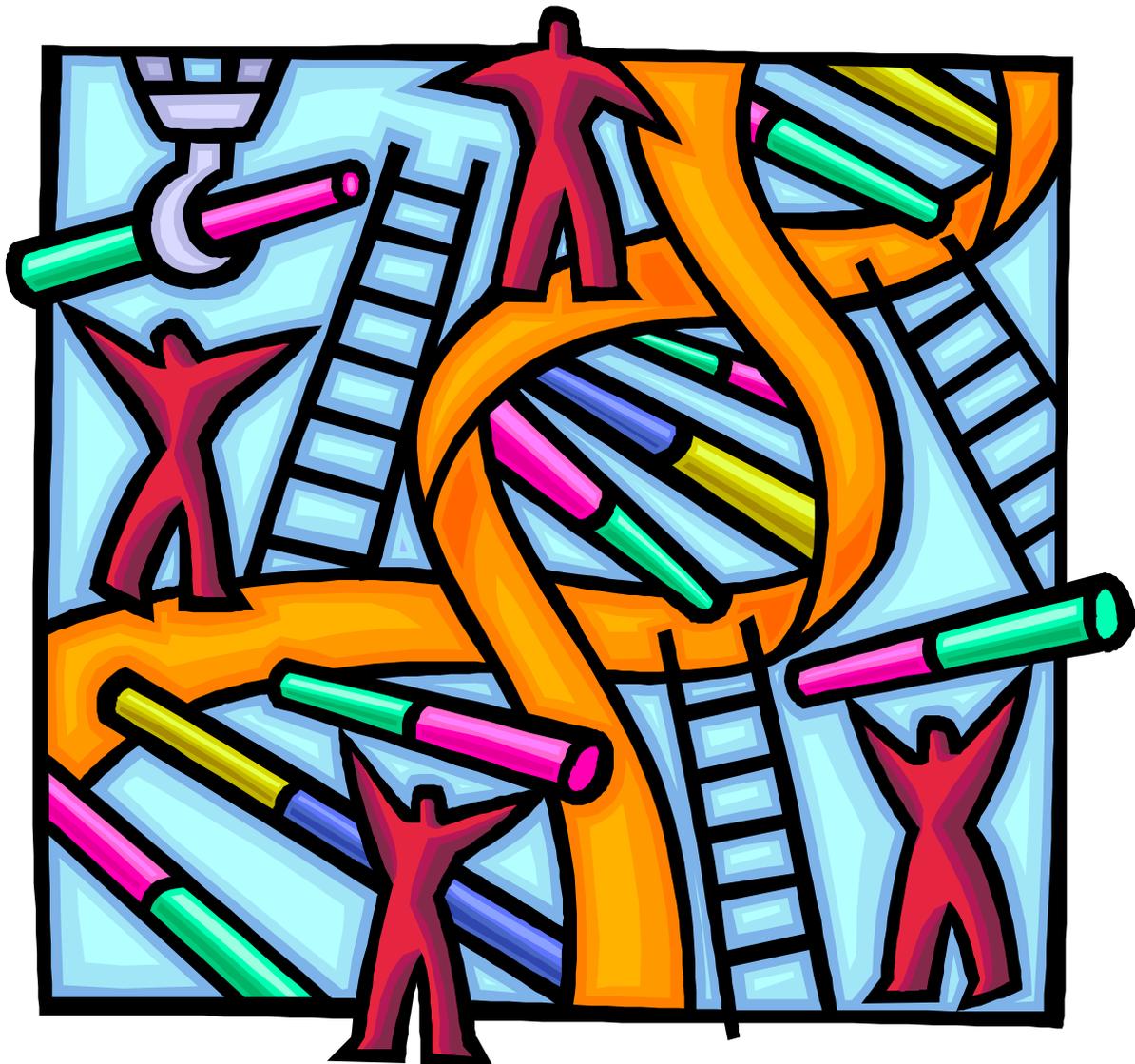


Genomic Nursing Competency Implementation Strategic Plan 2014-2020

A Report by the Genomic Nursing Competency Strategic
Implementation Plan Panel



Forward

Why Genomics?

Much progress has been made in understanding the relevancy of genomic science to healthcare and the potential value for translation of genomics for improved outcomes of patient care. Advancing genomic technology and knowledge influences the entire healthcare continuum and impacts all healthcare providers. Nurses remain the largest segment of the health care provider community in the United States with more than 4.1 million licensed registered nurses of which 82% are actively practicing¹. Nurses, both in academic and practice settings, are beginning to recognize the importance of genomics for education, policy, research, and practice. However, considerable work remains both for individuals and healthcare systems to be able to appropriately and effectively use genomic information in care. Critical to translation is a genomically competent workforce. Current evidence indicates that the healthcare workforce continues to have a lack in genomic knowledge and competency limiting their ability to integrate the technology and information effectively². Genomic knowledge deficits translate to a decline in access to safe, cost-effective, personalized patient care which provides the justification for updating the Genomics Strategic Implementation Plan.

The Value of Genomic Competency Implementation Strategic Planning

Strategic planning is used to set priorities, focus energy and resources, strengthen progress made toward common goals, establish agreement around intended outcomes/results, and assess and adjust actions in response to a changing environment. Effective strategic planning articulates not only where to go, but also what to do, and the actions needed to make progress, as well as what constitutes success. Progress over the last decade has enabled nurses to assume leadership for defining genomic competencies^{3,4}, to integrate genomics into education accreditation standards⁵, to consider the ethical implications of genomic information for policy⁶, and to incorporate genomics into practice⁷. The desire for continued transformation of nursing genomic competency in academics, practice, regulatory, healthcare system infrastructure, healthcare provider collaborations, and improved consumer outcomes of care necessitated a review of the initial 2006-2011 Genetics and Genomics Strategic Implementation Plan. Sustainability, building on what had already been achieved from the prior strategic plan, provided a foundation from which to initiate discussion about continued advancement. This systematic process of envisioning a desired future that includes genomic healthcare with consideration of steps required to realize that vision involved identifying targeted opportunities, exploring potential strategies, and consideration of potential partners/collaborators. The value of this new genomic competency implementation strategic plan is that it continues to define methods to expand the capacity to translate a vision for the future of genomics for nursing practice into broadly defined goals or objectives and a sequence of strategies to achieve them. Sharing the strategic plan with stakeholders makes the direction and focus of efforts more transparent and visible to those who might contribute to success. Together these options provide a pathway for nurses and potential collaborators to follow so as to assure successful translation of genomics science resulting in improved outcomes of patient care.

Methods

The purpose of this strategic planning initiative was to build on progress made with the 2006-2011 Strategic Plan by creating the next 6 year strategic plan that addresses infrastructure needs, nursing research, education and professional practice/service aimed at continued advancement of nursing genomic competency.

