Safe Staffing Through New Models of Care

A report by TruMerit | January 21, 2026

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About TruMerit

TruMerit is a worldwide leader in healthcare workforce development with nearly 50 years of experience supporting the mobility of nurses and other healthcare workers. Formerly CGFNS International, TruMerit validates the education, training, and professional experience of internationally educated health professionals seeking authorization to practice in the United States and other countries. Through its expanded mission and the Global Health Workforce Development Institute, TruMerit advances research, standards, and certifications that strengthen the global health workforce and promote equitable, sustainable career mobility.

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Foreword

The global healthcare landscape is undergoing a profound transformation. Forces such as workforce shortages, digital health innovations, artificial intelligence, and telehealth are reshaping how care is delivered. Advances in medical science are extending lifespans, increasing the prevalence of chronic conditions that require long-term management. At the same time, mental health challenges are escalating, climate change is influencing health outcomes, and health systems worldwide are grappling with severe staffing shortages.

These realities demand urgent and strategic action. Health systems must adapt to ensure care remains safe, high-quality, and sustainable.

To meet this moment, the **Taskforce on Safe Staffing through New Models of Care** was established with a clear mission: to develop a framework of analysis and guiding principles for health systems, regulatory authorities, ministries of health, and educational institutions. This framework supports the design and implementation of innovative care models that optimize workforce capabilities, harness technology, and improve patient outcomes—while maintaining cost effectiveness.

We acknowledge the vital work already underway across many organizations to analyze care delivery models. However, its framework is uniquely informed by the global maldistribution of the health workforce—where high-income countries often over-consume health worker resources, and low-income countries over-produce health workers but lack the infrastructure to employ them. This imbalance is further complicated by rising health worker migration. As the health workforce becomes a global resource for population health management, its utilization must respect cultural contexts and local regulatory, legislative, and jurisdictional systems.

This report amplifies existing research and analysis of care models, with a particular focus on care delivery across the continuum—especially in primary care, community health, and public health, where needs are most acute. It champions the effective deployment of multidisciplinary teams, ensuring all professionals work to the full extent of their capabilities in partnership with patients and families. It also emphasizes workplace safety and supportive environments to strengthen workforce retention, elevate respect for health workers, and promote healing spaces for those receiving care.

While not exhaustive, this document is intended to inspire creative thinking and bold action to address the complex challenges facing global health systems.

Taskforce members identified core principles essential to designing new models of care that align with the dynamic needs of global health systems. The document was shared globally to ensure these guiding principles have universal appeal. We invite readers to adapt these concepts within their organizations and cultural contexts. The report explores examples from diverse countries and care settings, offering evidence-based insights into effective strategies. Key priorities include:

- Empowering all health professionals to practice to the full extent of their scope and competencies.
- Developing innovative staffing models that foster interprofessional collaboration and safe staffing.
- Exploring hybrid models that incorporate delegation to assistive personnel.
- Enhancing workforce retention through workplace safety and supportive environments.
- Driving high levels of patient satisfaction and quality outcomes.
- Leveraging technology to enrich clinician-patient interactions and streamline workflows.
- Evaluating cost-effective solutions that maximize healthcare investments.
- Promoting equitable access to care, especially for underserved populations.

In this report, we aim to highlight best practices and innovative models that can be adapted to various regulatory and policy contexts. Safe staffing through new models of care is not merely a necessity; it is an imperative for the future of healthcare. As the world confronts emerging health challenges, we must embrace forward-thinking approaches that empower health professionals and assistive personnel, elevate patient experiences, and build resilient health systems equipped to meet tomorrow's demands.

Health workforce investment is being challenged globally as governments prioritize other interests. Without the necessary investments in the workforce, achieving these principles will be difficult. This report serves as a guiding beacon for health leaders, policymakers, and educators committed to shaping the future of healthcare staffing and service delivery.

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Executive Summary

The Safe Staffing Through New Models of Care Framework operates as a dynamic ecosystem in which each component informs and strengthens the others. **System and Inputs** enable and sustain **Service Delivery**, which in turn generates measurable **Outputs and Outcomes**. These outcomes provide essential feedback that guides continuous refinement of the Systems, Inputs, and Service Delivery processes—creating an ongoing cycle of learning and improvement. Each domain is interlinked, and success in one is contingent upon the strength and coherence of the others. This integrated model ensures that staffing strategies are not only innovative but also scalable, equitable, and outcome-driven.

