

FutureCare Nursing 2025

Architects of change: How nurse leaders are transforming care delivery



“It’s true that value-based care is exerting downward pressure on nursing, but tension still exists that’s related to fee-for-service, volume-based models. That pressure means that nurse leaders are usually implementing models that address value and reduce use at the same time that they’re maintaining volume, which is still a revenue generator.”

**Bethany Robertson, DNP, CNM, FNAP,
Clinical Executive, Wolters Kluwer Health
Learning, Research & Practice**



Survey Executive Summary

Wolters Kluwer Lippincott® Solutions conducted its first nurse leader **FutureCare Nursing 2025** to gauge whether nursing care delivery models that emerged during the COVID-19 pandemic have endured, transformed, and evolved in the past few years. The report explores new nursing care models and their impacts on nursing staff recruitment, retention, competencies, and training. The report also examines new and emerging nursing roles and identifies new methods and metrics for measuring performance.

The survey results point to an undeniable fact: chronic staff shortages are causing traditional nursing models to break because they are incapable of responding to patients’ higher-acuity-care needs, and they’re being challenged to deliver high-quality care across settings. The findings also show that the path to new models may be less about which particular models work best and more about how to design new models that will drive meaningful change and result in sustainable improvements in patient outcomes.

The how? Survey respondents believe it’s time to focus on fully using nursing staffs’ skills and competencies and effectively applying technologies to save time, reduce the burden on staff, reinforce feelings of support, and create new opportunities. By bringing nurses’ voices into change initiatives, leaders believe there a path toward increasing staff engagement, raising levels of satisfaction, improving retention, and reducing turnover.

The writing is on the wall:
Nurse leaders recognize that care delivery must change.
The only question now is how they get there.

Care model redesign is well under way, with the majority of survey respondents experimenting with a wide range of initiatives designed to advance care quality and promote top-of-scope nursing practice. But even though they've figured out the why behind the changes, most are still architecting the how — that is: How to make changes that will be effective and sustainable. How to get buy-in from key stakeholders. And how to move beyond just the financial and operational key performance indicators and on to human metrics — metrics that confirm that the changes are affecting patients and nursing staff positively. These are the metrics, respondents believe, that will improve outcomes and get staff to stay.

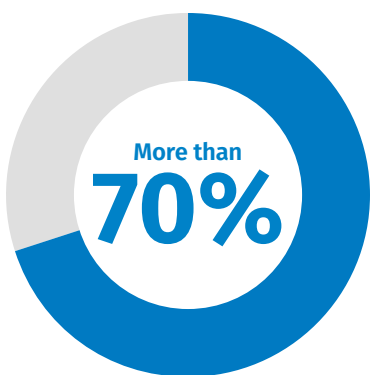
Why change is inevitable

- ➔ **Disruptive market forces:** Workforce shortages, new technologies, rising healthcare costs, and focus on whole health are disrupting traditional nursing care models.
- ➔ **Downward pressure of value-based care:** A clear majority — 65% of chief nursing officers (CNOs) — cite the impacts of implementing new payment models focused on value-based care and of reducing readmissions as the top factors driving adoption of new care delivery models.
- ➔ **Shift in site of care:** Some 60% of nurse leaders cite increased acuity of hospitalized patients and 55% say the shift to alternative-care settings are among the top factors driving adoption of new care models.
- ➔ **Shake-up of the status quo:** Some nurse leaders believe the current nature of nursing work continues to contribute to care delivery challenges. Most agree on the urgency for finding innovative care models that maximize existing registered nurse (RN) talent and ensure none of their time or energy is wasted.
- ➔ **The shackles of nurse-to-patient ratios:** Respondents believe that as transformative models emerge, the industry will develop a new framework for balancing care quality, workforce management, and regulatory compliance — perhaps one that measures individual nurse impact. The historical framework does not consider varying patient acuity levels and needs, and it stifles workforce innovation.