Panel Representation

A Genomic Nursing Competency Strategic Implementation Plan Panel (Appendix A) was assembled to provide input into the content of the Strategic Plan. The Panel was coordinated by the co-chairs of the National Institutes of Health Genetic/Genomic Nursing Competency Initiative. Panel members were selected by the coordinators based on their expertise in nursing research, genomics, nursing education, health systems outcome measurements, nursing leadership, nursing administration, pharmacy, and medicine. Panelists included representatives from various different healthcare disciplines as well as different Department of Health and Human Services agencies including the National Institutes of Health and the Health Resources and Services Administration.

Key Stakeholder Testimony

To be sure that the Strategic Plan sufficiently considered issues relevant to specific groups and/or issues of concern, key stakeholder testimony (Appendix B) was sought from critical groups including nursing education, healthcare consumers, medicine, and nursing regulation.

In Person Meeting

The Genomic Nursing Competency Strategic Implementation Plan Panel was convened for a single one day in-person meeting on September 16, 2013 (see Appendix C for agenda). The meeting began with an overview and outcomes from the prior Strategic Plan as well as ongoing obstacles and challenges. Testimony from four Key Stakeholders groups (Appendix B) nursing education, healthcare consumers, medicine, and nursing regulation was heard by the panel. This was followed by Panel discussion of the Mission and Vision statements for the strategic plan. The majority of the meeting time was spent focusing on the Strategic Plan Domains and corresponding strategic objectives including discussion about targeted opportunities, strategies to be considered, partners and collaborators to be engaged. The last major discussion point was identification of pathways of influence.

The in-person Strategic Planning Meeting was followed by compiling all of the components and content obtained during the discussion for review and refinement by the Panel. A modified Delphi Survey of the draft Strategic Plan (Appendix D) was developed and disseminated to Panel members for online completion using Survey Monkey. The Survey assessed mission, vision and objective statements for modification. Additionally, strategies were evaluated for level of importance, timing, and identification of potential collaborative partnerships.

Survey results specific to language modifications were integrated into the draft Strategic Plan. No proposed modifications were unclear or contentious so consensus by the panel was not required. Frequencies were calculated on descriptive data related to importance and timing and incorporated into the Strategic Plan. This was followed by distribution of the draft Strategic Plan to panel members for approval and finalization.

Genomic Nursing Competency Implementation Strategic Plan

Mission/Vision Statements

Mission Statement: Basic competency in genetics and genomics for all nurses.

Vision Statement: Improve the health of the public with awareness and utilization of genomics by nurses.

Strategic Plan Domains

Infrastructure

Outcome Objective: Provide the structure, direction, and focus for all efforts identified under each of the strategic plan domains as well as provide centralized coordination of activities to operationalize this strategic plan.

Strategy	Collaborative Partnership	Priority (Target Completion Years)
Establish Method for Integrating a New Competency into practice (MINC) toolkit and corresponding monograph (Manual of Procedures).	2012-2013 MINC Participating Champions	1 (0-2)
Create additional genomic educational resources (including expansion of existing resources such as the Global Genetics and Genomics Community (G3C), Gene Splash, and workshops targeted for the older learner).	American Association of Colleges of Nursing (AACN), National Coalition for Health Professional Education in Genetics (NCHPEG), March of Dimes (MOD), Health Resources and Services Administration (HRSA), American Hospitals Association (AHA), American Pharmacists Association (APhA), National Library of Medicine (NLM)	2 (0-2)
Explore schools that could be positioned to respond to HRSA Interprofessional Education (IPE) funding.	University of Pittsburg; University of Iowa; Clemson; University of Washington, University of Cincinnati, University of Michigan, University of Pennsylvania, Duke, University of California, Los Angeles (UCLA), Johns Hopkins University, University of California, San Francisco (UCSF), University of California, San Diego (UCSD), University of Utah, Columbia University, University of Maryland	3 (0-2)
Explore federal opportunities for genomic expert development (i.e., HRSA Faculty Loan Program).	MOD, HRSA, National Institutes of Health (NIH) training grants	4 (0-2)

Explore federal methodologies and opportunities for hiring trainees (i.e., Intergovernmental Personnel Action (IPA); post docs; joint trainee fellowships across NIH Institutes and agencies).	HRSA, National Institutes of Nursing Research (NINR), National Human Genome Research Institute (NHGRI), NIH	5 (0-2)
Focus on development of tools to facilitate genomic practice integration (i.e., Electronic Health Record (EHR), point of care decision support, family history inclusion in discharge summaries).	EPIC, Cerner, eMERGE grantees, MINC Champions. Start pursuing 0-2 years but expected to take a longer interval for completion.	6 (0-5)
Develop a Center that serves as the main coordinating infrastructure for strategic plan implementation.	Existing staff at NINR, NHGRI or HRSA should be designated to coordinate.	7 (0-5)

Workforce Competency

Outcome Objective: All registered nurses will have a foundation of knowledge in basic human genetics and genomics and current applications to nursing practice (i.e., encompasses academic, research, and clinical competency efforts).

Strategy	Collaborative Partnership	Priority (Target Completion Years)
<p>National campaign education effort (i.e., American Nurses Association (ANA) methodologies, inclusive of diverse professional nursing organizations):</p> <ul style="list-style-type: none"> • Improve genomic awareness • Provide sufficient knowledge and skill building to attain clinical translation • Priority targeted education audiences <ol style="list-style-type: none"> i. Advanced Practice Registered Nurses (APRN) including Doctor of Nursing Practice (DNP) ii. Associate Degree in Nursing (AND) iii. ADN to Bachelors Degree in Nursing (BSN) iv. Administrators v. Leadership vi. Deans vii. Second degree students viii. Faculty ix. Interprofessional 	<p>ANA, AACN, National League for Nursing (NLN), International Society of Nurses in Genetics (ISONG), Sigma Theta Tau International (STTI), American Academy of Nurses (AAN)</p>	<p>1 (0-2)</p>
<p>Establish a resource list of all available genomic certificate or academic programs in genomics for posting on genome.gov.</p>	<p>ISONG, AACN, NLN, ANA, STTI</p>	<p>2 (0-2)</p>
<p>Provide resources to achieve competency for family history data collection, interpretation, and knowledge of criteria for referral.</p>	<p>ISONG, National Society of Genetic Counselors (NSGC), American College of Medical Genetics (ACMG), MOD, NCHPEG.</p>	<p>3 (0-2)</p>
<p>Marketing of resources (i.e. Genetics/Genomics Competency Center for Education (G2C2) and (G3C) to professional nursing</p>	<p>American Organization of Nurse Executives (AONE), ANA, Competency endorsees</p>	<p>4 (0-2)</p>

organizations.		
Establish an interprofessional genomic practice and/or academic initiative modeled after MINC.	To be determined.	5 (3-5)
Assess the value of post master's genomic certificate programs to determine if expansion of this strategy is warranted.	AACN, Geisinger, Kaiser	6 (3-5)
Create a network of genomic researchers to mentor PhD and DNP students.	STTI, American Society of Human Genetics (ASHG)	7 (3-5)
Establish additional opportunities for genomic continuing education for the practicing provider (i.e., G3C cases).	Intersociety Coordinating Committee (ISCC)	8 (0-5)
Create a toolkit to facilitate genomics nursing research.	NINR, Genomic Nursing Science Blueprint Advisory Panel	9 (3-5)
Establish model genomic nursing curricula for all levels of academic preparation.	All major Colleges of Nursing including online universities (i.e. Phoenix).	10 (3-5)

Regulation

Outcome Objective: Genomics is included practice content on assessments of quality healthcare evaluation (i.e. workforce, healthcare institution, academic).

