health workforce development and expansion.

How can HRSA work to improve structural issues in the health care system?

Noting that nursing is the largest of the health care professions and the core of the health workforce, Ms. Espinosa discussed some of the ongoing challenges in educating and training a

high-quality nursing workforce, and steps to allow nurses and other health care workers to practice to the full scope of their training.

How can HRSA address different models of nursing education?

Ms. Espinosa replied that one of the challenges is to be able to describe the benefits of different models nurse education and training, especially in the effort to improve the professionalism of nursing, the ability of nurses to work independently, and the training of nurses in a broader range of health care settings beyond acute care that address community and public health.

Bureau of Health Workforce Updates

Luis Padilla, MD

Associate Administrator, Bureau of Health Workforce, HRSA

Dr. Luis Padilla, Associate Administrator for the Bureau of Health Workforce (BHW), provided an overview of BHW programs and initiatives. He stated that current government-wide priorities include the COVID-19 response and health equity. Meanwhile, the BHW focus areas include behavioral health and community health, along with the cross-cutting themes of provider resilience, telehealth, and health workforce diversity. Dr. Padilla noted that BHW received significant supplemental funding through the American Rescue Plan (ARP) for several of its health workforce programs. In particular, BHW received over \$100 million to direct to programs on health workforce resiliency, safety, and mental health. The ARP also included funds targeted toward attracting and retaining health professionals in underserved areas, and expanding the successful Teaching Health Center Graduate Medical Education program.

Dr. Padilla also described efforts by BHW to support more community-based training. BHW deployed the Readiness to Train Assessment Tool (RTAT) with health centers across the country to assess their training capacity and support their efforts to partner with health professions schools in the training of physicians, nurses, and other health professionals. He noted that BHW received over 8,200 responses to the RTAT from 800 separate health centers. BHW is in the process of analyzing this data, with the goal of helping these centers prepare workforce development plans that can demonstrate sustainability and return on investment.

Looking to the future, Dr. Padilla discussed new programs focused on improving primary care and public health, as well as increasing the number of community health workers (CHWs). He also described changes to the National Health Service Corps and Nurse Corps programs to help increase the health workforce, and tools to help with health workforce assessment and analysis. He noted that BHW is looking at ways to strength support for the public health infrastructure and develop a public health workforce that is prepared to respond to the next emergency.

Q and A

The Council members offered several comments and questions addressing:

BHW funding for paraprofessional CHWs and defining the CHW role

There was concern expressed about the need to clearly delineate the roles of CHWs versus the roles of nursing professionals, including registered nurses (RNs) and advanced practice

registered nurses (APRNs), so that CHWs are not seen as a low-cost replacement to nursing services. Dr. Padilla noted that Congress had provided a significant increase in funding to expand the number of paraprofessional CHWs. To fully utilize nursing as the largest healthcare workforce to the maximum capacity, the roles of different levels of workers will need to be clearly and consistently defined.

Use of the RTAT in Training Interprofessional Teams

Dr. Padilla replied that BHW is striving to support the needs of the community health centers, and stressed that the RTAT was focused on assessing training for an interprofessional health care workforce. He noted that BHW will continue to support nurse training and development through its ongoing programs, pointing to the recent release of a notice of funding opportunity through the Nursing Education and Practice branch focused on training in integrated, interprofessional teams. He further discussed the distinction between the broad federal role developing the health workforce, and the roles of the state and local governments in areas such as workforce recruitment and scope of practice. Dr. Padilla requested that the RTAT tool be provided to the Council members for their review.

Encouraging health professions students to pursue careers in public health

Dr. Padilla stated that the HRSA-supported public health training centers have a range of recruitment materials to develop and enhance the health workforce pipeline, and HRSA has made efforts to increase the exposure of younger students to opportunities in the health professions, including nursing, medicine, oral health, and public health.

Addressing burnout and resilience among nurses nurse faculty, and clinical preceptors

Dr. Padilla noted BHW had created new programs to address resilience and burnout among the health workforce as a whole, including educators, preceptors, and faculty. He discussed the distinction between funding directed to support and enhance the current workforce versus funding to expand the workforce. Expansion will require adequate physical space and infrastructure for nursing schools, along with a sufficient supply of educators to prepare the workforce. He noted that he was encouraged by proposed legislation that would provide funding focused on nursing workforce expansion.