“We firmly believe that the biggest risk right now lies in the status quo. It doesn’t matter how good we are at hiring or retaining nurses; we’re simply never going to have enough of them if we keep working the way we do right now.”

**Sylvain Trepanier, DNP, RN,
Chief Nursing Officer,
Providence**



of nurse leaders report they're planning to launch home health nursing models, which promote faster recovery, lead to enhanced patient satisfaction, and reduce hospital readmissions.

From burnout to breakthrough: Nurse leaders are aligned on the mandate for change.

Nursing care models provide the formula that will connect technology innovation, evidence-based practice, and whole health. To be successful, these models must eliminate the noise generated from technology, delegate tasks more appropriately, continually train nurses on practice changes and technologies, and create the space in workflows to reconnect compassion to care delivery.

Moving past "Should we?"

Respondents have moved past asking for permission and toward implementing fast-turn innovation cycles: "If it works, let's get on with it." A test-and-adopt approach can drive meaningful improvements in care delivery faster, beginning with rapid-cycle tests of change: "What can we change — by this afternoon?" Experiments should fail or change fast, advocate the nurse leaders interviewed for this survey.

Which models are being piloted

The move to value-based care, which is currently the most supported model (87%), puts nurses into a central role in managing care transitions between settings and in ensuring patients receive both appropriate follow-up care and preventive screenings. Respondents are also supporting collaborative care nursing models (81%) and team-based nursing (74%), both of which have become well entrenched according to the survey results; but nurse leaders also recognize the need to continually innovate.

A majority report they're planning to launch home health initiatives (71%), which requires a model change to ensure seamless handoffs to home health teams and expansion of nurses' roles to include case management and patient education in self-care and medication adherence, as well as greater competency in population health and chronic disease management. Respondents also cited internal float pools (68%), virtual nursing models (66%), and telehealth (66%) as model changes that they're planning to launch.

8 Leading nursing care models

Survey respondents were asked which nursing models they currently manage or are planning to launch in their organization:



Currently Support

- 87%** Value-based care nursing models
- 81%** Collaborative care nursing models
- 74%** Team-based nursing



Plan to Launch

- 71%** Home health nursing
- 68%** Internal float pools
- 66%** Virtual nursing
- 66%** Telehealth nursing
- 61%** Multi-disciplinary care models

Roles required in the new care paradigm

Those interviewed described an innovation life cycle that begins with pilots and experimentation with new models [see page 13 for the innovation cycle]. The cycle of innovation for the development of new models must be embraced with urgency, teamwork, and courage, report the interviewees. Each level of innovation has different dynamics, priorities, and team makeups that evolve as the model matures.

In earlier phases of innovation, staff members might be added to a team — as a test — to help redistribute the workload or optimize the model. However, their roles do not become staffing priorities until the model is ready to scale.

The roles that are priorities? The nurse informaticist (52%), nursing care coordinators (50%) who serve as central points of communication across care teams, and, as more hospitals become poised to launch telehealth and virtual care nursing models (66%), nurses who are experienced in those areas (47%).

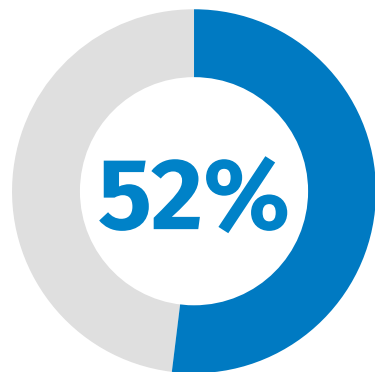
Aligning innovation with workforce needs

New nursing care models, evolving technologies, and changing patient needs require a nursing workforce that is not only skilled and competent but also adaptable to shifts and able to sustain the new metrics that a new business model requires.

Although no singular strategy stands out for sustaining the workforce, the keys seem to be prioritization of the workforce's well-being in order to be able to recruit and retain (38%), to integrate operational efficiencies (34%) into workflows by investing in technology (37%), and to incorporate innovation into the culture (31%). The respondents reinforced the importance of bringing the voice of the nurse into decision-making. Among CNO respondents in particular, the operational efficiencies gained through new models were seen as the most critical.