Strategy	Collaborative Partnership	Priority (Target Completion Years)
Influence the Essential revisions through AACN to include genomics.	ISONG, AACN	1 (0-5)
Establish Outcome Indicators for the Essential Genetic and Genomic Competencies for Nurses with Graduate Degrees.	Greco, Seibert, Tinley and/or Competency sub-committee	2 (0-2)
Assess The Joint Commission standards for inclusion of genomics; target JCO leadership to enhance genomic content in these accreditation standards and reviews (nursing advisory board).	The Joint Commission, ISONG, ACMG, NSGC, AAN, AACN, NLNAC, CCNE	3 (0-2)
Assess Accountable Care Organizations (ACOs) standards for inclusion of genomics; target the ACOs leadership to enhance genomic content in these accreditation standards and reviews.	ISONG, ACMG, NSGC	4 (3-5)
Assess outcomes of Commission of Collegiate Nursing Education (CCNE) accreditation changes since incorporating genomics in the Baccalaureate and Master’s Essentials. -Faculty survey (including efforts to include Adjunct faculty) -Student survey -Assess CCNE criteria for reviewing genomics in accreditation evaluations -Assess curriculum for evidence of genomic content.	AACN, STTI, HRSA	5 (3-5)
Assess National Quality Forum (NQF) standards for inclusion of genomics; target NQF leadership to enhance genomic content in these accreditation standards.	AAN, ANA, STTI, ISONG	6 (0-5)

Clinical Service Delivery Infrastructure

Outcome Objective: Provide the structure, policy, resources, and interprofessional partners necessary for the successful integration of genomics into healthcare delivery.

Strategy	Collaborative Partnership	Priority (Target Completion Years)
Clinical structure, policies and/or guidelines (i.e., models/templates) <ul style="list-style-type: none"> • Family history and referral. • Role of the nurse and referral. • Privacy and confidentiality. • Informed consent for germline single gene testing, pharmacogenomics testing, somatic (tumor) testing). • Ethical decision making support and resource algorithm process. 	2012-2013 MINC Participating Champions	1 (0-2)
Seek genomic education and diffusion sustainability funding (i.e., MINC, interprofessional partners).	Robert Wood Johnson Foundation (RWJ), Kellogg foundation	2 (0-5)
Incentives for resource support (i.e., IT vendors-EHR).	To be determined. Consultation with Greg Downing and Greg Feero.	3 (0-5)

Quality Outcomes

Outcome Objective: Genomics is included content on assessments of quality healthcare outcomes (i.e., at individual study level, organization, community, national).

Strategy	Collaborative Partnership	Priority (Target Completion Years)
Establish genomic critical quality indicators for National Database of Nursing Quality Indicators (NDNQI®) program assessment.	ANA, STTI, AAN, ACMG, NSGC	1 (0-2)
Building on the Genomic Nursing Science Blueprint identify and standardize critical research indicators (i.e., return on investment for risk assessment).	AONE, Linda H Aiken, PhD, FAAN, FRCN, RN Claire M. Fagin Leadership Professor in Nursing, Professor of Sociology, and Director of the Center for Health Outcomes and Policy Research, University of Pennsylvania	2 (0-5)
Incentives for the Institution (i.e., Magnet recognition; L. Aiken’s work of critical quality indicators and NDNQI monograph).	ANCC, Joint Commission (JCO)	3 (0-5)
Utilize the Aiken’s research model to design studies that measure quality and cost outcomes as a result of using genomics.	To be determined.	4 (3-5)

Patient/Family/Public Engagement

Outcome Objective: The healthcare consumer is aware of genomics and corresponding social issues and is able to recognize the role of nurses in genomic healthcare.

Strategy	Collaborative Partnership	Priority (Target Completion Years)
Engage the public to provide information about genomic healthcare issues of concern (i.e., role of the nurse, ethical/legal/social issues, family implications).	NHGRI museum outreach, Genetic Alliance.	1 (0-2)
Explore opportunities with consumer organization(s) (i.e., Genetic Alliance; Citizens Advocacy Center) to facilitate recognition of the role of nurses in genomic healthcare.	To be determined.	2 (3-5)
Explore consumer perspectives on critical components of informed consent for genomic research, testing and/or services (i.e., health literacy, numeracy, informational needs).	To be determined.	3 (3-5)
Create a campaign to inform the public about what nurses add to the interdisciplinary team in genomic healthcare.	Johnson & Johnson, Myriad Genetic Laboratories	4 (3-5)

Evidence Generation

Outcome Objective: Establish an evidence base documenting the influence of clinical genomics on outcomes of nursing care.

Strategy	Collaborative Partnership	Priority (Target Completion Years)
Disseminate the Genomic Nursing Science Blueprint (i.e., NINR Summer Genetics Institute; Academic Programs; Evidence Based Practice Fellows).	NINR, Genomic Nursing Science Blueprint Advisory Panel	1 (0-2)
Establish a nursing research consortium which will build on the Genomic Nursing Science Blueprint (i.e., consider Academic Center for Evidence Based Practice (ACE) model; Magnet infrastructure; model research throughout Magnet Hospitals; Summer Genetic Institute investigators).	NINR, HRSA, AAN	2 (3-5)
Utilize the nursing research consortium to establish resources, instruments, and a network of potential collaborators.	Genomics (eMERGE), Clinical Sequencing Exploratory Research (CSER)	3 (3-5)
Utilize the nursing research consortium to conduct multi-center studies to generate big data and longitudinal data.	RWJ	4 (3-5)
Facilitate a NINR and HRSA collaboration surrounding nurse managed health clinics as living laboratories and as a platform for genomic practice based research - investigate HRSA funding supplements.	American Psychiatric Nurse Association (APNA), nurse entrepreneurs, NINR, HRSA	5 (3-5)

Leadership Persuasion

Outcome Objective: Nursing leaders (i.e., Deans, nursing administrators, policy makers, and champions) demonstrate adoption of genomics by implementing genomic competency initiatives for their constituency.