Council Discussions

Moderator: CAPT Sophia Russell, DM, MBA, RN, NE-BC, SHRM-SCP
Chair, NACNEP

CAPT Sophia Russell, the Division of Nursing and Public Health Director and the Chair of NACNEP, moderated two Council discussions. The Council members reviewed a draft letter to the HHS Secretary and Congress recommending continuation of support and flexibility for telehealth provisions that were initiated or broadened in the pandemic response. This letter is intended to be reviewed by all five health workforce advisory committees under BHW, and signed by the five chairs. The NACNEP members approved the letter, with a slight modification to clarify the roles of APRNs.

CAPT Russell moderated a roundtable discussion on “Expanding the Nurse Workforce.” The members identified several issues impacting the nurse workforce, including:

- The recent increase in nurse turnover, the cost of losing nurses in the profession, and the need to improve resilience and retention.
- The shortage of nurse faculty and need to develop new educational delivery models.
- The shift away from acute care, and the need for more community-based training.
- The growth of simulation and distance learning in nursing education and training.
- The need for federal resources to help academic programs and support nurse faculty.
- The lack of leadership development experiences for nurses.
- A desire to increase the visibility of nursing and promote career outreach.

The HRSA Nurse Corps Loan Repayment Program

Mr. Scott Turnbull, Branch Chief, Nurse Corp Loan Repayment Program, offered a brief overview of the HRSA Nurse Corps program and its two main approaches: a scholarship program open to students enrolled or accepted for enrollment in a nursing degree program, and a loan repayment program (LRP) open to nurses who work in a critical shortage facility and nurse faculty. He listed the eligibility requirements for the LRP and noted that the program will pay off up to 85 percent of nursing education debt in return for up to a 3 year service commitment. The legislative mandate for the LRP requires ranking applicants according to “greatest financial need.” Mr. Turnbull asked for comments from the Council members over a proposed change in assessing an applicant’s financial need from one based on debt-to-salary ratio to one based on lowest salary after adjusting for cost of living. Such a change could increase the total number of awards provided, and increase the number of awards going to applicants in rural areas and those working in a Critical Access Hospital, while having minimal impact of the average Health Profession Shortage Area score of the facilities where awardees serve. Feedback from the Council members was generally supportive of the proposed change.

The HRSA Nurse Stakeholder Listening Session

The NACNEP Designated Federal Officer, Dr. Camillus Ezeike, provided a brief overview of the HRSA nurse stakeholder listening session. Dr. Ezeike noted that the session attracted over 200 attendees, and most were outside of the federal government. Dr. Ezeike listed the three main questions presented for discussion:

- What are the opportunities for the nursing community to help address the challenges facing health care organizations responding to the COVID-19 pandemic?
- What mechanisms are in place to support nurses in your organization to promote resiliency, retain nurses during surges, and avoid burnout?
- What could be done to support new nurses entering the workforce during the pandemic?

Dr. Kae Livsey, a Council member who was among the attendees and respondents, expressed her appreciation to HRSA for holding the session. She stated that her overarching sense was that the session was sad, with nurses sharing their stories and telling of their sheer exhaustion in the face of the COVID-19 response.

Meeting Adjourn

Dr. Ezeike adjourned the first day of the meeting at 4:00 p.m.

Wednesday, December 8, 2021

Welcome and Roll Call

Dr. Ezeike opened the second day of the meeting at 10 a.m. ET, and conducted a roll call. The presence of a quorum was confirmed, and the meeting proceeded. CAPT Russell briefly reviewed the presentations and discussions of Day 1.

Building a Wellness Culture

Eve Poczatek, MBA

Director, Strategic Initiatives, Office of the Chief Wellness Officer
Rush University System for Health

Eve Poczatek, MBA, Director, Strategic Initiatives, Office of the Chief Wellness Officer, Rush University System for Health (Rush), provided an overview of strategic efforts undertaken at Rush to promote nurse wellness and resilience and address burnout. She noted that national surveys of nurses have found a high rate of stress and burnout, while few nurses seek professional mental health support. The Rush leadership recognized a critical need to invest in their nurses' health and well-being in response to long-standing pressures exacerbated by the pandemic. She said that the philosophy of the Rush Wellness program is that staff well-being and vitality ties directly to the quality of patient care. She pointed to some specific wellness activities, including:

- An interprofessional Work-Life Balance committee;
- Wellness days and workshops;
- Daily wellness rounds;
- An ethics support team; and
- Counseling and coaching, including urgent support for struggling nurses.

Ms. Poczatek said that current efforts are directed to integrating workforce wellness into the organizational culture, increasing workplace flexibility, reimagining care delivery models, and strengthening skill-building and talent pipelines. She offered some policy suggestions for the Council to consider.

