2015 NCSBN Annual Meeting - Conversation with Tri-Council Organizations
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Event
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- Thank you so much. It's my privilege to moderate this next session, which is really going to be a dialogue between you, our members, and members of the Tri-Council for Nursing. The Tri-Council is an alliance of four nursing organizations focused on leadership for education, practice, and research, and I know that many of you in the audience recognized our distinguished guests who are sitting up from. They represent the four organizations who belong to the Tri-Council, the American Association of Colleges of Nursing, AACN; The American Nurses Association, ANA; The American Organization of Nurse Executives, AONE; and the National League for Nursing, NLN.

This alliance captures a collectivity of nursing's social, political, and professional expertise, to influence and provide stewardship within the profession of nursing. The Tri-Council has the following purposes: one, to unite and fortify nursing's professional presence and influence the health care system and its larger community, to provide an opportunity to plan, problem solve, and visualize, and shape nursing's preferred future, and to model effective inter-organizational collaboration, and to develop the capacities and processes that foster collaboration and interdependence while respecting autonomy. Those of you who are subscribers to the Nursing Administration Quarterly publication, Volume 39, Number 3, included an article written by the former CEO Polly Bednash of AACN, on the history of the Tri-Council, and so it was from that article that I note that in 1973, AACN, ANA, and NLN put together an inter-organizational committee for implementation. I just think, only nurses could think of a title like that.

In 1977, the three organizations signed a formal agreement and became the Triage Committee, and that was shortened to the Tri-Council. Then, in 1985, AONE became a member of the Tri-Council. I know it is always a conundrum, for so many people, about four organizations being a Tri-Council, but, be that as it may.
What I'd like to do is, I'm going to let each representative of each of the organizations introduce themselves, and then we will go back one by one. I've asked each of them to spend about five minutes sharing with you some of their major strategic initiatives, and information that they want you, as nurse regulators, to know in particular. Once that is done, and we've heard from all four organizations, then I'm going to open it up to you all to come to the microphone and share information, ask questions, knowing that you have this very prestigious, captive audience right here at the table, so we want you to take advantage of this opportunity. With that, let's just go down a table and introduce yourselves, and then I'll come back and start with Pam, and Pam, we'll just let you go first, how about that.

- [Pam Thompson] Okay. Do you want me to introduce myself first?

- Please.

- Good morning. I'm Pam Thompson. I'm the CEO for the American Organization of Nurse Executives, and also the Senior Vice President of Nursing for the American Hospital Association, and I live in Washington and Chicago, so, bifurcated.

- [Debbie Hatmaker] I'm Debbie Hatmaker, I'm the executive director of the American Nurses Association. We're located in Silver Spring, Maryland, just outside of the D.C.area.

- [Marsha Adams] Good morning. I'm Marsha Adams. I'm President of the National League for Nursing. I'm also the Dean of Nursing at the University of Alabama in Huntsville, and the NLN is located in Washington D.C.

- Thank you. Good morning. I'm Joan Stanley, and I'm Senior Director of Education Policy at the American Association of Colleges of Nursing. I bring greetings from Dr. Debra Troutman, our CEO. We are located in Washington D.C. not to be confused with the other AACN, the American Association of Critical Care Nurses that is located in California, and we have many funny stories that we could relate about that confusion, but anyway. Well.

- Thank you Joan. I would also say before we get started that I wanted to make a point of this. The Tri-Council has been very gracious in inviting NCSBN to meet with them once a year to talk about issues of mutual concern, and I think from NCSBN's perspective and I believe from yours as well, that's been a very, mutually beneficial conversation, so we thank you for those invitations. So we'll start with Pam Thompson from AONE, and you're on.