Strategy	Collaborative Partnership	Priority (Target Completion Years)
Perform a MINC data analysis on ADN specific data to prepare a report for NLN leadership in preparation for a meeting to discuss implications of genomics for education, practice, and research.	National Council State Boards of Nursing (NCSBN), AACN, ANA, STTI	1 (0-2)
Engage regional nursing research groups to disseminate the Genomic Nursing Science Blueprint.	NINR, Genomic Nursing Science Blueprint Advisory Panel	2 (0-2)
Establish additional opportunities for genomic continuing education for nursing leadership (i.e., Deans, nursing administrators).	AACN, AONE	3 (3-5)
Connect with groups for Education and Diffusion Initiatives.	American Association of Retired Persons (AARP), RWJ, ISONG, AONE, Association for Nursing Professional Development (ANPD) formally the National Nursing Staff Development Organization (NNSDO), Nursing Organization Alliance, (NOA), ANA, ANA organizational affiliates, American Nursing Informatics Association (ANIA), Healthcare Information and Management Systems Society (HIMSS), Interprofessional Education Collaborative (IPEC), Advisory Committee for HRSA, Advisory Committee for Joint Commission, AAN Expert Panels, NLN, AACN, NQF, American College of Healthcare Executives (ACHE), Patient Advocacy Groups, Institute of Medicine (IOM), Alliance for Continuing Education in the Health Professions (ACEHP) Alliance for CE, Veteran’s Administration (VA), Genetic Specialty Groups (i.e., Oncology Nursing Society (ONS) Genetics Special Interest Group (SIG)), Nurses participating in major	4 (3-5)

	Cancer and Personalized Healthcare Center organizations, Legislators, Coriell Life Sciences.	
--	--	--

Pathways of Influence

Outcome Objective: Identify leaders, partners, methodology, funding, and policies essential to influencing genomic adoptions and assess each for their capacity to inform genomic persuasion strategies.

Strategy	Collaborative Partnership	Priority (Target Completion Years)
Repackage Journal of Nursing Scholarship (JNS) Genomic Special Issue from 2013 along with two additional papers as a Virtual edition.	JNS	1 (0-2)
Presentations at influential nursing meetings (i.e., Council for the Advancement of Nursing Science (CANS), Magnet Meeting).	Council on Graduate Education For Administration in Nursing (CGEAN), CANS, Magnet	2 (0-2)
Lobby to include a genetic specialist on the HRSA National Advisory Council on Nursing Education and Practice (i.e., meet with HRSA Leadership).	HRSA	3 (0-2)
Publish a Strategic Plan outcome paper for efforts achieved within original plan from 2006-2011	JNS, leaders of 2006-2011 Strategic Plan	4 (0-2)
Highlight Chief Executive Officer's (CEO) that have worked on MINC for leadership efforts (i.e. business plan publication).	2012-2013 MINC Participating Administrative Champions	5 (0-2)
Utilize multiple mechanisms to disseminate genomic information.	NIH listserv, AACN, ISONG, AAN Expert Panel	6 (0-2)
Work with AACN to get on the Deans conference agenda (i.e., 2015).	AACN	7 (0-2)
Advise nursing advisory councils within organizations about the availability and links to genomic resources (i.e. March of Dimes)	To be determined	8 (0-2)
Establish a model business plan (i.e., business case) associated with costs incurred for implementing an organization wide genomic competency initiative (i.e., MINC) and the justification for that effort (tie to meaningful use and/or reduction in	2012-2013 MINC Participating Administrative Champions, Cole Edmondson, DNP, RN, FACHE, NEA-BC, Vice President of Patient Care Services and Chief Nursing Officer, Texas Health Presbyterian Hospital	9 (3-5)

waste and/or reduction of readmission rates).		
Collaborate with the international community to advance international genomic adoption (i.e., Bellagio meeting, Genomic Medicine 6).	ISONG, UK-Maggie Kirk, US-Laurie Badzek, IOM	10 (3-5)
Conduct more genomic webinars in collaboration with organizations.	ISONG, ANA, AACN, AONE	11 (0-3)
Organize a call with potential respondents to an anticipated IPE HRSA grant request for applications (RFA) to increase the number of applications focused on genomics.	To be determined.	12 (0-2)
Solicit and apply for awards and recognition for advances in genomic adoption.	Magnet, Baldrige, NDNQI	13 (3-5)
Build on the MINC and Faculty Champion efforts to expand genomic competency within leaders.	STTI, AACN, HRSA, AAN, AANP	14 (3-5)
Publish about genomics and nursing in diverse high impact journals.	To be determined.	15 (3-5)
Explore federal programs, networks and policy groups to assure nursing is represented (i.e., IOM).	To be determined.	16 (3-5)
Monitor the IOM to assure that nursing continues to have representation on the genetics panel(s).	IOM nursing representatives	17 (3-5)
Evaluate nursing and genomics activities to assess for overlap and potential collaboration (i.e., within NIH Institutes).	NHGRI	18 (3-5)
Network with Federal Agencies to improve their understanding about the role of the nurse in genomic healthcare.	Agency for Healthcare Research and Quality (AHRQ)	19 (3-5)
Explore key groups (i.e., AONE) build collaborative relationships to facilitate that nursing and genomics is represented in their strategic plan and competency efforts.	To be determined	20 (3-5)
Meet with IPEC members to explore collaborative opportunities (i.e., End-Of-Life Nursing Education Consortium (ELNEC) and Quality	IPEC	21 (3-5)

and Safety Education for Nurses (QSEN) models).		
Network with the leadership of the non-genetic AAN Expert panels regarding the role of genomics associated with their work.	AAN	22 (3-5)
Influence Magnet Commission to consider genomics as part of the Magnet designation/redesignation process.	ANCC, 2012-2013 MINC Participating Administrative Champions	23 (5-6)
Develop public engagement campaign (i.e., short statements on what nursing can do in genomics, questions you should ask your provider [modeled after AHRQ pad]).	To be determined	24 (3-5)
Engage celebrities as Champions to speak about the role of the nurse.	To be determined	25 (3-5)

References

1. Budden, J. S., Zhong, E.H., Moulton, P., Cimiotti, J.P. (2013). Highlights of the National Workforce Survey of Registered Nurses. *Journal of Nursing Regulation*, 4(2), 5-14.
2. Calzone, K. A., Jenkins, J., Culp, S., Bonham, V.L., Badzek, L. (2013). National Nursing workforce survey of nursing attitudes, knowledge and practice in genomics. *Personalized Medicine*, 10(7), 719-728.
3. Consensus Panel on Genetic/Genomic Nursing Competencies. (2009). *Essentials of Genetic and Genomic Nursing: Competencies, Curricula Guidelines, and Outcome Indicators, 2nd Edition* (2nd ed.). Silver Spring, MD: American Nurses Association.
4. Greco, K. E., Tinley, S., Seibert, D. (2012). Essential genetic and genomic competencies for nurses with graduate degrees. Retrieved 06/17/14, from <http://www.nursingworld.org/MainMenuCategories/EthicsStandards/Genetics-1/Essential-Genetic-and-Genomic-Competencies-for-Nurses-With-Graduate-Degrees.pdf>
5. American Association of Colleges of Nursing. (2014). Essential Series. Retrieved 06/17/14, from <http://www.aacn.nche.edu/education-resources/essential-series>
6. Jenkins, J., Calzone, K., Caskey, S., Culp, S., Weiner, M., & Badzek, L. Methods of Genomic Competency Integration in Practice. (submitted for review, 2014). *Journal of Nursing Scholarship*.
7. Calzone, K., Jenkins, J., Culp, S., Caskey, S., Badzek, L. (2014). Introducing a new competency into nursing practice. *Journal of Nursing Regulation*, 5(1), 40-47.