“Although listening to nurses’ concerns is critical, organizations typically fail to address the root causes of workforce challenges. Nurses are going to raise things that are symptoms of other things, and leaders really have to understand what’s at the heart of the issues. There has to be a more structured strategy to assess the needs of each unit and then tailor workforce solutions accordingly.”

**Bethany Robertson,
Wolters Kluwer Health**



*More than half — 52% of survey respondents — cite nurse informaticists as a staffing priority. **Nursing informatics** is vital for enabling digital health, ensuring interoperability, supporting evidence-based practice, and managing accurate data.*

“Gaps in structured training have kept nurses from engaging in workforce innovation efforts. In fact, training is the foundation of all workforce innovation efforts. Whatever change a hospital is implementing — whether it’s workforce development, role changes, or new care models — training is a core component of the change.”

Bethany Robertson,
Wolters Kluwer Health

Training for transformation: How the roles of bedside nurses will evolve.

Nurse leaders have a direct line of sight into what nurses need to succeed in this new era. They recognize that nurses have to understand how they affect financial metrics, how to collaborate across the care environment, and how to adopt a whole health approach with every patient.

In fact, it’s not just nursing models that are evolving but also perceptions of nursing as a role in healthcare. Historically, nurses were seen as supportive caregivers, delivering care with compassion and dedication but not recognized for their clinical expertise or decision-making skills. As salaried employees, they are often viewed from a business standpoint as a cost center.

The nursing shortage has proven that nurses are the backbone of healthcare, by combining compassion with evidence-based practice and by guiding innovations that will shape the future of patient care. In value-based models, for example, nursing is increasingly recognized for its direct impact on outcomes, readmission rates, and patient satisfaction. Nurses are now seen as key to reducing adverse events, improving efficiency, and supporting high-quality care – all factors that influence financial performance.

Innovative leaders are working to tie nurse performance to patient outcomes, to measure their impact, and to compensate them based on performance. These leaders want to attribute care quality to a nurse and track how that affects cost, quality, and patient satisfaction. Those innovators and those surveyed reported that quantifying their work and driving investment in professional development and cultures that ensure continual training, education, and support are priorities.

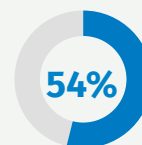
Nurses need training in the business

In the business of healthcare and the areas that tie directly to reimbursement in risk-based arrangements, including 1) financial and outcomes-based metrics (62%), 2) how to screen for early detection of behavioral health issues (54%), and 3) communication and collaboration techniques to effectively manage care transitions (43%).