- Thank you. I thought what I would do is really talk to you about what our strategic plan is and what we're doing in relation to that, starting first with our mission which is to shape health care through innovative and expert nursing leadership. We have about 9,000 members who represent nurses in many different leadership roles, it's not just nurse executives. Our vision is global nursing leadership, one voice advancing health. To accomplish that mission and hopefully achieve that mission some day, we have major priorities that we work on, on three-year increments. The major priorities for 2015 to 2017 include: developing core competencies for nurse
leaders across the care continuum, to support current and emerging roles. We have done a lot of work around competencies of nurse executives in hospitals and nurse managers in hospitals, but we've now extended that to have competencies for system CNOs, and now we have competencies for nurses practicing across the continuum. Probably one of our key priorities within leadership development has been to focus on young careerists, and help them gain the skills that they're going to need in a very rapidly changing health care environment, so that they can move into these senior roles someday and really help us in shaping what we need to do to create new delivery systems. The second is the design and implementation of care delivery in population health management models, again, across the continuum. We've worked with the American Association of Ambulatory Care Nurses this year to develop a joint position statement on care coordination in transitions of care, and the roles that leaders play in making sure that occurs smoothly and productively for our patients, around quality in their journey through the system. The third is to support the provision of safe, quality care in delivery systems and around helpful practice environments. Our chief initiative there is our Center for Care Innovation and Transformation, where we work with staff nurses and national cohorts brought together to create change agents in staff nurses, to use rapid cycle design and innovation to change their delivery systems. ISO reviewed them as our secret army that someday we'll unleash upon the health care delivery system, because they're learning to use data and innovation to change processes that they view as not efficient and not helpful to delivery in patient care. We have a firm belief that the people that design systems have to be the ones closest to it. Related to our healthful practice environments, we just released this year, guiding principles and a toolkit on mitigating violence in the workplace, that we did in partnership with the emergency nurse's association, focusing not only on lateral violence and interprofessional violence, but also family violence, and violence occurring within the workplace. We've had a lot of feedback on that when we released it within the community, certainly within the AONE and the ENA, but we're also releasing it within the American Hospital Association, to really stimulate hospitals making this a top priority in how they move forward. The fourth is communicating the value of nursing and health care across the continuum to all stakeholders.

One of the places that we've focused on that this year is really trying to get our hands around the value that the baccalaureate nurse brings to the economy of an institution and the economics of how we finance health care. Along those lines, Robert Wood Johnson has a grant for academic progression in nursing that was presented to the Tri-Council, and AONE was asked to be the manager of that grant, so in the name of the Tri-Council we manage the academic progression in nursing grant that is experimenting in nine states on "what are the ways in which we can accelerate the achievement of a baccalaureate?" By working very closely with community colleges and universities to streamline that process so that students can actually get a baccalaureate, utilizing both of our education systems within a reasonable timeframe, and without doing any repeating or redundancy in the work that they do. We're entering into our fourth year of that grant right now, and we'll be finishing up at the end of this year. We've worked very closely with the Center to champion nursing in America, to work with their states that are working on this. They call them the SIP grants. We have these two major initiatives of people working to see what we can do to really change the way our education system works together to create a more educated workforce for the future. Our core business remains the same no matter what our strategies are, and that includes education, leadership, governance, development, public policy and advocacy, and providing thought leadership in future care delivery, and leadership.
Kathy had asked us to think about, we have you here as we're speaking to you, but you're also listening to us. What is it that would be important for you to know about the work we're doing that really impacts the national council? I think it's three things. One is to support and collaborate with us around academic progression in nursing, so that we're all working on this in the same ways. We know that each state does it differently, but our goals are the same, I think, and what we're trying to achieve across [inaudible 00:11:06], and we need the support of the National Council in doing that. The second is understanding the impact of our hospital systems that are beginning to cross state lines. There's a rapid increase in system development, and they're not necessarily staying within each state, and we need to really have a handle on that and how that impacts our practice. The third is the development of new roles as we move forward into the health care reform activities and making sure that your role, which is to protect the safety of the public, is really front and center in that as new roles get developed, perhaps not within nursing, but within other disciplines, to make sure that that quality standard and that safety standard is always met around the appropriateness of training and credentialing, and however we want to define these new roles but in the end, they do indeed serve our patients well, and our communities. Those are the big pieces of AONE, and I'll turn it over to Debbie.