Appendices

Appendix A: Genomic Nursing Competency Strategic Implementation Plan Panel

Appendix B: Key Stakeholders Providing Testimony

Appendix C: In Person Meeting Agenda

Appendix D: Genomic Nursing Competency Strategic Implementation Plan Delphi Survey

Appendix A: Genomic Nursing Competency Strategic Implementation Plan Panel

Coordinators:

Jean Jenkins PhD, RN, FAAN
Senior Clinical Advisor
National Human Genome Research Institute
National Institutes of Health

Kathleen Calzone, PhD, RN, APNG, FAAN
Senior Nurse Specialist (Research)
National Cancer Institute
Center for Cancer Research/Genetics Branch
National Institutes of Health

Panelists:

Laurie Badzek, RN, MS, JD, LLM, NAP, FAAN
Professor
West Virginia University School of Nursing
Director, ANA Center for Ethics and Human Rights

Alexis D. Bakos, PhD, MPH, RN
Deputy Director, Division of Nursing
Bureau of Health Professions
Health Resources and Services Administration

Ann Cashion, PhD, RN, FAAN
Acting Scientific Director for the NINR Intramural Research Program
National Institute of Nursing Research, National Institutes of Health

Emily Cramer, PhD
Research Assistant Professor
National Database for Nursing Quality Indicators
School of Nursing
University of Kansas Medical Center

Cole Edmonson, DNP, RN, FACHE, NEA-BC
VP of Patient Care Services and Chief Nursing Officer
Texas Health Presbyterian Hospital Dallas

Pamela B. Edwards, EdD, MSN, RN-BC, FABC, CNE
Associate Chief Nursing Officer, Education
Duke University Health System
Duke Clinical Education & Professional Development
Associate Consulting Professor and Associate Director,
Institute for Educational Excellence,
Duke University School of Nursing
Deputy Director, Duke AHEC Program

Suzanne Feetham, PhD, RN, FAAN
University of Wisconsin-Milwaukee
Nursing Research Consultant, Children's National Medical Center

Susan Gennaro, DSN, RN, FAAN
Editor, Journal of Nursing Scholarship
Dean and Professor
William F. Connell School of Nursing

Ada Sue Hinshaw, PhD, RN, FAAN
Dean and Professor
Graduate School of Nursing
Uniformed Services University

Kathy McGuinn, MSN, RN, CPHQ
Director of Special Projects
American Association of Colleges of Nursing

Cynthia A. Prows, MSN, CNS, FAAN
Clinical Nurse Specialist, Genetics
Cincinnati Children's Hospital Medical Center

Mary W. Roederer, PharmD, BCPS
Adjunct Clinical Professor
UNC Eshelman School of Pharmacy

Mary Jean Schumann, DNP, MBA, RN, CPNP, FAAN
Assistant Professor of Nursing
Executive Director, Nursing Alliance for Quality Care
The George Washington University School of Nursing

Appendix B: Key Stakeholders Providing Testimony

Academics

Kathy McGuinn, MSN, RN, CPHQ
Director of Special Projects
American Association of Colleges of Nursing

Consumers

Kevin Lewis
Chairman of the Board
Colon Cancer Alliance

Medicine

W. Greg Feero, MD, PhD
Faculty, Maine Dartmouth Family Medicine Residency Program
Associate Editor, Journal of the American Medical Association

Nursing Regulation

Ada Woo, PhD
NCLEX Examinations Department
National Council of State Boards of Nursing

**Appendix C:
In Person Meeting Agenda**

**Genetic/Genomic Nursing Competency Initiative
Next Steps: Strategic Planning 2013-2018**

**September 16, 2013
NIH Building 31, RM 4B31**

- 8:00-8:15** **Welcome, Introductions, Aim of this Strategic Planning List**
Jean Jenkins, PhD, RN, FAAN
Clinical Advisor, NHGRI, NIH
- 8:15-8:40** **Purpose and Process of Meeting; Overview of Competency Initiative**
Kathleen Calzone, PhD, RN, APNG, FAAN
Senior Nurse Specialist(Research), NCI, NIH
- 8:40-9:15** **Stakeholder Testimony**
- 9:15-9:45** **Establishing the Vision for Nursing and Genomics**
Where do we hope to be in 5 years
What are the guiding principles to achieve that vision
- 9:45-10:30** **Identifying the Long Term Strategic Objectives**
- 10:30-10:45** **Break**
- 10:45-11:45** **Strategic Objective #1**
Identification of targeted opportunities.
What strategies should be considered?
What partners/collaborators should be engaged?
From the strategies identified, please rank the priorities.
- 11:45—1:00** **Working Lunch**
Strategic Objective #2
Identification of targeted opportunities.
What strategies should be considered?
What partners/collaborators should be engaged?
From the strategies identified, please rank the priorities.
- 1:00-2:00** **Strategic Objective #3**
Identification of targeted opportunities.
What strategies should be considered?
What partners/collaborators should be engaged?
From the strategies identified, please rank the priorities.

- 2:00-2:15** **Break**
- 2:15-3:15** **Pathways of Influence**
Identification of targeted opportunities.
What pathways should be considered?
What partners/collaborators should be engaged?
From the strategies identified, please rank the priorities.
- 3:15-4:00** **Gap Assessment**
What other action items should be considered?
- 4:00-4:30** **Summary and Next Steps**
- 4:30** **Meeting Adjourns**

Appendix D: Genomic Nursing Competency Strategic Implementation Plan Delphi Survey

GENOMIC NURSING COMPETENCY STRATEGIC IMPLEMENTATION PLAN SURVEY

Dear Genomic Nursing Competency Strategic Implementation Plan Panelist:

You are invited to take a follow-up evaluation survey that is designed to refine the components of the Strategic Plan from the September 16, 2013 meeting. The information from your survey responses will be useful in finalizing the Draft Genomic Nursing Strategic Plan 2013-2020 in preparation for public comment.

Before choosing to participate, please consider that:

- You have been invited to complete this survey because you have served as a Genomic Nursing Competency Strategic Implementation Plan Panelist.
- Questions in the survey relate to the outcome from the Strategic Planning meeting held September 16, 2013 as well as additional items that have been proposed.
- This Strategic Plan is specific to further implementing the Genomic Nursing Competencies which are applicable to all registered nurses regardless of academic preparation, role, or clinical specialty. A copy of the Competencies can be accessed at: <http://www.genome.gov/Pages/Careers/HealthProfessionalEducation/geneticscompetency.pdf>
- The survey may require up to 30 minutes to complete depending on your comments.
- The survey will ask for your assessment of the mission and vision statements, the Strategic Plan domains and associated outcome objectives, followed by assessment of each of the strategies corresponding to that domain.