As readers engage with this report, the Taskforce emphasizes the importance of considering the wide variability of health systems across global contexts. Operationalizing new models of care depends on multiple local factors, including:

- Digital readiness, maturity, and infrastructure.
- High digital burden on staff and varying levels of digital literacy among staff and patients.
- Stable and sustainable financing.
- Workforce capacity and distribution.
- Rural and remote care environments.
- Realities of low- and middle-income countries.
- Regulatory and licensure restrictions.

These contextual variables shape what is possible in each setting and underscore the need for flexible, adaptable frameworks that respect local realities. By acknowledging these differences, the Safe Staffing Through New Models of Care Framework supports the design of solutions that are context sensitive while still grounded in global principles of safety, quality, and workforce sustainability.

Safe Staffing through New Models of Care Framework

System and Inputs

This foundational domain encompasses the structural and regulatory conditions necessary to support effective care delivery. It includes:

- Rules and Regulations: Accreditation, licensure/registration, and policy frameworks that define professional practice.
- Population Health Needs: Prioritization of engagement and partnering with all stakeholders to address evolving health demands.
- Infrastructure: Investment in information systems, workforce structure, and flexible learning environments that enable adaptability and resilience while also remaining balanced with workplace needs and safety.

These inputs form the essential scaffolding that enables the next domain—service delivery—to function effectively.

Service Delivery

This domain focuses on how care is organized and delivered, emphasizing:

- Interprofessional Teams: Team-based models of care that promote collaboration, delegation, and hybrid staffing, while also utilizing technology in an effective way for workforce optimization.

- Population Health Management: Proactive outreach to address social determinants of health while also continuing to evolve based on the relationships in the patient and provider community.
- Access: Ensuring timely, geographically equitable, and direct-to-consumer care.
- High-Quality Care: Person-centered, coordinated, and clinically competent services that prioritize safety and continuity.

Service delivery is the operational expression of the systems and inputs. Without robust infrastructure, regulatory clarity, and a prepared workforce, these delivery mechanisms cannot be sustained.

Outputs and Outcomes

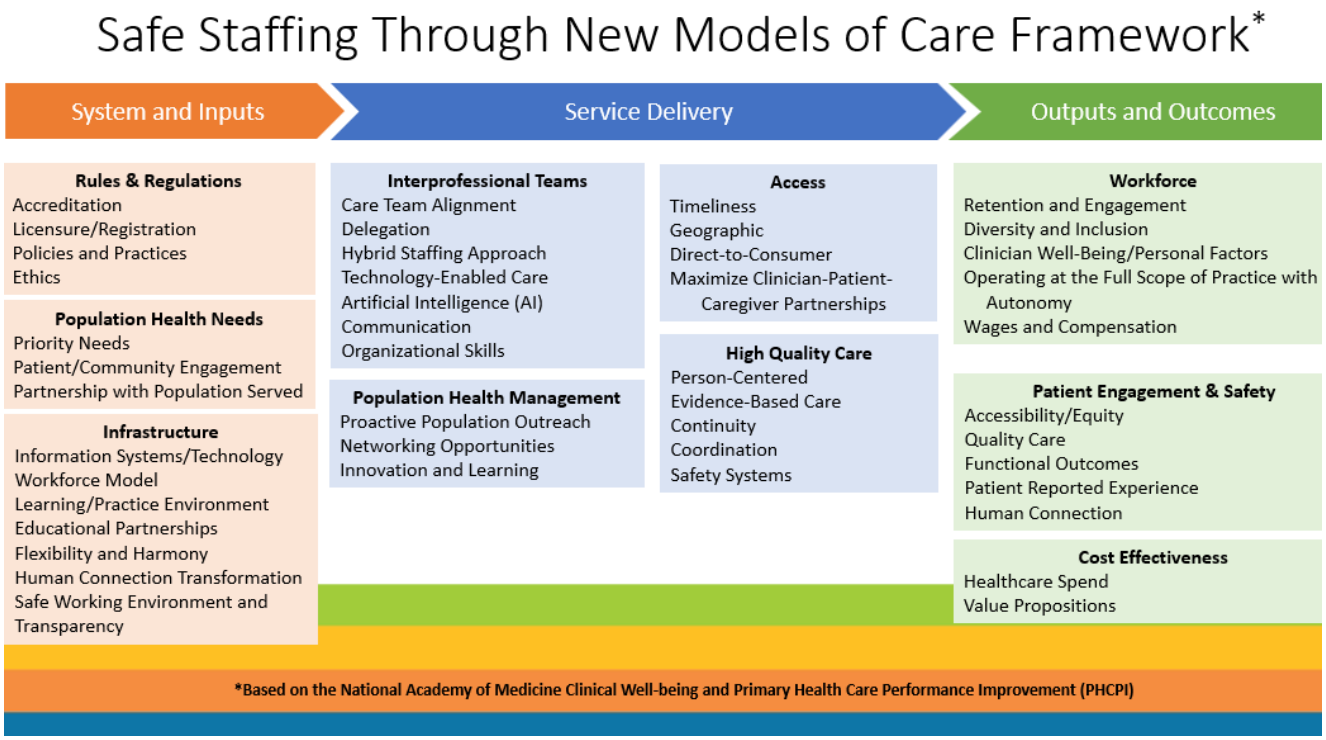
The final domain captures the measurable impacts of the system, including:

