Overview

The national Models of Care Insight Study Survey conducted by Joslin Insight was made possible by the Healthcare Plus Solutions Group, in collaboration with the American Nurses Association (ANA) and the American Organization for Nursing Leadership (AONL).

Following 50 in-depth qualitative interviews with some of the nation’s top healthcare leaders, the Models of Care Insight Study survey was launched to probe and validate the current demand for change, the support of various roles and programs, and the gap between leadership and the frontline. The unincentivized survey was made available between January 25 and February 22, 2023, and garnered 3,387 respondents. The survey questions were catered primarily to direct care nurses, nursing leadership, and other healthcare executives in acute care and ambulatory settings.
Introduction

The healthcare and nursing industries are navigating through unprecedented times. Many caregivers continue to feel overworked, undervalued, stressed, and burned out. The ongoing challenges are driving high employee turnover rates in many organizations and, naturally, leaders are deeply alarmed by the unfolding crisis. In response, many organizations are working hard to create better experiences for caregivers and patients alike. Some of their early work is promising as they seek to create a healthcare system that can be sustained financially while upholding the human element of quality, compassionate care delivery.

The industry at large possesses the willpower and the brainpower to solve today’s problems. There are many bold healthcare leaders who are implementing creative ideas to change or adapt healthcare delivery for the better. Many organizations are doing incredible things that will drive the future of healthcare and their experiences at the forefront of progress are vital lessons for others seeking to overcome similar challenges.

The idea of a collaborative, open-source dialogue is what led to the Models of Care Insight Study. It began in 2022 when Quint Studer met with leaders at Orlando Health. Like many organizations, Orlando health was piloting new and better ways to provide quality care. This initial discussion led to more discussions with healthcare leaders across the country on how they are reimagining their care delivery models. These conversations, along with Studer’s conversations with ANA’s Katie Boston-Leary, Ph.D., prompted his new company, Healthcare Plus Solutions Group, to fund a study on new and alternative models of care.

From the beginning, the Models of Care Insight Study sought to better understand how healthcare leaders were responding to today’s challenges and how organizations could better utilize their resources moving forward. The study began with 50 interviews with chief nursing executives (CNEs), chief nursing officers (CNOs), vice presidents, nurse directors, nurse managers, and various nurse educators, coaches, and specialists.

The qualitative study was followed by a quantitative survey designed to analyze various roles and programs being considered, from licensed practical nurses (LPNs), resource nurses, and nurse coaches to healthy work environments, recruitment and retention, and nurse mentoring.

The following report provides the overall findings plus gap assessments of the frontline and leadership that speak to the need for stronger organizational education, communication, and change management policies. The report includes direct quotes from the frontline on the importance of listening and quotes from leaders on models of care.
3,387 Respondents

4 wks

Jan 26 – Feb 22

99% Confidence level

2.21% Margin of error
Respondent Profile

Age

- Under 25: 1%
- 25-34: 9%
- 35-44: 20%
- 45-54: 25%
- 55 or older: 43%
- Prefer not to answer: 1%
- Null: 0%

Race / Ethnicity

- Asian: 2%
- Black or African American: 6%
- Hispanic or Latino: 2%
- Middle East or North African: 0%
- Mixed Race: 2%
- Native American or Alaska Native: 0%
- Native Hawaiian or other Pacific Islander: 0%
- Other: 1%
- White: 83%
- Prefer not to answer: 3%
- Null: 0%
### Primary Work Setting

<table>
<thead>
<tr>
<th>Work Setting</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute care: medium hospital (100-500 beds)</td>
<td>24%</td>
</tr>
<tr>
<td>Acute care: large hospital (&gt;500 beds)</td>
<td>22%</td>
</tr>
<tr>
<td>Other</td>
<td>14%</td>
</tr>
<tr>
<td>Primary, ambulatory, or outpatient facility</td>
<td>14%</td>
</tr>
<tr>
<td>Acute care small hospital (&lt;100 beds)</td>
<td>8%</td>
</tr>
<tr>
<td>Community or public health facility</td>
<td>5%</td>
</tr>
<tr>
<td>Long-term care facility</td>
<td>5%</td>
</tr>
<tr>
<td>School of nursing</td>
<td>3%</td>
</tr>
<tr>
<td>Psychiatric or mental health facility</td>
<td>3%</td>
</tr>
<tr>
<td>Null</td>
<td>1%</td>
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</tbody>
</table>