If you have any questions about the survey, please contact Kathy Calzone, Senior Nurse Specialist (Research) at the Center for Cancer Research, National Cancer Institute (calzonek@mail.nih.gov; 301-435-0538), or Jean Jenkins, Clinical Advisor at the National Human Genome Research Institute (jean.jenkins@nih.gov; 301-547-1897). Thank you for considering taking part in this important survey. Please return your comments by: December 19, 2013

DEMOGRAPHICS

1. Name

PART ONE-MISSION AND VISION

Please review the following statements and indicate whether any modifications are required to the Draft Genomic Nursing Strategic Plan 2013-2020.

1. **Mission Statement:** Basic competency in genetics and genomics for all nurses.

- Does not require any additions, deletions or other changes. If no changes, skip to question 2. <P1-1.1>
- Requires additions, deletions or other changes. <P1-1.2>
 - 1a. Please describe additions, deletions, or other changes:
_____ <P1-1aTEXT>

2. **Vision Statement:** Improve the health of the public with awareness and utilization of genomics.

- Does not require any additions, deletions or other changes. If no changes, skip to question 2. <P2-2.1>
- Requires additions, deletions or other changes. <P2-2.2>
 - 2a. Please describe additions, deletions, or other changes:
_____ <TEXT>

PART TWO-STRATEGIC PLAN DOMAINS

Please review the following Strategic Plan Domains and associated outcome objectives and indicate whether any modifications are required.

1. **Infrastructure**

Outcome Objective:

Provide the structure, direction, and focus for all efforts identified under each of the strategic plan domains as well as provide **centralized coordination of activities to operationalize this strategic plan.**

- Does not require any additions, deletions or other changes. If no changes, skip to question 2. <P2-1.1>
- Requires additions, deletions or other changes. <P2-1.2>
 - 1a. Please describe additions, deletions, or other changes:
_____ <P2-1aTEXT>

2. **Workforce Competency**

Outcome Objective:

All registered nurses will have a foundation of knowledge in basic human genetics and genomics and current applications to nursing practice (i.e., encompasses academic, research, and clinical competency efforts).

- Does not require any additions, deletions or other changes. If no changes, skip to question 3. <P2-2.1>
- Requires additions, deletions or other changes. <P2-2.2>
 - 2a. Please describe additions, deletions, or other changes:

 <P2-2aTEXT>

3. Regulation

Outcome Objective:

Genomics is included practice content on assessments of quality healthcare evaluation.

- Does not require any additions, deletions or other changes. If no changes, skip to question 4. <P2-3.1>
- Requires additions, deletions or other changes. <P2-3.2>
 - 3a. Please describe additions, deletions, or other changes:

 <P2-3aTEXT>

4. Clinical Service Delivery Infrastructure

Outcome Objective:

Provide the structure, policy, resources, and interprofessional partners necessary for the successful integration of genomics into healthcare delivery.

- Does not require any additions, deletions or other changes. If no changes, skip to question 5. <P2-4.1>
- Requires additions, deletions or other changes. <P2-4.2>
 - 4a. Please describe additions, deletions, or other changes:

 <P2-4aTEXT>

5. Quality Outcomes

Outcome Objective:

Genomics is included content on assessments of quality healthcare outcomes.

- Does not require any additions, deletions or other changes. If no changes, skip to question 6. <P2-5.1>
- Requires additions, deletions or other changes. <P2-5.2>
 - 5a. Please describe additions, deletions, or other changes:

 <P2-5aTEXT>

6. Patient/Family/Public Engagement

Outcome Objective:

The healthcare consumer is aware of genomics and corresponding social issues and is able to recognize the role of nurses in genomic healthcare.

- Does not require any additions, deletions or other changes. If no changes, skip to question 7. <P2-6.1>
- Requires additions, deletions or other changes. <P2-6.2>
 - 6a. Please describe additions, deletions, or other changes:

 <P2-6aTEXT>

7. Evidence Generation

Outcome Objective:

Establish an evidence base documenting the value of clinical genomics to outcomes of care.

Does not require any additions, deletions or other changes. If no changes, skip to question 8. <P2-7.1>

Requires additions, deletions or other changes. <P2-7.2>

7a. Please describe additions, deletions, or other changes:
_____ <P2-7aTEXT>

8. Leadership Persuasion

Outcome Objective:

Nursing leaders (i.e., Deans, nursing administrators, policy makers, and champions) demonstrate adoption of genomics by implementing genomic competency initiatives for their constituency.

Does not require any additions, deletions or other changes. If no changes, skip to question 9. <P2-8.1>

Requires additions, deletions or other changes. <P2-8.2>

8a. Please describe additions, deletions, or other changes:
_____ <P2-8aTEXT>

9. Pathways of Influence

Outcome Objective:

Identify leaders, partners, methodology, funding, and policies essential to influencing genomic adoptions and assess each for their capacity to inform genomic persuasion strategies.

Does not require any additions, deletions or other changes. If no changes, skip to question 10. <P2-9.1>

Requires additions, deletions or other changes. <P2-9.2>

9a. Please describe additions, deletions, or other changes:
_____ <P2-9a>TEXT>

10. What additional Domains should be considered?

None
_____ <P2-

10TEXT>

PART THREE-STRATEGIC OBJECTIVES

Reflecting on **the discussion at the September 16th 2013 Strategic Planning Meeting**, please mark **for each strategy** how **important** you feel the strategy is to achieving the Strategic Objective, **when** the strategy should be implemented, and who should be considered for **collaborative partnership**?

1. Infrastructure

Outcome Objective:

Provide the structure, direction, and focus for all efforts identified under each of the strategic plan domains as well as provide **centralized coordination of activities to operationalize this strategic plan**.

	How important is the strategy?			When should the strategy be pursued?				Who should be considered for collaborative partnership ?
Strategy	Not at all important <0>	Average importance <1>	Essential <2>	0-<2 Years <3>	3-<5 Years <4>	6-<8 Years <5>	>8 Years <6>	<TEXT>
Explore federal methodologies and opportunities for hiring trainees (i.e., IPA; post docs; joint trainee fellowships across NIH Institutes and agencies).								<P3-1a>
Explore federal opportunities for genomic expert development (i.e., HRSA Faculty Loan Program).								<P3-1b>
Explore schools that could be positioned to respond to HRSA IPE funding (i.e., Pittsburg; Iowa; Clemson; University of Washington, University of Cincinnati, Michigan, Penn, Duke, UCLA, Johns Hopkins,								<P3-1c>

UCSF, UCSD, Utah, Columbia; Univ of Maryland).				
Create additional genomic educational resources (including expansion of existing resources such as G3C, Gene Splash, and workshops targeted for the older learner).				<P3-1e>
Focus on development of tools to facilitate genomic practice integration (i.e., EHR, Point of care decision support, family history inclusion in discharge summaries).				<P3-1f>
Establish MINC toolkit and corresponding monograph (MOP).				<P3-1g>
Develop a Center that serves as the main coordinating infrastructure for strategic plan implementation.				<P3-1h>

2. Workforce Competency

Outcome Objective:

All registered nurses will have a foundation of knowledge in basic human genetics and genomics and current applications to nursing practice (i.e., encompasses academic, research, and clinical competency efforts).