- Thank you Pam. I am very pleased to be here to represent ANA, a 120-year old membership organization for all Registered Nurses. I will say while we do a great deal of work across the spectrum, certainly our key areas are standard-setting, advocacy, and professional development. Since the time is short, I'm gonna focus on three areas that I believe are most relevant to you, as representative of state boards of nursing. Two of them are about our most recent changes in essential documents that were revised this year, our Code of Ethics for Nurses with Interpretive Statements, and our Nursing Scope and Standards of Practice. Third, I'll talk a little bit about ANA's work in the scope of practice area. As we think about the essential documents and how that lines with state boards of nursing, ANA's goal of being the standard, the steward, for these documents, is to ensure that nurses can successfully navigate that difficult and challenging situation to provide the country with the best possible care. As we look at our Code of Ethics for Nurses with Interpretive Statements, which was just reissued in January after a revision. It hadn't been revised in 14 years, and it was time. We actually designated 2015 as the Year of Ethics, in honor of this launch. The new Code actually places greater emphasis on nurse leadership, it strengthens the voice of nurses in social and health policy, addresses new topics like technology, social media, genetics, and incivility in the workplace, pain and suffering, and evidence-informed practice.

I hope all of you know, that you can access, as can anyone, the Code free on nursingworld.org, and if you want a hard copy, you can certainly purchase that, but it is free and open for anyone who wants to take a look at the Code. The second essential document that was just reissued last month, is the Nursing Scope of Standards and Practice. It certainly reflects a model of professional nursing practice regulation answering the who, what, when, where, how, and why of nursing practice, it defines competent-level of nursing practice and professional performance, common to all RNs. In this document, in which we define nursing, the definition was actually broadened to include facilitation of healing. It includes a discussion of cultural components of care, and includes a new professional performance standard related to culturally congruent practice.

Third, I'll mention a little bit about the scope of practice work that we're doing. We, like you, share the vision of nurses practicing to the full extent of their education and training, in order to enhance consumer access to high quality care. We've been hard at work decades to remove those barriers to allow
consumers to benefit from RNs and APRNs' full scope of practice. We currently have a professional issues panel called the RN Barriers to Practice, and they are working to identify and clarify barriers to RNs' practicing to their full extent, as it is relevant to the Nurse Practice Act, and guide the development of resources. In our advanced practice work, we certainly work with a number of other organizations, and also facilitate the Coalition for Patients' Rights group, focused around legislative advocacy. Of course, one area where we have a mutual work, is under life licensure jurisdiction for cross-border nursing practice. While we know that there are valuable, legitimate, and sometimes, some differing perspectives around nursing regulation as it relates to tele-health and nursing practice, there are many areas of agreement, and the Tri-Council and the National Council State Boards of Nursing have been having a great deal of discussion of late, as we work together and identify those areas in which we can move forward. In particular, there is work going on with a scope of practice decision tree workgroup, and around delegation guidelines as well. Finally, let me just mention that ANA's credentialing subsidiary, The American Nurses Credentialing Center, also focuses in two key areas that we know is important to the state boards around certification of individual nurses, and accreditation for continuing nursing education.

I'll stop there.

- Thank you Debbie.

- I'm Marsha Adams from the NLN, and I'd like to start out by saying that the mission and core values of the National League for Nursing, they are the background for everything that we do. At each meeting that we have, each think tank, strategic group, we address and speak to the mission and core values. Our mission is to promote excellence in nursing education, to build a strong and diverse work force, to advance the health of the national and global community.

We added to advance the health of the nation a few years ago because the bottom line is improving patient care. While we had always been involved internationally, last year we added the global community because we wanted to show emphasis to that. Our core values which are integrity, excellence, diversity and caring, if you go into the headquarters at the NLN, these core values are so important to us that they are etched in glass as you enter the headquarters. It really emphasizes our true feelings about those, and our support. The NLN is very active. We moved after 120 years, from New York City, to Washington D.C., and it has been a very exciting time. What that enabled us to do, at that time, based on the Future of Nursing report, we had an organizational redesign. What we have now are seven centers. They're called the NLN Home for Transformative Excellence. Through each of the centers, evolves all of the initiatives that the NLN is working on, to support nursing education and nursing education research. I'd just like to quickly tell you a couple of things. The Center for Academic and Clinical Transitions, within that center we have, for example, I hope a lot of you have heard about Aces Initiative, because what it addresses is achieving care excellence for seniors, because our older adult population is so important. It's the largest population. On our website, there are materials and resources for nurse educators to use to better prepare our students. I would encourage you to go to the website. That is one of the examples of the initiatives that we're doing.