Training priorities



Financial and outcomes-
based metrics



Skills to screen for early
detection of behavioral
health issues

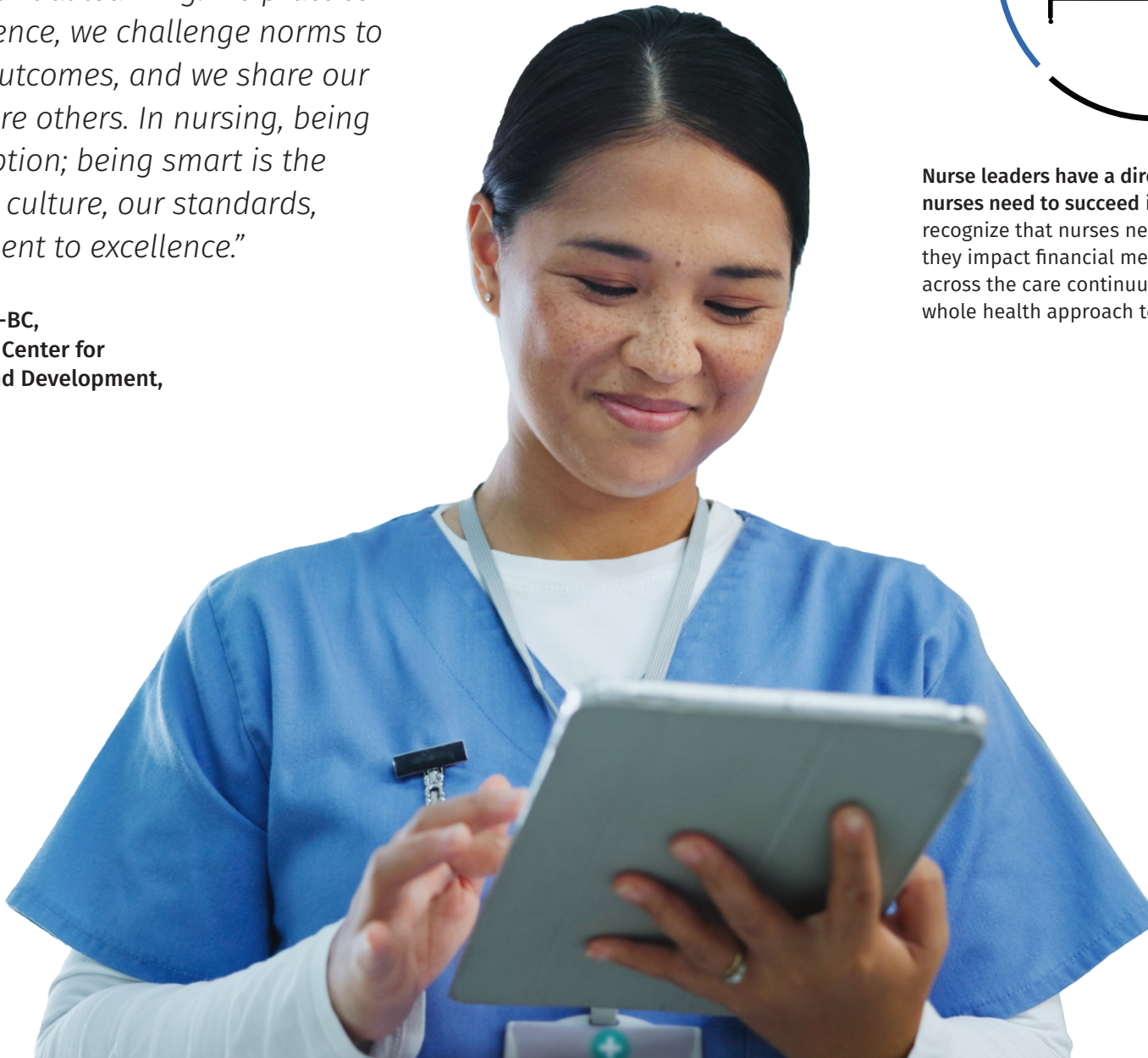


Communication and
collaboration techniques
to effectively manage
care transitions

*“Our nurses are not just caregivers; they are **innovators, leaders, and evidence-driven professionals shaping the future of healthcare.***

From leading their hospitals as CEOs to driving innovation in professional development, nurses demonstrate their intelligence, adaptability, and dedication to continual learning. We practice according to evidence, we challenge norms to improve patient outcomes, and we share our successes to inspire others. In nursing, being smart is not an option; being smart is the foundation of our culture, our standards, and our commitment to excellence.”

**Daria Kring, PhD, RN, NE-BC,
Vice President, Nursing, Center for
Professional Practice and Development,
Novant Health**



Nurse leaders have a direct line of sight into what nurses need to succeed in this new era. They recognize that nurses need to understand how they impact financial metrics, how to collaborate across the care continuum, and how to adopt a whole health approach to patient care.



There is resounding agreement that delivery models should be assessed on a broader set of measures.

Nurse leaders call those measures “progress indicators.”

Even though only 40% of survey respondents listed improved patient experience as an organizational expectation, nurse leaders did say that improved patient experience was an early indicator of success. Nurse leaders distinguish between progress indicators and organizational metrics, citing both as critical for gauging whether models are having impact on both nursing performance and their nursing staffs.