Q and A

The Council members offered several questions and comments.

Leadership Buy-In for the Wellness Initiative

On a question raised about the buy-in from the Rush leadership for the wellness initiative across multiple sites, Ms. Poczatek emphasized the commitment of the Rush leadership to maintain a focus on wellness. She stated that the chief medical officer and the chief nursing officer worked together to create the wellness department. She added that it is critical for organizations to have some representation within senior leadership for wellness programs, and to maintain ongoing investment in maintaining a wellness culture.

There was a follow-up question on the potential impact of actions from the federal government or recommendations from a body such as NACNEP or an accrediting agency that could help

push more hospitals and health care institutions to focus more on staff wellness and resilience. Ms. Poczatec agreed that wellness initiatives can lose support if the leadership team fails to recognize their importance. She agreed that providing grants for wellness programs or tying wellness into accreditation standards could help incentivize health system leaders and administrators to maintain a focus on wellness as a priority.

Quiet Space for Nurses and Wellness Rounds

Ms. Poczatec stated that the ability of nurses to take a break when needed was very dependent on the staffing and the leadership of the individual unit. She noted different models to provide unit coverage to allow for more breaks. In addition, staff need to have an accessible “respite room” that can provide a quiet space for rest and reflection.

A follow-up question addressed nursing involvement in wellness rounds. Ms. Poczatec replied that the initial model for the rounds was to have a behavioral health team visit each unit and provide some refreshments, as well as an opportunity for staff members to have a talk with someone from the wellness team if needed. The model changed due to precautions related to COVID-19 pandemic. However, the teams have tried to maintain contact and develop relationships with staff throughout the hospital units, so that nurses know they have time to take a quick break, discuss any difficult situations, and receive some support.

Measurement and Outcomes related to Wellness and Burnout

There was a comment on the need for measurements to assess wellness and burnout, and steps needed to improve outcomes. There was a follow-up comment noting that a large, urban health system like Rush has significant resources at its disposal that smaller or more rural systems often lack. Ms. Poczatec replied that the Rush wellness program uses the clinically validated Well-Being Index tool, as well as other measures such as staff turnover and retention, and is working to develop a dashboard to share the results. She said that it is important to meet with the staff to see what their needs are. Programs to address wellness often focus on individual interventions like stress reduction, mindfulness, and work/life balance. However, wellness is also about staff members feeling valued and recognized for their work.

Exhaustion and Burnout among of Nursing Leadership

There was comment that nurse managers and advanced clinicians often feel responsible for their units on a 24-hour basis and are facing exhaustion and burnout as well. Many nurse leaders and APRNs are leaving their positions, resulting in an immeasurable loss of intellectual and institutional knowledge and experience. Ms. Poczatec agreed, and stated that she had participated in many workshops target toward the needs of nurse leaders and managers. However, many are still feeling exhausted and leaving their positions.

Support of New Nurse Graduates

Ms. Poczatec acknowledged the challenge of supporting new graduates, especially during the pandemic response. She said that the Rush wellness team takes part in the orientation process, so that new graduates are introduced to the wellness programs and can “put a face with the service.” However, she would like to see more formal training for all nurses around coping strategies, resilience, and dealing with moral injury. She would also like to see the development of more support groups at different levels that can allow staff members to build a community at work and realize that they are not alone.

Resilience and Well-Being in the Health Workforce

J. Bryan Sexton, Ph.D.

Director, Duke Center for Healthcare Safety and Quality
Duke University Health System

CAPT Russell introduced the next speaker, J. Bryan Sexton, Ph.D., Director, Duke Center for Healthcare Safety and Quality, Duke University Health System. Dr. Sexton discussed the impact of burnout on healthcare provider well-being and patient care. He defined burnout as “the impaired ability to experience positive emotion,” and showed the results of several surveys indicating an increase in emotional exhaustion and burnout among providers since the start of the COVID-19 pandemic. Furthermore, he pointed to studies that have demonstrated associations between burnout and multiple measures of health care quality, including medication errors, infection rates, and patient satisfaction. Dr. Sexton provided some evidence-based “bite-sized strategies” that can help individuals recognize and mitigate burnout, and promote resilience.

Q and A

Connection between faith and hope

In response to a comment on the connection between spiritual faith and hope, Dr. Sexton stated that Duke University has a Center focused on spirituality that has explored the relationship between spiritual practices and beliefs and positive emotions. Studies have shown that individuals who identify with a faith tradition report higher levels of meaning and purpose in their lives, which can be thought of as components of hope. One issue that has taken a hit during the COVID-19 pandemic is the feeling among many people that what they do makes a difference in their lives or the lives of others.