Another thing that's very important to us, because we represent all types of nursing programs, and we support that very strongly, but we also support academic progression in nursing. It has been a very good thing that the Tri-Council thing is focusing on APIN. I will tell you that for the licensed practical nurse,
or DN, that we even, two years ago I believe, addressed the National Council in relation to talking about scope of practice related to the LPN, LVN, how there is a variability in the scope of practice, particularly in the areas of nursing assessment, care planning, delegation, and supervision. The NLN has worked with the practical nursing community to come out with some strategies and outline a curriculum that can be supportive and truly reflects what the practical nurse does. Watch for more on that issue, particularly. In the area, we have a center for technology and simulation, and within that area we have worked with the National Council in relation to the simulation study that was completed. I'll call your attention to Nursing Education Perspectives for this particular September-October publication.

The entire document is on simulation research. Multi-site simulation research. I would call your attention to that. The NLN, on the website, has a number of resources related to simulation. It's called the SIRC website. Even though simulations that are virtual, we have VSim, which if you haven't seen, you need to take a look at it. It's very supportive in helping students understand concepts.

In the Advancement of the Science of Nursing Education, another center, we are looking at supporting nurse educators, nursing programs who are interested in doing multi-site nursing education research. We need evidence to support what we do as a nursing faculty, and how we teach, so that's very important. We are also looking at developing standards for the nurse educator. We have those competencies, but two years ago we published a vision statement about doctoral preparation for a nurse educator.

When you look at our vision statements, our position statements, there is usually a call to action, but also recommendations for faculty, deans, and directors, that may help you pursue your interest in these topics. One of the main things, we need to open the discussion. The NLN through these seven centers publish a number of vision statements and position statements. The last few have dealt with debriefing, simulation in general, how faculty deal with technology. I really feel like that the NLN is on the move. I'm sure all of you may have seen the email that came out yesterday in relation to our subsidiary ACEN. The NLN and ACEN have come together and have submitted bylaws to the undersecretary, so we hope to resolve any issues, and it's looking very positive.

So thank you.

- Thank you very much. You're on, Joan.

- Thank you. The American Association of Colleges of Nursing has an institutional membership, and we represent the baccalaureate and graduate schools of nursing. Currently, we have over 765 institutional members, and that membership includes anyone connected to the institution, so it would include the deans, the faculty, which is over 17,000 faculty, students, which we have over 400,000 students enrolled in those institutions, as well as administrative personnel such as business officers, development officers, or research directors. I think a lot of folks don't understand that all of the components of the institution, all of our resources and materials are available to anyone connected to that institution. AACN's mission is to serve the public interest by setting standards, providing resources, and developing leadership capacity of member schools, to advance nursing education, research, and practice. I also want to share with you our vision for the profession, because I think this reflects most of the activities that I want to highlight today that we are engaged in.
The vision is that by 2020, highly educated and diverse nursing professionals will lead the delivery of quality health care and the generation of new knowledge to improve health and the delivery of care services. Our umbrella extends to two autonomous arms, or other organizations, the Commission on Collegiate Nursing Education, known as CCNE, accredits 73% of baccalaureate nursing programs, and 78% of master's degree programs, as well as 187 new DNP programs at 685 schools of nursing. Our other arm is the Commission on Nurse Certification, or CNC, and they offer certification for graduates of master's degree clinical nurse leader programs. The clinical nurse leader is a relatively new area of preparation that has an emphasis on quality improvement, risk assessment for populations, interprofessional team leadership and communication, and implementation of evidence-based practice. AACN provides many resources, not only for information, not only for our members, but for other stakeholders as well. I'd like to highlight just a few of these. One of the most important things I think that we have done over the years, and that is our annual enrollment and graduation survey.

This is conducted on all, not just our member schools, but all baccalaureate and graduate programs. The data from this survey is used by individual schools and Federal and state agencies for benchmarking, workforce initiatives, and projections. The AACCN essentials series, for baccalaureate masters and DNP education, are probably our most well-known publications. These delineate the expected outcomes for graduates of each of those programs. One of the most important things that I'd like to share about those documents and the processes used to identify what those expected outcomes are, is that it is in a national consensus-based process that involves both academia and practice. All of the documents or position statements or white papers that I will refer to today are posted on our website and easily downloadable. For baccalaureate education, AACN has long supported minimum entry for entry into the professional practice of nursing. We applaud Mischa/g Kim's/ recommendation yesterday to create a separate exam for baccalaureate graduates.