The hard numbers: The top three anticipated benefits from new care delivery models and how they should be measured.

1 Reduced medical errors

Key performance indicators: Metrics for medical errors and adverse clinical events (nursing-sensitive indicators); for example, hospital-acquired infections, pressure injuries, and falls that can be tracked daily or even only weekly through a combination of formal reporting systems, electronic health records, and analytical tools designed to identify and address errors.



Progress indicators:

Early progress indicators for reduced medical errors might be reduced numbers of call bells, bedside alarms, or notification alerts. Another progress indicator could be nurses’ voicing that they feel less distracted and less fatigued and able to spend more time with patients.

2 Optimized nurse staffing and workforce management

Traditional classic nursing models often require that nurses wear many hats and be all things to all people. Resolving that disconnect, adjusting for the unique needs of each patient in each setting, and accommodating nurses at each stage of their careers are things nurse leaders want new models to address. In that context, team-based models, for example, allow for the offloading of tasks to less-skilled professionals so nurses can focus on direct patient care.



Progress indicators:

To optimize staffing, those interviewed suggest that new models incorporate mentoring for new nurses, implement strategies to strengthen the nurse–patient relationship, offer growth opportunities for all nurses, provide training in workforce management, and preserve and share the knowledge of more-senior nurses.

They also suggest the establishment of strong, shared governance, so that nurses have a clear voice — and permission to offer ideas for optimization. Another key progress indicator mentioned by those interviewed is ongoing direct input from nurses about their experiences and learnings.

3 Improved clinical outcomes

Leaders acknowledge that they are not retraining nurses in clinical tasks but are adjusting the workflow and delegating nonclinical responsibilities to other team members so that the roles performed by nursing staff are in line with their roles, responsibilities, and qualifications — essentially, that the right roles perform tasks that are appropriate for their level of training.

Those interviewed said they want new models to ensure that patient needs are clearly defined, tasks are identified for possible delegation, and the bedside team has the data they need. These actions help nurses more easily understand their patient and enable more targeted, effective care.



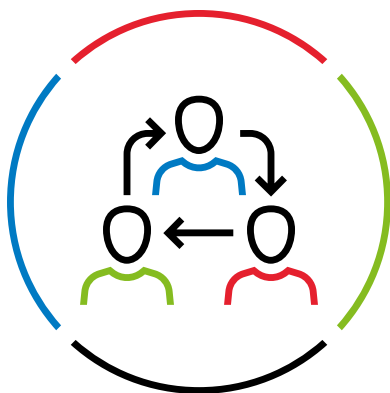
Progress indicators:

Feedback from nurses that they feel confident that they understand their patients' priorities and they can leverage each member of the care team to effectively meet them. Another indicator could include hearing from hospitalists and care managers on how well they see patient needs being met.

“Many hospitals lack structured frameworks for evaluating the effectiveness of workforce interventions, which can lead to haphazard decision-making. This is where a structured quality improvement model comes in to align workforce strategies with measurable outcomes.

While you’re trying out one thing on one unit, you may have to try a couple of other things on the same unit to get real improvement. That’s true quality improvement: stacking interventions, assigning each one its own metric, and then evaluating: ‘Are we getting to the endgame?’”

**Bethany Robertson,
Wolters Kluwer Health**



Those interviewed advocated for **creating space in the workflows** to reconnect compassion to care delivery.

Although new care delivery models are designed primarily to meet patients' needs, leaders clearly see a path to resolving the nursing crisis.

Nurse satisfaction is front and center as a key goal to address the shortage. So, it's important to find the early markers of momentum as teams map the path forward with new care delivery models.

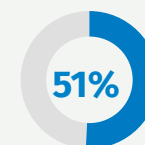
Notable advantages of new care models



More positive nurse reinforcement (just-in-time feedback) to manage the workflow



More supportive collaborative environments



Greater professional freedom and flexibility

Surveyed CNOs report that the ability to apply a wider range of skills and knowledge was a notable advantage to the implementation of new care delivery models; and of the advantages, they ranked it the most highly able to help attract and retain nurses.