### Role

<table>
<thead>
<tr>
<th>Role</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical nurse (direct care)</td>
<td>42%</td>
</tr>
<tr>
<td>Nurse leader</td>
<td>30%</td>
</tr>
<tr>
<td>APRN</td>
<td>10%</td>
</tr>
<tr>
<td>Other</td>
<td>8%</td>
</tr>
<tr>
<td>Clinical nurse (non-leader, non-direct care)</td>
<td>5%</td>
</tr>
<tr>
<td>Healthcare executive (non-nurse leader)</td>
<td>5%</td>
</tr>
<tr>
<td>LPN/LVN</td>
<td>2%</td>
</tr>
<tr>
<td>CNA/PCT</td>
<td>2%</td>
</tr>
<tr>
<td>Null</td>
<td>1%</td>
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</tbody>
</table>
Current Demand For Innovative Models Of Care

How would you rate your organization’s resistance to change?

- 8% Very resistant to change
- 32% Resistant to change
- 28% Neutral
- 25% Not resistant to change
- 7% Not at all resistant to change

Acute care leader score: 56/100  |  Acute care frontline score: 49/100

Gap assessment: **GOOD**

Do you feel that your organization’s current care delivery models need to be improved?

- Yes 66%
- Maybe 21%
- No 13%

Acute care leader: 72% Yes  |  Acute care frontline: 67% Yes

Gap assessment: **VERY GOOD**
Has your organization (or department) made or considered making changes to care delivery models since the start of the pandemic?

Acute care leader: 83% Yes  |  Acute care frontline: 60% Yes

For those who have not made or considered making changes to their care delivery models: Why not?

- Unstable workforce: 26%
- Leadership resistance: 19%
- Current models are sufficient: 14%
- Organizational barriers: 13%
- Other: 10%
- Financial constraints: 10%
- High acuity: 5%
- Staff nursing adoption: 2%
- Poor timing: 1%
- Patient or family perception: 1%

**Acute care leader primary reasons:**
Unstable workforce (35%), current models are sufficient (18%)

**Acute care frontline primary reasons:**
Unstable workforce (28%), leadership resistance (22%)
The following care delivery roles have or could have a positive impact on quality patient care delivery and RN workload:

<table>
<thead>
<tr>
<th>Rank</th>
<th>Role</th>
<th>Care Delivery</th>
<th>RN Workload</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Certified nursing assistants (CNAs)</td>
<td>85.74</td>
<td>59.62</td>
</tr>
<tr>
<td>2</td>
<td>Charge nurses</td>
<td>85.10</td>
<td>59.21</td>
</tr>
<tr>
<td>3</td>
<td>Ancillary, auxiliary staff</td>
<td>84.01</td>
<td>58.34</td>
</tr>
<tr>
<td>4</td>
<td>Float nurses</td>
<td>80.05</td>
<td>57.30</td>
</tr>
<tr>
<td>5</td>
<td>Patient care technicians (PCTs)</td>
<td>79.82</td>
<td>56.94</td>
</tr>
<tr>
<td>6</td>
<td>Resource nurses</td>
<td>80.79</td>
<td>56.71</td>
</tr>
<tr>
<td>7</td>
<td>Social workers, case managers</td>
<td>83.96</td>
<td>55.42</td>
</tr>
<tr>
<td>8</td>
<td>Nurse mentors</td>
<td>82.79</td>
<td>55.42</td>
</tr>
<tr>
<td>9</td>
<td>Nurse practitioners (NPs)</td>
<td>83.70</td>
<td>55.42</td>
</tr>
<tr>
<td>10</td>
<td>Pharmacists</td>
<td>82.03</td>
<td>55.42</td>
</tr>
<tr>
<td>11</td>
<td>Nurse educators</td>
<td>80.07</td>
<td>55.42</td>
</tr>
<tr>
<td>12</td>
<td>Clinical nurse specialists (CNSs)</td>
<td>78.34</td>
<td>55.42</td>
</tr>
<tr>
<td>13</td>
<td>Certified medical assistants (CMAs)</td>
<td>75.09</td>
<td>55.42</td>
</tr>
<tr>
<td>14</td>
<td>Licensed practical nurses (LPNs)</td>
<td>72.84</td>
<td>55.42</td>
</tr>
<tr>
<td>15</td>
<td>Emergency medical technicians (EMTs)</td>
<td>73.58</td>
<td>55.42</td>
</tr>
<tr>
<td>16</td>
<td>Travel nurses</td>
<td>67.08</td>
<td>55.42</td>
</tr>
<tr>
<td>17</td>
<td>Surge techs</td>
<td>71.30</td>
<td>55.42</td>
</tr>
<tr>
<td>18</td>
<td>International nurses</td>
<td>62.01</td>
<td>55.42</td>
</tr>
<tr>
<td>19</td>
<td>Scribes</td>
<td>59.62</td>
<td>55.42</td>
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</table>
Roles