As a Tri-Council member, as you've heard, AACN participates in the academic progression in nursing initiative funded by RWJ and administered by AONE. At the Master's education level, the clinical nurse leader which I previously mentioned that we have a certification arm for, is our primary major or newest initiative. I described this expected skill set of this Master's degree graduate. I wish we had an opportunity, and maybe if we talk about what the future nurse will look like, we can talk about the process and some of the dialogue that occurred among the stakeholders on coming up with that knowledge and skill set. We strongly support the Future of Nursing Report's recommendation to double the number of doctorally-prepared nurses, and we have partnered with the Jonas Center for Nursing and Veteran's Health Care to provide the Jonas Nurse Scholar's Program, which provides funding to increase doctorally-prepared faculty as well as doctorally-prepared leaders, and they can serve at the point of care and as clinical faculty. You probably all know that in 2004, the AACCN membership approved the position that all advanced nursing practice transition to the doctor of nursing practice degree, and they set a target date of 2015. The RAND study that was commissioned by the AACE board of directors that was released last year shows almost unanimous approval and support for the skill set of the DNP education in preparing nurses to meet future health care needs. Currently, over 260 schools in 49 states have one or more DNP programs, either post-baccalaureate or post-Master's. We continue to provide resources and information for programs that are planning DNP programs, or for those that have now been in existence for a while and are now beginning to review their curriculum. The report of the DNP implementation task force report, which many of you have been asking about was just released a week ago, and it's the white paper on the DNP current issues and clarifying recommendations. This paper provides a series of recommendations that clarify questions that have arisen throughout this transition.
period, specifically focused on the final requirement for the final project, practice hours, and how to maximize resources. Another report that I would like to draw your attention to, and that is the APR and Clinical Education Task Force report that was released in the spring. This report includes recommendations regarding and advancing moving APR and education to competency-based education and assessment as well as the use of simulation to enhance APR and clinical education. I would point out that this task force included not only representatives of academia and practice, but also, all four of the APRN roles. AACN leads a number of initiatives to enhance diversity in the nursing workforce, including the Johnson & Johnson Minority Nurse Fellow Faculty Scholar's Program, and the RWJ-supported New Careers in Nursing Scholarship Program. Finally, I would be remiss if I didn't put a call out to my colleagues. AACN has been facilitating and an active participant in the development of a consensus model for APR and regulation, and now we are providing administrative support for the implementation of that consensus model. As you know, NCSBN is an active partner in the LACE network that we're providing administrative support. I'd thank all of my colleagues.

We've worked so closely, and if we've learned nothing else, we've learned that communication must be transparent. We have been accused of being in cahoots but we say we are in alignment, and we are transparent, and we are communicating.

- Thank you Joan, that was very kind. And thank you to all four of you. I know that you have just delivered a huge volume of information that's quite rich, and you did so very succintly. Thank you so much. Now I'm going to open up. We have about 10 minutes, so I want to open it up to all of you. This is your opportunity to dialogue and ask questions, and, whatever you'd like to learn more about with these representatives from the Tri-Council.

Microphone 6, and if you would please introduce yourselves so our guests know who they are talking to.

- [Mark Myatt] Good morning. Mark Myatt, Texas. First off, I'd like to say thank you for all of you being here, because to me it's an honor that all of you are here addressing our organization, so I want to say thank you. This is a tremendous honor for me to be here. One of the basis of our organization is looking at, obviously, state-based licensure. And in May, we just recently adopted a new revised Compact for RNs and LVNs, LPNs, and the APRN Compact, but I'd like each one of you, if you could briefly just tell us your position on it, if you're not for it, what will you do to work together to move in that direction.

- Mark, did you say the APRN Compact?

- First off, I was looking at the...the revised compact is the first one. That's the main one that I would like for them to speak to.

- So you didn't ask an easy question, did you?

- Thank you Kathy.

- Both Compacts, so, the Enhanced Nurse Licensure Compact and the APRN Compact?