So, how do those advantages tie to retention?

Make it easy. Leaders noted several factors that lead to more positive reinforcement in the workflow including – but not limited to – clear communication, just-in-time feedback, ongoing learning, and hearing that patients are satisfied with their care. Leaders noted that easy-to-use technology can also help, but only when it simplifies administrative burdens or reduces the turbulence in these unpredictable, fast-paced settings.

Reduce the daily workload. But be sure you are maintaining nurses' confidence that patients are safe, roles and accountability are clear, team members have the training, knowledge and experience they need, and that communication pathways remain clear and strong.

Research findings highlighted the link between supportive, collaborative environments and virtual nursing models. Leaders who had tested virtual nursing reported that nurses said they felt more supported when virtual counterparts stepped in to support the admissions process and post-physician-visit follow-ups. Virtual nurses handling those tasks enabled bedside registered nurses to concentrate better on learning about their patients and their patients' needs.





“Our change management team has been vital and has bridged experience gaps, guided units through transitions, and planted cultural roots for sustaining new care models.”

Gay Landstrom, PhD, RN, NEA-BC, FAONL, FACHE, FAAN, Senior Vice President and Chief Nursing Officer, Trinity Health

The blueprint for a nurse leader change agenda

Where change starts: Nurse leaders agree that units open to change are the ones to start with. Finding teams already receptive to trying new approaches will accelerate the pace of change. They should already be testing alternatives and have the right culture to try new ideas.

During early phases of innovation, leaders use progress indicators such as nurse and patient satisfaction — versus standard performance metrics such as reduced cost and improved care — to gauge which models are poised to have long-term positive organizational impact. Leaders suggest that nurse and patient satisfaction could evolve to become more-sustaining measures.

Team responsibilities, staffing demands, and organizational requirements change for each stage of model optimization and development, but senior leadership sponsorship and support are mandatory at every phase.

Strategic considerations and demands on nurse leaders evolve with each phase of care model maturity. In the planning and pilot stages, leaders report focus is on the potential of new elements by shaping the models and identifying ways to improve patient and nurse experiences. As the model takes shape, demands shift to:



More-permanent staffing needs

Each level of innovation has different dynamics and staff requirements. Staff need to be equipped to move quickly from one phase of innovation to the next, requiring a stable nursing workforce.



Technology requirements

Scaling new models, especially telehealth or virtual care nursing models, may require significant technology and training investments. It's crucial to align IT investments with new models.



Ongoing training

When designing new training requirements, leaders should align workforce planning activities with the strategic objectives and staffing demands of the new model.



Communications to a broader range of stakeholders

Nurse leaders can build stakeholder support and cross-team advocates, which is crucial for gaining the organizational support that is required to implement change more broadly.

Nurse leader demands evolve as the innovation cycle matures

The Innovation Lifecycle

| Innovation Progression | Ground Zero Now | Level 1: Ideate 1 month | Level 2: Pilot 1–3 months | Level 3: Validate 3–9 months | Level 4: Implement 6–12+ months |
|-------------------------|---|--|--|--|--|
| Context | The need to innovate is clear, likely based on <ul style="list-style-type: none"> • Rising acuity • Shift in care settings • Workforce challenges • Clinical quality • Cost concerns | CNOs and other nurse leaders prepare the organization to innovate | Units begin to test new models or elements of new models | Units have enough data and indicators to decide what to implement or scale | Cross-functional teams prepare to expand the model |
| Key actions | <ul style="list-style-type: none"> • Garner senior leadership support • Network with other CNOs and nurse leaders for insight and potential support | <ul style="list-style-type: none"> • Identify units that are ripe for innovation • Guide open discussions to redefine needs and consider alternatives • Decide what to try and where • Create a vision and “the why” for the innovation/change • Create clear metrics for success | <ul style="list-style-type: none"> • Activate a change management team • Iterate and adjust daily • Test and try various measures • Test and try (measure) again • Maintain continual feedback • Share metrics | <ul style="list-style-type: none"> • Achieve strong, positive feedback from a broader range of stakeholders • Improvement in innovation measures • Qualified feedback from nursing staff that indicates improved job satisfaction | <ul style="list-style-type: none"> • Communicate to all stakeholders • Confirm technology infrastructure • Review role adjustment with HR • Improved retention levels • Improved safety metrics • Monitor innovation measures for sustainability |
| Key stakeholders | <ul style="list-style-type: none"> • CNO • Nurse leadership • Senior leadership | <ul style="list-style-type: none"> • CNO • Nurse leadership • Units open to innovation | <ul style="list-style-type: none"> • CNO • Nurse leadership • Units open to innovation • Change management team | <ul style="list-style-type: none"> • CNO • Nurse leadership • Units open to innovation • Change management team • Patients • Hospitalists • Care coordinators | <ul style="list-style-type: none"> • CNO • Nurse leadership • Senior leadership • HR • IT • Finance • Communications • Patients • Hospitalists • Care coordinators |