Certified nursing assistant (CNA)

Certified Nursing Assistants (CNAs) rose to the top in this study. CNAs play a critical role in the delivery of patient care and are an important support system for nurses. CNAs are responsible for performing routine care tasks, such as bathing and dressing patients, taking vital signs, and assisting with mobility. Their role has a positive impact on both quality patient care delivery and reducing RN workload burden. By performing essential tasks, CNAs free up nurses to focus on more complex patient needs and to provide higher levels of care. CNAs also serve as a crucial link between patients and nurses, providing hands-on care and serving as a source of support and comfort for patients. By utilizing competent CNAs, healthcare organizations can ensure a sufficient support system for their nursing staff, leading to improved patient care and a more efficient healthcare system. CNAs should be a top priority for all healthcare organizations.

Charge nurse

Charge nurses rose to the top in this study. Charge nurses play a critical role in ensuring the efficient and effective delivery of patient care. As leaders on their unit, they are responsible for managing staffing and resource allocation, overseeing patient care, and serving as a bridge between staff and management. Charge nurses also provide mentorship and support to other nurses, helping to foster a positive workplace culture and improve overall job satisfaction. Their leadership and decision-making skills are essential to ensure that patients receive the highest quality of care, and that the nursing staff is able to perform their duties effectively. Often with years of experience, charge nurses can help mitigate knowledge gaps. By performing tasks such as managing patient records, maintaining a clean and safe environment, and providing nutritious meals, ancillary and auxiliary staff free up nurses to focus on direct patient care. They also play a key role in creating a positive and efficient work environment, helping to reduce stress and burnout among the nursing staff. By having a strong and dedicated ancillary and auxiliary staff in place, healthcare organizations can ensure a supportive work environment, improve patient outcomes, and create a more efficient healthcare system.

Ancillary, auxiliary staff

Ancillary and auxiliary staff play a crucial role in supporting the delivery of patient care and enhancing the work environment for nurses. These staff members, such as administrative assistants, housekeeping staff, and dietary workers, provide essential services that directly impact the quality of patient care. By performing tasks such as managing patient records, maintaining a clean and safe environment, and providing nutritious meals, ancillary and auxiliary staff free up nurses to focus on direct patient care. They also play a key role in creating a positive and efficient work environment, helping to reduce stress and burnout among the nursing staff. By having a strong and dedicated ancillary and auxiliary staff in place, healthcare organizations can ensure a supportive work environment, improve patient outcomes, and create a more efficient healthcare system.
Mapping Programs Impact On Quality Patient Care & RN Experience

The following programs (or new technologies) have or could have a positive impact on quality patient care delivery and RN experience:

- Diversity, equity, and inclusion programs
- Flex scheduling
- Formal nurse recognition
- Healthy work environment
- Nurse mentoring
- Nurse residency programs
- Nurse transition
- Professional development
- Recruitment and retention
- Remote patient monitoring
- Shared governance
- Team building
- Virtual nursing
- Well-being initiatives