Strategy	How important is the strategy?			When should the strategy be pursued?				Who should be considered for collaborative partnership ?
	Not at all important <0>	Average importance <1>	Essential <2>	0-≤2 Years <3>	3-≤5 Years <4>	6-≤8 Years <5>	>8 Years <6>	<TEXT>
								<P3-2a>
Establish an interprofessional genomic practice and/or academic initiative modeled after MINC.								<P3-2b>
Provide resources to achieve competency for family history data collection, interpretation, and knowledge of criteria for referral.								<P3-2c>
National campaign education effort (i.e., ANA methodologies, inclusive of diverse professional nursing organizations): <ul style="list-style-type: none"> • Improve genomic awareness • Provide sufficient knowledge and skill building to attain clinical translation • Priority targeted education audiences <ol style="list-style-type: none"> i. APRN (including DNP) 								<P3-2d>

<ul style="list-style-type: none"> ii. ADN iii. ADN to BSN iv. Administrators v. Leadership vi. Deans vii. Second degree students viii. Faculty ix. Interprofessional 									
Establish model genomic nursing curricula for all levels of academic preparation.									<P3-2e>
Establish additional opportunities for genomic continuing education for the practicing provider (i.e., G3C cases).									<P3-2f>
Establish a resource list of all available genomic certificate or academic programs in genomics for posting on genome.gov.									<P3-2g>
Assess the value of post master’s genomic certificate programs to determine if expansion of this strategy is warranted.									<P3-2h>
Create a network of genomic researchers to mentor PhD and DNP students.									<P3-2i>
Create a toolkit to encourage genomics nursing research.									<P3-2j>
Marketing of G2C2 to professional nursing organizations (i.e., AONE, ANA).									<P3-2k>

3. Regulation

Outcome Objective:

Genomics is included practice content on assessments of quality healthcare evaluation (i.e., encompasses academic and practice).

Strategy	How important is the strategy?			When should the strategy be pursued?				Who should be considered for collaborative partnership ?	
	Not at all important <0>	Average importance <1>	Essential <2>	0-≤2 Years <3>	3-≤5 Years <4>	6-≤8 Years <5>	>8 Years <6>	<TEXT>	
Assess outcomes of CCNE accreditation changes since incorporating genomics in the Baccalaureate and Master’s Essentials. -Faculty survey (including efforts to include Adjunct faculty) -Student survey -Assess CCNE criteria for reviewing genomics in accreditation evaluations -Assess curriculum for evidence of genomic content.									<P3-3a>
Establish Outcome Indicators for the Essential Genetic and Genomic Competencies for Nurses with Graduate Degrees.									<P3-3b>
Assess JCO standards for inclusion of genomics; target JCO leadership to enhance genomic content in these accreditation									<P3-3c>

standards and reviews (nursing advisory board).				
Assess ACOS standards for inclusion of genomics; target the ACOS leadership to enhance genomic content in these accreditation standards and reviews.				<P3-3d>
Assess NQF standards for inclusion of genomics; target NQF leadership to enhance genomic content in these accreditation standards.				<P3-3e>
Influence the DNP Essential revisions through AACN, starting April 2014, to include genomics.				<P3-3f>

4. Clinical Service Delivery Infrastructure

Outcome Objective:

Provide the structure, policy, resources, and interprofessional partners necessary for the successful integration of genomics into healthcare delivery.

Strategy	How important is the strategy?			When should the strategy be pursued?				Who should be considered for collaborative partnership?
	Not at all important <0>	Average importance <1>	Essential <2>	0-≤2 Years <3>	3-≤5 Years <4>	6-≤8 Years <5>	>8 Years <6>	<TEXT>
Incentives for resource support (i.e., IT vendors-EHR).								<P3-4a>

Incentives for the Institution (i.e., Magnet recognition; Aiken's work of critical quality indicators and NDNQI).				<P3-4b>
Incentives for nurses to use genomics in practice (i.e., clinical ladder).				<P3-4c>
Clinical structure, policies and/or guidelines (i.e., models/templates)				<P3-4d>
<ul style="list-style-type: none"> • Family history and referral. • Role of the nurse and referral. • Privacy and confidentiality. • Informed consent for germline single gene testing, pharmacogenomics testing, somatic (tumor) testing). • Ethical decision making support and resource algorithm process. 				
Seek genomic education and diffusion sustainability funding (i.e., MINC, interprofessional partners).				<P3-4e>

5. Quality Outcomes

Outcome Objective:

Genomics is included content on assessments of quality healthcare outcomes.

Strategy	How important is the strategy?			When should the strategy be pursued?				Who should be considered for collaborative partnership ?	
	Not at all important <0>	Average importance <1>	Essential <2>	0-≤2 Years <3>	3-≤5 Years <4>	6-≤8 Years <5>	>8 Years <6>	<TEXT>	
Incentives for the Institution (i.e., Magnet recognition; Aiken’s work of critical quality indicators and NDNQI monograph).									<P3-5a>
Building on the Genomic Nursing Science Blueprint identify and standardize critical research indicators (i.e., return on investment for risk assessment).									<P3-5b>
Establish genomic critical quality indicators for NDNQI program assessment.									<P3-5c>
Utilize the Aiken’s research model to design studies that measure quality and cost outcomes as a result of using genomics.									<P3-5d>

6. Patient/Family/Public Engagement

Outcome Objective:

The healthcare consumer is aware of genomics and corresponding social issues and is able to recognize the role of nurses in genomic healthcare.

Strategy	How important is the strategy?			When should the strategy be pursued?				Who should be considered for collaborative partnership ?	
	Not at all important <0>	Average importance <1>	Essential <2>	0-≤2 Years <3>	3-≤5 Years <4>	6-≤8 Years <5>	>8 Years <6>	<TEXT>	
Explore opportunities with consumer organization(s) (i.e., Genetic Alliance; Citizens Advocacy Center) to facilitate recognition of the role of nurses in genomic healthcare.									<P3-6a>
Explore consumer perspectives on critical components of informed consent for genomic research, testing and/or services (i.e., health literacy, numeracy, informational needs).									<P3-6b>
Engage the public to provide information about genomic healthcare issues of concern (i.e., role of the nurse, ethical/legal/social issues, family implications).									<P3-6c>
Create a campaign to inform the public about what nurses add to the interdisciplinary team in genomic									<P3-6d>

healthcare.