“Workforce innovation should be customized at the unit level rather than be applied as a one-size-fits-all approach. Different hospital units will have varying levels of acuity and patient needs, but the unit that is most open to change and where patient acuity is at its highest should be the starting point for innovation.”

Bethany Robertson,
Wolters Kluwer Health

Survey methodology



Research approach

In November 2024, Wolters Kluwer Lippincott Solutions retained Mindsailing to gather insights from **157 nurse leaders** serving a wide range of organizations such as integrated multistate systems, teaching hospitals, community hospitals, acute-care hospitals, post-acute-care hospitals, and specialty hospitals.

We also spoke directly to CNOs and other kinds of nurse executives to learn the contexts and dimensions of their efforts to manage care delivery transformation. Finally, we reviewed secondary research to confirm what we were learning firsthand and to close gaps.



This report offers a window into the mindsets of **Chief Nursing Officers and other nursing leaders** as they consider and experience new nursing models and their impact on patient care, and nurse recruitment, retention, competencies, and training.

Respondent profile:

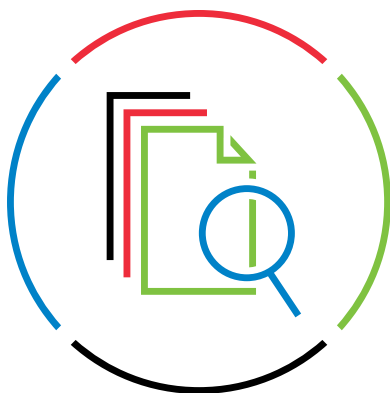


- 52% were CNOs
- 16% were vice presidents of nursing
- 16% were directors of nursing clinical practice
- 16% were directors of nursing education

Number of beds:



- 26% (1,000–2,999 beds)
- 25% (500–999 beds)
- 48% (100–499 beds)



Care model definitions

Value-based-care models: With a shift from fee-for-service to value-based care, nursing models shift to focus on managing patient care transitions between settings, on reducing hospitalizations, and on ensuring continuity of care. With a greater emphasis on preventive care, nurses must be able to educate patients in chronic disease management, lifestyle modification, and adherence to treatment plans.

Collaborative-care models: These models involve healthcare providers from different disciplines who work together to provide comprehensive care, enhancing communication and coordination between providers.

Multidisciplinary-care models: These models involve teams of healthcare professionals across various specialty areas who collaborate to handle a patient's comprehensive care needs, ensuring a holistic approach.

Team-based nursing: This is a nursing-centric model wherein a group of nurses work together to provide care for a patient population, emphasizing collaboration and shared responsibilities. In this model, each team member has defined roles and responsibilities that align with the member's qualifications and skills. The team typically includes RNs, licensed practical nurses, and unlicensed assistive personnel.