*Note, virtual nursing and remote patient monitoring are the only technologies, compared to staffing models, programs, or initiatives.*
Programs & New Technology

Healthy work environment
A healthy work environment is crucial for nurses as it impacts their well-being, job satisfaction, and overall quality of patient care. A positive workplace culture and adequate support from colleagues and management can reduce stress, burnout, and turnover, leading to improved job satisfaction and patient outcomes. A safe and healthy work environment can also reduce the risk of workplace accidents and illnesses, allowing nurses to focus on delivering high-quality care to patients. By fostering a supportive and respectful workplace, employers can retain experienced nurses, attract new talent, and create a culture of excellence in patient care.

Recruitment and retention
Recruitment and retention are crucial for nurses as they impact the overall quality and availability of patient care. A strong recruitment strategy that attracts qualified and motivated individuals to the nursing profession is essential to ensure a sufficient workforce. On the other hand, effective retention strategies help to keep experienced nurses in the profession, reducing the need for costly and time-consuming recruitment efforts. High turnover rates can lead to a shortage of qualified nurses, affecting patient care and increasing costs for healthcare organizations. By prioritizing recruitment and retention, healthcare organizations can ensure a stable, motivated, and competent nursing workforce, leading to improved patient outcomes and a more efficient healthcare system.

Nurse mentoring
Nurse mentoring is important as it provides support, guidance, and professional development opportunities to new and experienced nurses. Mentoring relationships can help to foster a positive workplace culture and promote job satisfaction by connecting nurses with experienced colleagues who can offer guidance and advice. Mentoring can also enhance the skills and knowledge of nurses, leading to improved patient outcomes and a more competent nursing workforce. By offering mentorship programs, healthcare organizations can support the professional growth and development of their nursing staff, reducing turnover and attracting top talent to the profession. Mentoring can also serve as a tool for succession planning, helping to ensure a stable and qualified nursing workforce for the future.

Flex scheduling
Flex scheduling is important for nurses as it allows them to balance their professional and personal responsibilities. A flexible schedule that accommodates the varying needs of nurses can help to reduce stress, burnout, and absenteeism, leading to improved job satisfaction and better patient care. Flex scheduling can also make the nursing profession more attractive to a wider pool of individuals, helping to address the shortage of qualified nurses. By offering flexible work arrangements, healthcare organizations can support their nursing staff, attract and retain top talent, and improve the overall quality of patient care. By fostering a culture of flexibility and work-life balance, employers can create a supportive and sustainable work environment for their nursing staff.

Professional development
Professional development is essential for nurses as it helps to enhance their knowledge, skills, and expertise, leading to improved patient outcomes and job satisfaction. By investing in ongoing education and training, nurses can stay up-to-date with advances in their field and better understand patient needs. This can also increase their confidence and credibility, making them more effective in their roles. Professional development opportunities can also support career advancement and provide a sense of personal growth and fulfillment, helping to reduce burnout and turnover. By promoting professional development for their nursing staff, healthcare organizations can ensure a competent, motivated, and engaged workforce, leading to improved patient care and a more efficient healthcare system.
Analyzing Support Of Various Roles

**Everyone:** Since the pandemic, has your organization added or considered adding more LPNs in the acute care setting?

- Yes: 60%
- No: 43%
- Unsure: 21%

Acute care leader: 60% Yes  |  Acute care frontline: 29% Yes

- Gap assessment: CRITICAL

**Leaders:** If your organization added more LPN’s, do you feel staff nurses would be supportive?

- Yes: 60%
- No: 40%

- Gap assessment: CRITICAL

**Frontline:** Would you support an LPN model being implemented at your organization?

- Yes: 37%
- No: 63%

- Gap assessment: CRITICAL

Acute care leadership perception (60%) of frontline support (38%) of LPNs is critical
**Everyone:** Since the pandemic, has your organization added or considered adding more **resource nurses** or a comparable support role without patient assignments?