Impact of “bite-size” approaches to wellness

One Council member commented on the stress of returning to a busy surgical unit during the pandemic and feeling overwhelmed with the needs of the patients. However, the concept of the “bite-sized” approaches could prove useful for staff and not demand too much time away from patient care. Dr. Sexton appreciated the comment, and noted that one of the interventions developed at Duke is called the “self-compassion tool,” with the purpose of helping and individual to recover from emotional upheaval.

Resetting a positive mindset

There was a comment on the need for both system-level and individual support tools, and importance of mindset in relation to resiliency. Dr. Sexton stated that he understood the difficulties facing nurses in maintaining a positive mindset in the face of the demands of the pandemic, and he commented on the difficulty of refocusing a positive mindset in the light of clinical pressures and demands. He pointed to the vital importance of sleep on both physical and mental health. Lack of adequate, restful sleep can impair immune function and mental acuity, as well as interfere with interpersonal relationships. He said that there are strategies in the toolkit to help promote more restful, restorative sleep.

The HRSA Data Warehouse

Elizabeth Kittrie

Senior Advisor to the Associate Administrator, BHW,

Michael Arsenault

Director of the Division of Business Operations, BHW

Elizabeth Kittrie, senior Advisor to the Associate Administrator, BHW, and Michael Arsenault, Director of the Division of Business Operations, BHW, provided an overview of the HRSA Data Warehouse, still in development. They stated the project goals as:

- Enhance the accessibility and usability of BHW’s health workforce data,
- Present BHW programmatic data more holistically,
- Clean up data that is misaligned or outdated, and
- Identify data gaps and stakeholder needs.

Several of the Council members indicated that they were aware of and used the tools available in the Data Warehouse for their research, or to help with grant applications and policy proposals. There were some concerns expressed over the availability and breadth of the data on the nurse workforce at different levels of the health care system.

Council Discussions

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Chair, NACNEP

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- The shift away from acute care, and the need for more community-based training.
- The growth of simulation and distance learning in nursing education and training.
- The need for federal resources to help academic programs and support nurse faculty.
- The lack of leadership development experiences for nurses.
- A desire to increase the visibility of nursing and promote career outreach.

CAPT Russell also led a discussion on developing the Council's 18th Report, on the theme of "preparing the workforce for future public health challenges/crises." Some ideas for inclusion in the report covered:

- Highlight health workforce turnover and define the nursing shortage.
- Emphasize the growing experience and leadership void in nursing arising from:
 - Early retirement of older nursing staff and faculty.
 - Burnout among nurse administrators.
- Describe how care has changed, and how nursing can prepare to move forward.
 - Promote lessons learned from the pandemic response.
 - Discuss the transfer of skills to different settings to aid in COVID care.
 - Capture care innovations developed by nurses.
 - Include issues of public health emergencies beyond the pandemic.
- Promote the integration of leadership and resilience training into nursing education.

Business Meeting

CAPT Russell asked for volunteers to serve on the Council's Writing Committee and the Planning Committee. The two committees will begin meeting early in 2022.

2021-2 Writing Committee:

- Dr. Mary Ellen Biggerstaff
- Ms. Patricia Dieter
- Dr. Meredith Kazer
- Dr. Rose Kearney-Nunnery
- Dr. Kae Livsey
- Dr. Luzviminda Miguel
- Dr. Janice Phillips
- Dr. Courtney Pitts

2021-2 Planning Committee:

- Ms. Susan Cannon
- Ms. Karen E. B. Evans
- Dr. Nina McLain
- Dr. Patricia Selig
- Ms. LaDonna Selvidge
- Dr. Teresa Shellenbarger

Adjourn

Dr. Ezeike reminded Council members of the date for the next NACNEP meeting from February 2-3, 2022. He noted that current plans call for this meeting to occur virtually through the Zoom meeting platform. However, the setting and details of future meetings are subject to change. He adjourned the meeting at 4 p.m.

Acronym and Abbreviation List

APRN	Advanced Practice Registered Nurse
ARP	American Rescue Plan
BHW	Bureau of Health Workforce
CHW	Community Health Workers
DFO	Designated Federal Official
HHS	Department of Health and Human Services
HRSA	Health Resources and Services Administration
LRP	Loan Repayment Program
NACNEP	National Advisory Council on Nurse Education and Practice
RN	Registered Nurse
RTAT	Readiness to Train Assessment Tool