- I would like it if they have a position also on the APRN, to address it, if they
don't, then, that would be-- Thank you. And I will just open it up for comment.
- Okay, well I'll start.

- AACN, or American Associated Colleges of Nursing has endorsed the RN Compact, and as far as the APRN Compact, we haven't taken a position and it hasn't been discussed by our board, however I know that the organizations that are part of the LACE network have had a number of conversations regarding the Compact. I think in looking at that, one of the concerns has been, and there may not be any way to get around it, but it has to do with the prescribing of controlled substances, and the difference between the Federal authority and the state authority, but our board has not had an opportunity to discuss or take a position on the APRN Compact, but we have endorsed the RN Compact.

- In 1998, ANA took the position that is different from the Compact, specifically, one of the major differences that remain, is focused on the location of practice. There continues to be some questions and concerns raised around some of the state differences. I will tell you that we have been having very robust discussions within ANA, and just at our membership assembly meeting last month, brought forward a discussion around licensure jurisdiction, tele-health in particular, in which we had a lot of discussion. We had state representatives there, some of whom actually practice in states who have Compact, and others who do not, and we are really looking and focusing on, and our board of directors have focused on those areas of agreement where we can work toward those issues around decision trees around scope of practice, supporting the uniform implementation of biometric criminal background checks, and really looking at alternatives to discipline programs. It's still with a lot of dialogue going on within ANA, but at this point in time, our 1998 position from our house of delegates still stands.

- AONE's been supportive of the Compact for the Registered Nurse, but we haven't taken a position on the APRN.

- The NLN also is in support of the Compact for the Registered Nurse. I will tell you this, every year when the National Council comes to the Tri-Council Meetings, this is always on the agenda, and it is discussed thoroughly. One of the favorable things I find with the Tri-Council is, all organizations must support and agree before any documents are disseminated from the Tri-Council, so that is why a number of times you will see individual organization letters, and then at other times you will see letters, in addition, from the Tri-Council. This is always on the forefront of our discussions, particularly in September, so we are under discussion. Again, with the Advanced Practice Nurse, the NLN has not discussed this within the board.

- Yeah, thank you. Mark, I would add that your leadership of NCSBN has raised these very questions when we're invited to meet with the Tri-Council, and that has resulted in some progress, I would have to say. The Tri-Council was in agreement to form a workgroup between the Tri-Council and NCSBN that resulted in a framing paper where we looked at the interface of licensure practice and education as it results specifically to tele-health practice, where are areas of agreement, and what we can work on. Debbie alluded to one of those projects that we're immersed in right now, is looking at scope of practice decision making trees, because one of the issues that nurses have concerns about is, they want to be legal, they want to make sure they are abiding by state nurse practice acts, so when they are practicing across state lines, how do they ensure that they know they are practicing to the legal scope of practice? They really want to do that, so how do we help facilitate that? We're working on those areas where I think that we have some common ground and that we can keep moving things forward, and I have to say
that every organization of the Tri-Council has been very open to continue dialogue on this very important issue, because they know how important it is to all of you.

So, microphone 7.

- Good morning. My name is Donna Myer. I'm the CEO for the organization for Associate Degree Nursing, and I actually just have a comment. First of all, the Organization for Associate Degree Nursing supports all of the community college nursing educators in this country, and we do support the recommendations of the Future of Nursing.

I would like to applaud the Tri-Council because we have worked extremely closely with each of those organizations on academic progression, and they have been absolutely wonderful to work with. We've had numerous position statements come out from each of those individual organizations that we support this work of the Future of Nursing. We also support accreditation of all community college nursing programs. In the last 4 years, our work has centered on academic progression and having those programs become accredited. So I just wanted to mention that we worked very closely with them, and they all mentioned academic progression, and we do think it's extremely, extremely important. Thank you.

- Thank you so much for that. Well, we only have a few minutes left, but I did come prepared with questions just in case you weren't. In listening to all of the comments that all of you have made, I'm struck with many things and I realize we could be here for hours doing this. I was struck by Pam, your comment about developing new roles and making sure that public protection is front and center. Can you talk a little bit more about that, what you mean? So when you say new roles, what are those new roles, do you know?