Acute care leader: 42% Yes  |  Acute care frontline: 25% Yes

**Gap assessment:** CRITICAL

Awareness gap of resource nurse implementation is critical between leaders and the frontline

**Leaders:** If your organization added more **resource nurses**, or a comparable support role, do you feel staff nurses would be supportive?

Acute care leadership perception (90%) of frontline support (88%) of resource nurses is near perfect

**Frontline:** would you support your organization adding more **resource nurses** or a comparable support role?

Yes 87%  
No 13%
**Everyone:** Since the pandemic, has your organization added or considered adding more nurse mentors and/or coaches?

Acute care leader: 38% Yes | Acute care frontline: 14% Yes

**Gap assessment:** CRITICAL

Awareness gap of nurse mentor and/or coach implementation is critical between leaders and the frontline

**Leaders:** If your organization added more nurse mentors and/or coaches, do you feel staff nurses would be supportive?

Acute care leadership perception (85%) of frontline support (85%) of nurse mentors and/or coaches is near perfect

**Frontline:** would you support your organization adding more nurse mentors and/or coaches?

Acute care leadership perception (85%) of frontline support (85%) of nurse mentors and/or coaches is near perfect
**Everyone:** Since the pandemic, has your organization implemented or considered implementing an **internal travel or staffing agency?**

- **Yes:** 57%
- **No:** 28%
- **Unsure:** 15%

Acute care leader: 75% Yes  |  Acute care frontline: 65% Yes

**Gap assessment:** FAIR

Awareness gap of internal travel or staffing agency implementation is fair between leaders and the frontline

**Leaders:** If your organization offered an **internal travel or staffing agency,** do you feel staff nurses would be interested in joining and leaving their full-time positions?

- **Yes:** 68%
- **No:** 32%

Acute care leadership perception (75%) of frontline support (41%) of internal travel or staffing agencies is critical

**Frontline:** Would you be interested in joining an **internal travel or staffing agency** if offered by your organization?

- **Yes:** 38%
- **No:** 62%
**Frontline:** For those who are not interested - why are you not interested in joining an internal travel or staffing agency? *Select top three.*

- Prefer stable work assignments (56%)
- Happy in current role (56%)
- Fear of being floated to other department (17%)
- Do not support travel / staffing agency model (16%)
- Other (16%)
- Fear of poor treatment from colleagues (14%)
- Tougher tasks given to agency nurses (14%)
- Fear of losing benefits (13%)
- Unstable salary (8%)
- Fear of being cancelled (7%)
**Leaders:** If your organization focused on meaningful career or pro dev, do you feel staff nurses would be interested in the opportunities?

- Yes: 92%
- No: 8%

**Frontline:** Are you interested in meaningful career or pro dev opportunities?

- Yes: 83%
- No: 17%

Acute care leadership perception (92%) of frontline support (81%) of professional development is poor, however frontline interest in meaningful career or professional development is markedly high.

**Everyone:** Do you feel your organization’s current career or pro dev opportunities are attractive and easily accessible to staff nurses?

- Yes: 38%
- No: 48%
- Unsure: 14%

**Everyone:** Does your organization actively promote meaningful career or professional development?

- Yes: 60%
- No: 28%
- Unsure: 12%

(Promote only)
Acute care leader: 78% Yes | Acute care frontline: 58% Yes

**Gap assessment:** CRITICAL
Alignment on promotion of professional development is critical between leaders and the frontline.
**Leaders:** Do you feel bringing back **retired nurses** to fill vacancies and or help close the clinical knowledge/complexity gap would be supported by staff nurses?

![Leadership perception](image)

Leadership perception (77%) of frontline support (84% of bringing back retired nurses is good)

**Frontline:** Would you support **retired nurses** being brought back full- or part-time to provide support?

![Frontline support](image)

Frontline: Would you support retired nurses being brought back full- or part-time to provide support?

**Everyone:** Since the pandemic, has your organization used campaigns to recruit **former nurses** that left the organization?