7. Evidence Generation

Outcome Objective:

Establish an evidence base documenting the value of clinical genomics to outcomes of care.

Strategy	How important is the strategy?			When should the strategy be pursued?				Who should be considered for collaborative partnership ?	
	Not at all important <0>	Average importance <1>	Essential <2>	0-≤2 Years <3>	3-≤5 Years <4>	6-≤8 Years <5>	>8 Years <6>	<TEXT>	
Establish a nursing research consortium which will build on the Genomic Nursing Science Blueprint (i.e., consider Stevens model; Magnet infrastructure; model research throughout Magnet Hospitals; Summer Genetic Institute Investigators).									<P3-7a>
Utilize the nursing research consortium to establish multi-center studies to generate big data and longitudinal data.									<P3-7b>
Utilize the nursing research consortium to establish resources, instruments, and a network of potential collaborators.									<P3-7c>
Disseminate the Genomic Nursing Science Blueprint (i.e., NINR									<P3-7d>

Summer Genetics Institute; Academic Programs; Evidence Based Practice Fellows).
Facilitate a NINR and HRSA collaboration surrounding nurse managed health clinics as living laboratories and as a platform for genomic practice based research - investigate HRSA funding supplements..

<P3-7e>

8. Leadership Persuasion

Outcome Objective:

Nursing leaders (i.e., Deans, nursing administrators, policy makers, and champions) demonstrate adoption of genomics by implementing genomic competency initiatives for their constituency.

Strategy	How important is the strategy?			When should the strategy be pursued?				Who should be considered for collaborative partnership ?
	Not at all important <0>	Average importance <1>	Essential <2>	0-≤2 Years <3>	3-≤5 Years <4>	6-≤8 Years <5>	>8 Years <6>	<TEXT>
Establish additional opportunities for genomic continuing education for nursing leadership (i.e., Deans, nursing administrators).								<P3-8a>
Perform a MINC data analysis on ADN specific data to prepare a report for NLN leadership in preparation for a meeting to discuss implications of genomics for education, practice, and research.								<P3-8b>

Connect with the following groups
for Education and Diffusion

Initiatives:

AARP

RWJ

ISONG

AONE

ANPD (NNSDO)

NOA

ANA and ANA organizational
affiliates

ANIA and HIMS

IPEC

Advisory Committee for HRSA

Advisory Committee for Joint
Commission

AAN Expert Panels

NLN

AACN

NQF

ACHE

Patient Advocacy Groups

IOM

AEHP Alliance for CE

VA

Genetic Specialty Groups (i.e., ONS
Genetics SIG)

Nurses participating in major
Cancer and Personalized Healthcare
Center organizations

Legislators

Advocate to Coriell for nursing
advocacy

<P3-8c>

Engage regional nursing research groups to disseminate the Genomic Nursing Science Blueprint.

<P3-8d>

9. Pathways of Influence

Outcome Objective:

Identify leaders, partners, methodology, funding, and policies essential to influencing genomic adoption and assess each for their capacity to inform genomic persuasion strategies.

	How important is the strategy?			When should the strategy be pursued?				Who should be considered for collaborative partnership ?	
Strategy	Not at all important <0>	Average importance <1>	Essential <2>	0-≤2 Years <3>	3-≤5 Years <4>	6-≤8 Years <5>	>8 Years <6>	<TEXT>	
Organize a call with potential respondents to an anticipated IPE HRSA grant RFA to increase the number of applications focused on genomics.									<P3-9a>
Establish a model business plan (i.e., business case) associated with costs incurred for implementing an organization wide genomic competency initiative (i.e., MINC) and the justification for that effort (tie to meaningful use and/or reduction in waste and/or reduction of readmission rates).									<P3-9b>

Monitor the IOM to assure that nursing continues to have representation on the genetics panel(s).

<P3-9c>

Network with the leadership of the non-genetic AAN Expert panels regarding the role of genomics associated with their work.				<P3-9d>
Explore key groups (i.e., AONE) to assure that nursing and genomics is represented in their strategic plan and competency efforts.				<P3-9e>
Publish about genomics and nursing in diverse high impact journals.				<P3-9f>
Network with Agencies (i.e., AHRQ), to improve their understanding about the role of the nurse in genomic healthcare.				<P3-9g>
Evaluate nursing and genomics activities to assess for overlap and potential collaboration (i.e., within NIH Institutes).				<P3-9h>
Explore federal programs, networks and policy groups to assure nursing is represented (i.e., IOM).				<P3-9i>
Build on the MINC and Faculty Champion efforts to expand genomic competency within leaders.				<P3-9j>
Influence Magnet Commission to consider genomics as part of the Magnet designation/redesignation process.				<P3-9k>

Meet with IPEC members to explore collaborative opportunities (i.e., ELNEC and QSEN models).				<P3-9l>
Conduct more genomic webinars in collaboration with organizations (i.e., ISONG, ANA, AACN, AONE).				<P3-9m>
Work with AACN to get on the Deans conference agenda (i.e., 2014).				<P3-9n>
Publish a Strategic Plan outcome paper for efforts achieved within original plan from 2006-2011				<P3-9o>
Utilize multiple mechanisms to disseminate genomic information (i.e., listserv, AACN, ISONG, AAN Expert Panel).				<P3-9p>
Highlight CEO's that have worked on MINC for leadership efforts.				<P3-9q>
Solicit and apply for awards and recognition for advances in genomic adoption (i.e., Magnet, Baldrige, NDNQI).				<P3-9r>
Develop public engagement campaign (i.e., short statements on what nursing can do in genomics, questions you should ask your provider [modeled after AHRQ pad]).				<P3-9s>
Collaborate with the international community to advance international genomic adoption (i.e., Bellagio				<P3-9t>

meeting, Genomic Medicine 6).									
Engage celebrities as Champions to speak about the role of the nurse.									<P3-9u>
Advise nursing advisory councils within organizations about the availability and links to genomic resources (i.e. March of Dimes)									<P3-9v>
Presentations at influential nursing meetings (i.e., CANS; Magnet Meeting).									<P3-9w>
Lobby to include a genetic specialist on the HRSA National Advisory Council on Nursing Education and Practice (i.e., meet with Alexis Bakos).									<P3-9x>
Repackage JNS Genomic Special Issue from 2013 along with two additional papers as a Virtual edition.									<P3-9y>

10. What additional strategies should be considered (please link to a specific domain)?
_____ <P3-10TEXT>
 None

PART FOUR-OTHER CONSIDERATIONS

1. Please provide any additional content you would like included in the Strategic Plan.
_____ <P4-1TEXT>
 None

2. Please provide any additional comments.
_____ <P4-2TEXT>
 None

Thank you for taking the time to complete this survey.
Your participation is greatly appreciated!