- I'm going to make them up. The new roles that I'm speaking of are the new roles that are perhaps outside of the nursing purview. Some of the phrases that we hear are "navigators", the different roles within the community, community health workers, different aspects of the continuum of health that we see needing to be developed as we move towards a more community-wide approach to the delivery system. As we do that, we have some major tasks before us to perhaps retrain some of our incumbent work force to do roles in the community that they were not necessarily trained for in the beginning, and so how do we ensure their competence in doing that. As we get more involved in community work and really increase that to really expand around health in the way in which we know that health could be addressed, it seems reasonable that these new roles will emerge, and if they're not being designed within nursing, where I think we would make sure that we're working in concert with the correct credentialing and the appropriateness of them, they may emerge within other places within our systems and, just to make sure that those roles have some level of competency and recognition of their appropriateness to deliver care in a safe and quality way. It's more things that we need to be paying attention to as opposed to a long list where they might not be happening right now. Whenever you have new innovation and you have people drawing outside the lines, it's exciting, and new things emerge, but you also have to keep that safety quality quotient right next to it as well.

- I'm not going to speak to new roles, but let me just mention maybe three things that came to mind for us as we think about what the future might look like and what might be either new or expanded competencies as we think about it, so I think of three key areas in particular. The first one being big data. The need to really infuse data and analytic skills. How to use big data as we advance population
health, how nurses need to be able to talk that language, when they work with policy makers or stakeholders in particular. Secondly, which isn't a new competency, but certainly you'll hear more about today's care coordination. We know nurses have been doing it for a long time, but we know that it's getting increased attention. We know that it's one of six priorities that are really guiding the nation's plan as we look at the national quality strategy and was mentioned in 14 different sections of the ACA. Third I would say, is rapid information processing. It's just dramatic, the level of information that nurses are really having to process in today's very complex care environment, and how can they rapidly do that?

- Okay. Great. Yes, please.

- Presently, at the Tri-Council, there is a task force within the Council that actually are looking at these expanded roles and the different roles, with the patient as the primary core, and how lay-individuals and professional individuals work together for team-based care and support of the patient. Right now, we are still evolving. We will be sending a draft to the Tri-Council in September, so hopefully we will keep you attuned to what's going on.

- Thank you Marsha. Joan?

- I would just like to add, I support what my colleagues up here have said, particularly looking at, we have to recognize that there will be new roles and new ways of addressing the gaps in health care, but one of the things, the caveats that I would put out to all of you, and that we need to pay attention to also as educators, and that is, we need to make sure that our graduates are prepared to address what's going on and the changes in the health care delivery system. We also have to make sure that not only are they prepared, but that the programs and the curriculum are flexible and nimble enough to be able to address what's going on. I think curriculum and academia frequently takes a long time to change, so we need to be more flexible. I'll take the onus on that when working with our members. But on the flipside, those of you who are in regulation and approving programs need to be aware that we need to look at different ways of educating our graduates and preparing them, and for what we're preparing them for, in a very different, changing health care system. Also, I would like to stress, and I get very frustrated, because out there talking to folks around the country, is frequently we see people designing new systems of care, creating new workers, but they frequently do not seem to recognize what nursing can bring to the table and what we in nursing practice officer, and that we have academic programs, we have individuals who are prepared. We, as leaders, need to make sure that we are not waiting to be invited to be part of that design, and also that we step up and let folks know what nursing can bring and what we offer and how we can contribute, and that we need to be accountable for those outcomes. So, thank you.

- Thank you Joan. It's amazing to me, I'm reminded of how important it is for this kind of conversation to happen at the national level, but for all of you to certainly have this conversation at your state level, and very quickly, before we end, I'll use our day of dialogue that Pam Thompson and I facilitated with representatives from AONE and representatives from NCSBN and it was on a simple topic, which was "when do you report a nurse because of a practice complaint?" Now, you all may think that's pretty straightforward, but we spend a whole day together, and the epiphany at the end of that day for me was how much we learned from each other. It's a reminder that people don't always know everything that you know, and they need to know it.
Only you can take the lead in your own states and bring people together to educate them about what you do, how you do this, etc, and then of course engaging in ongoing collaborative relationships where we can have these dialogues, and none of us be surprised, so that we can work together and be prepared for the future, it's important, and critical. I know I'm singing to the choir. Without further ado, would you join me in thanking them for being here today?