![Former nurses](image)

(Former nurses)
Acute care leader: 50% Yes | Acute care frontline: 19% Yes

Awareness gap of recruitment of former nurses is critical between leaders and the frontline

**Everyone:** Since the pandemic, has your organization used emeritus or alumni campaigns to recruit **retired nurses**?

![Retired nurses](image)

Retired nurses

Yes 15%
No 47%

Yes 28%
No 39%

Unsure 32%

Yes 28%
No 39%

Unsure 32%
Qualitative Analysis

Considering current care delivery models, what do you feel is not working?

For the redesign of care delivery models, what would you like to see?
Frontline Quotes On The Importance Of Listening

Communication from management to staff is minimal. Many changes happen within the workplace and organization that are never communicated to employees. Lack of interdepartmental communication as well.

Staff is not being heard by leadership and management.

We need to be nimbler and not go up through layers of committees to get things approved in order to make care delivery model changes. Additionally, there are no front-line nurses helping drive this initiative. They are the ones that know where the care delivery gaps are as they are the ones doing the work. This organization is poor at engaging the actual staff in process outlines and decision-making for things that impact their direct work. Professional practice needs to be at the forefront from top to bottom in order to make care delivery work.

Direct care nurses need a voice in leadership decisions.

I believe opening communication from the bedside nurses to the executives would be very helpful.... As a nurse, especially now post-pandemic, I feel like our voices are getting smaller and more is being expected of us and people are getting to their breaking point.

I would like to see a model of care that respects and celebrates nurses while asking for their input and solutions to challenges in the work environment. I would like to see leadership ask for more input from the nurses.

There is a lack of collaboration between management and staff. Management needs to walk in staff nurses’ shoes before implementing plans that will not benefit patients on the longevity of staff.

Asking for more input from working staff and then listening and implementing ideas from the voices with experience.

Much more communication between staff nurses and administrators, but they actually have to listen and be willing to change.

Listen to our needs and work with us, not against us.
Healthcare Leader Quotes On Redesigning Models Of Care

I don't know what our model of care will look like in the future, but we need to look at new and different ways to do things so nurses can work at the top of their license, and we can make our work environment one that supports quality patient care and a team that communicates and collaborates to support a healthy work environment. As we look at innovative ways to provide care it is essential that we include the frontline staff.

Nancy Blake  
PhD, RN, CCRN-K, NHDP-BC, NEA-BC, FACHE, FAONL, FAAN  
Chief Nursing Officer  
LAC+USC Medical Center

The way assignments are made currently is not working. We need to have an acuity model to support the more acute patients on med-surg units and provide staffing based on this. I would like to see an RN/LPN/CMA/PCT model in certain areas.

Simone Odwin-Jenkins  
DNP, MBA, BA, RN, NEA-BC  
Director of Nursing, Acute Care Services  
Ascension Seton Williamson

I would like to see more robust mechanisms to avoid unnecessary admissions, leveraging primary and specialty care clinics.

Luis Fonseca  
FACHE, MHA  
Chief Executive Officer  
The Medical Center Atrium Health Navicent
Some current issues include an over-reliance on the RN staffing model, charge nurses being required to take assignments, and insufficient use of AI and technology to alleviate RN workload. We need more **unlicensed assistive practice roles** and the incorporation of **LPNs** to help alleviate the burden. **New team-based models** should be developed, such as team nursing vs primary nursing, and with increased use of **AI and technology to leverage RN top-of-license practice** and maximize the use of existing UAP and new UAP roles.

**Cathleen Wheatley**  
DNP, RN, CENP, FAAN  
President  
Atrium Health Wake Forest Baptist Medical Center

Our **innovative care model approach** has enabled us to successfully engage and develop our nursing caregivers across the spectrum from our novice to seasoned nurses. Doing so has ensured that we continue to keep our patients’ care and safety as our top priority.

**Dina R. Bush**  
BSN, MHA, RN, NEA-BC  
Regional Chief Nursing Officer  
Intermountain Health, Peaks Region

As generations age and require increased care, healthcare systems must nimbly adapt to these new challenges and deploy creative models of care to maintain adequate nurse staffing levels, provide **patient-centered care**, and offer nurses a **supportive workplace**.