Home health nursing: In this model, care is provided for patients in their homes and focuses on recovery, rehabilitation, and chronic disease management. Nursing models must ensure seamless handoffs to home health teams, which requires expanded case management and patient education in self-care and medication adherence, as well as greater competencies in the areas of population health, chronic disease management, and remote care coordination to support home health transitions.

Internal float pools: In this staffing model, nurses work in various departments or units at a healthcare organization as needed, which provides flexibility in staffing and ensures adequate coverage.

Virtual nursing: This nursing model is designed to support in-hospital or on-site patient care. It involves the use of technology to provide nursing care remotely, enabling nurses to monitor patients, provide education, and offer support without being physically present.

Telehealth nursing: This model uses technology to deliver nursing care and education remotely and enables nurses to assess, educate, and support patients via phone or videoconferencing. It takes place primarily in a patient's home or other off-site location.

Participant snapshot: Novant Health

Novant Health is an integrated network of more than 900 locations, with 19 hospitals, more than 750 physician clinics and urgent care centers, outpatient facilities, and imaging and pharmacy services. They have an estimated 6,000 registered nurses.

Core pressures for new models

- ➔ Nursing shortage
- ➔ Increased patient acuity
- ➔ Patient throughput

Team-based nursing + virtual nursing

Through their Care Connections model, virtual nurses took on the admission process and responded to patient call buttons either facilitating requests or triaging needs. LPNs were added to reduce RN workload.



Key challenges

- Supporting RNs in management role
- Training LPNs on new role in acute care
- Patchwork of diverse technologies



New benefits

- Increased patient satisfaction
- Increased nurse satisfaction
- More efficient workflows
- Nurses spend more time with patients



What's next

- Build a staged plan to scale the technology
- Include virtual technologies into the blueprint for the standard patient room



Nurse executive advisor



Daria Kring, PhD, RN, NE-BC,
Vice President, Nursing, Center for
Professional Practice and Development,
Novant Health



Nurse executive advisor



Gay Landstrom, PhD, RN, NEA-BC, FAONL, FACHE, FAAN,
Senior Vice President and
Chief Nursing Officer
Trinity Health

Participant snapshot: Trinity Health

The Trinity Health system includes 93 hospitals, 107 continuing care locations, the second largest PACE program in the country, 142 urgent care locations and other health and well-being services. They have an estimated 2,341 registered nurses.

Core pressures for new models

- ➔ Nursing shortage, particularly of expert nurses
- ➔ Increased patient acuity
- ➔ Patient throughput

Team-based nursing + virtual nursing

The TogetherTeam hybrid nursing model includes a bedside registered nurse and nursing assistant or LPN/LVN working in tandem with a virtual nurse. The virtual nurses attend rounds, conduct patient surveillance, coordinate nursing care, and are available to patients 24/7 via the push of a button.



Key challenges

- Finding nursing assistants
- Developing the workforce



New benefits

- Increased capacity
- Patients feel safer
- Enhanced recruitment



What's next

- Expanding to 12 states, 28 hospitals, 2,800 beds and 88 units including med-surg, telemetry and emergency departments.

Participant snapshot: Providence

Providence includes 51 hospitals, 1,000 clinics and a comprehensive range of health and social services. They have an estimated 38,000 registered nurses.

Core pressures for new models

- ➔ Nursing shortage
- ➔ Increased patient acuity
- ➔ Patient throughput

Team-based nursing + virtual nursing

The co-caring model combines team-based and virtual nursing in acute care settings.



Key challenges

- Shifting the mindset
- Creating new metrics
- Workforce shortages



New benefits

- Increased care quality
- Reduced workload for bedside nurses
- Increased caregiver collaboration
- Cost savings



What's next

- Continuing expansion launched in a regular medical surgical unit to specialty medical and surgical progressive care units and now into postpartum and emergency departments.



Nurse executive advisor



Sylvain Trepanier, DNP, RN,
Chief Nursing Officer,
Providence

- ➔ No matter the care model, Lippincott® Solutions helps nurse leaders become equipped to navigate a constantly evolving healthcare environment, support evidence-based practice, and assist in staff's professional development.

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