**LeeAnna Spiva**  
PhD, RN  
System AVP Nursing Operations and Practice  
Wellstar Health System
We need to be more open and flexible with trying new things and then going back and adapting and changing. We need well-socialized, integrated teams that depend on standard work and know how they contribute to quality patient care.

Pamela B. Edwards  
EdD, MSN, RN, NPD-BC, CNE, CENP  
Assistant Vice President, Nursing  
Duke University Health System  
Associate Consulting Professor  
Duke University School of Nursing

As we explore new care delivery models, we need to pivot to outcomes-based staffing models. We have a robust body of literature on staffing, and we should not replicate models that do not lead to optimal patient care. Instead, we need to design new systems guided by high-value outcomes for care delivery.

Kathy Baker  
DNP(C), MSN, RN, CCRN-K, NEA-BC  
Chief Nursing Officer  
UVA Health

I would like to see old paradigms to support the complexities of today’s environment. Partnerships with allied health, physicians, and academia will be critical to designing and implementing care delivery models to address today’s needs. Nursing can no longer be seen as an expense, but rather as economic value for the provision of professional nursing care delivery.

Daphne Brewington  
PhD, RN  
SVP Nurse Executive  
ECU Health Medical Center
I would like to see “extender” models where seasoned and senior staff support teams of nurses, similar to the RN/LPN models used in LTC. This can be done with AI and virtual models which could allow retired nurses or those who cannot work long shifts on their feet to contribute to bedside care in a new and innovative way.

**Jessica Fuller**  
DNP, RN, CCRN, NE-BC  
Director of Nursing Practice  
UPenn Medicine

For the redesign of healthcare delivery models, leaders should consider a number of variables including the national nursing workforce crisis, the patient population being treated, and the local healthcare market. For instance, as we move towards a more ambulatory model of care, we are focused on fully supporting the nursing role including fully developed top-of-license considerations. In addition, we are looking closely at the needs of our population and whether they can be treated via telehealth or require a higher care setting. And, finally, we look to partner with existing healthcare affiliates for the optimization of resources.

**Beverly Bokovitz**  
DNP, RN, NEA-BC, FAAN  
Chief Nursing Officer  
Shriners Hospitals for Children

We need resource nurses, LPNs, and support staff to function like a pit crew or an airline crew. Everyone may not know each other but knows what they need to do to take care of complex patients.

**Jennie McInnis**  
MSN, RN, CNML, ACM  
Director of Centralized Nursing Support  
Interim Director Emergency Services  
UNC REX Healthcare
We need a Shared Governance national forum annually along with a national focus on healthy work environments and an alliance of hospitals across the country to cap travel nursing or legislation that limits travel nursing abilities. This is straining the system financially. Instead of using the dollars for patient care and education of current staff, we are bleeding it out to pay for travel nurses who are not as invested in the organization.

Amanda Kidd
DNP(C), MSN, RN, CCRN-K, NEA-BC
Chief Nursing Officer
Encompass Health Florence

I would like to see virtual nursing, the corpsmen program, strong pathways to support nurses in the pipeline, and apprenticeships.

Crystal Beckford
MHA, RN, CCM
Chief Nursing Officer, VP Patient Care Services
Luminis Health
Summary

The Models of Care Insight Study included 3,387 survey responses from healthcare leaders and frontline caregivers across the country, in addition to dozens of in-depth interviews with some of the nation's top executives. This study has identified key roles and programs that organizations may consider to address their respective challenges. While this study analyzed several areas, it's only the tip of the iceberg in terms of possibility. No matter what, the voice of the frontline is crucial.

Healthcare organizations need to bridge the gap between leaders and the frontline to ensure that they are effectively meeting the needs of both patients and staff. When there is a lack of communication and collaboration between leaders and bedside nurses, it can result in a disconnect between decision-making and the realities of day-to-day patient care. This can lead to ineffective policies and initiatives that fail to address the needs of the staff or the patients. To ensure that their initiatives are effective and well-received, healthcare organizations need to prioritize the voice of the nurses who are closest to the patients and have a direct understanding of their needs.

Listening to the voice of the nurses is critical because they are on the front lines of patient care and have a deep understanding of the challenges and opportunities within the healthcare system. They are often the first to identify problems and have a unique perspective on the solutions that would improve patient outcomes and enhance the work environment. By incorporating their feedback and ideas, healthcare organizations can make more informed decisions that directly address the needs of both the patients and the nursing staff. This can help to improve patient satisfaction, reduce staff turnover, and enhance the overall quality of care.

Healthcare organizations must also create an environment that supports and empowers nurses to share their thoughts and ideas. This requires a culture of openness, trust, and collaboration, where the opinions and experiences of all staff members are valued and heard. It also requires leaders to actively seek out the feedback of bedside nurses and to engage in open and honest dialogue to understand their perspectives. By fostering a culture of collaboration and respect, healthcare organizations can improve communication and collaboration between leaders and bedside nurses, leading to better patient outcomes, a more engaged nursing workforce, and a more efficient and effective healthcare system.
Who We Are

Quint Studer

Quint Studer has spent nearly four decades in healthcare. He worked for multiple healthcare systems, the last stop being president of Baptist Hospital in Pensacola, Florida. In 2000, he founded Studer Group®, a healthcare and education coaching company. The company was sold in 2015, and Studer left in 2016. He went on to found the Studer Community Institute, a not-for-profit whose mission is to improve the quality of life for people. He is co-founder and partner of Healthcare Plus Solutions Group, which focuses on diagnosing the most urgent pain points of an organization, collaboratively designing solutions, and helping in the implementation of the solutions. He has authored many books, with several on bestseller lists. He serves on several healthcare boards and is a frequent speaker, workshop facilitator, and mentor to individuals and organizations. The tools and techniques Quint has created over the years are now staples in healthcare systems throughout the world.

Healthcare Plus Solutions Group

In 2022, Quint Studer and Dan Collard founded Healthcare Plus Solutions Group (HPSG). Because no two healthcare organizations are exactly alike, HPSG’s services are tightly customized. They curate a team of experts and stakeholders to diagnose your most urgent organizational needs; design smart, collaborative solutions; and create a plan to execute in a way that gets measurable results.
Katie Boston-Leary, PhD, MBA, MHA, RN NEA-BC

Katie Boston-Leary is the Director of Nursing Programs at the American Nurses Association. She was identified in August 2019 Health Leaders Journal as “One of Five Chief Nursing Officers Changing Healthcare”. She is a board member on St. Johns University Health Programs and an editorial advisory board member with Web/MD Medscape. Katie is also involved in the National Commission to Address Racism in Nursing, The National Academy of Science and Medicine’s National Plan to Address Clinician Well-Being supported by the U.S. Surgeon General, organized a National Nurse Staffing Think Tank, and now a similar Task Force. She has been interviewed by numerous media outlets namely CNBC, NY Times, Cheddar TV, HR Maximizer, Axios, Beckers, and Bloomberg News, and was recently featured on NBC’s Today Show to discuss the nurse staffing crisis that is impacting healthcare delivery. She is also the Co-Lead for Project Firstline, a multi-million-dollar grant collaborative with the CDC for training on Infection Prevention and Control. Katie is also the co-chair of the DEI committee for the Healthcare Leaders Network Delaware Valley, an ACHE affiliate. She is also a member of ACHE’s editorial advisory committee. Katie helped redesign the Nurse Leadership Institute at the University of Maryland with an embedded coaching program and is an Adjunct Professor at the University of Maryland School of Nursing and the School of Nursing at Case Western Reserve University.

Joslin Insight

Joslin Insight is a customer insights and strategy consulting firm. Using unbiased qualitative and quantitative research, they provide market insight and real-time employee feedback to help healthcare leaders make informed decisions. Their work has been featured in numerous media outlets, including TIME, the Washington Post, the New York Times, the Atlantic, and Bloomberg News, as well as by the United States Senate Committee on Finance, the United States Surgeon General’s Advisory, and the White House COVID-19 Task Force.
Models of Care
Insight Study

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