- Workforce: Retention, engagement, diversity, well-being, and full-scope practice.
- Patient Engagement and Safety: Equity, satisfaction, and quality of care.
- Cost Effectiveness: Optimized healthcare spending and demonstrated value propositions.

Achieving these outcomes depends on the integrity and alignment of the preceding domains. The outputs of the framework then serve as feedback indicators for further refinement of both system inputs and service delivery.

1. Framework and Guiding Principles

The Safe Staffing Through New Models of Care Framework is a comprehensive, systems-based approach designed to guide the development and implementation of innovative models of care that ensure safe, high-quality, and sustainable healthcare delivery. The framework is organized into three interdependent domains—Systems and Inputs, Service Delivery, and Outputs and Outcomes—each of which builds upon and reinforces the others to achieve optimal health system performance.



2. System and Inputs

These principles are derived from the framework's emphasis on regulatory alignment, population responsiveness, and infrastructure readiness to support safe staffing through innovative models of care:

2.1 Rules & Regulations

- **Accreditation**
  Ensure that accreditation standards evolve to reflect interprofessional, team-based models of care and the integration of technology, supporting full-scope practice across professions.
- **Licensure/Registration**
  Promote licensure portability and flexibility to enable workforce mobility and support hybrid staffing configurations, especially in underserved or digitally enabled care environments.
- **Policies and Practices**
  Develop policies that institutionalize delegation to assistive personnel, support team-based care, and incentivize retention and well-being of the workforce.
- **Ethics**
  Embed ethical frameworks that prioritize equity, transparency, and patient-centeredness in all staffing and care delivery decisions, ensuring alignment with population needs and safety.

2.2 Population Health Needs

- **Priority Needs**
  Use data-driven approaches to identify and prioritize population health needs, ensuring staffing structures are responsive to chronic disease burdens, mental health trends, and social determinants of health.
- **Patient/Community Engagement**
  Integrate patient and community voices into the design and evaluation of staffing structures to ensure care is culturally competent, accessible, and aligned with lived experiences.
- **Partnership with Population Served**
  Establish sustained partnerships with communities to co-create models of care that reflect local values, needs, and preferences, enhancing trust and engagement.

Sexual Assault Forensic Examination Telehealth (SAFE-T) System in the U.S.

Issue: Experienced Sexual Assault Nurse Examiners (SANEs) are limited in rural communities due to staffing shortages and high training costs related to turnover. Even those that are trained may not stay proficient due to low case volumes. Survivors of sexual assault may have to be treated by untrained providers or omit treatment when told to receive care at another facility. Survivors experience better outcomes physically and mentally with SANEs compared to untrained providers. The evidence collected by SANEs are of higher quality, also leads to more just outcomes for the survivors.

Input/Service Delivery: The SAFE-T model supports SANE-led care in underserved areas via **custom telehealth technology** to **support the on-site nurse and patient with quality assurance and expertise.** Tele-SANEs with solid expertise were selected to establish themselves as mentors to the less experienced on-site nurse during the examinations. Additional training and support empower the on-site nurse to build upon their skillset and create expertise for the community.

Outcomes: **Meaningful care** is being provided, with 94% of survivors feeling better with a tele-SANE and experiencing improved care. Survivors also felt more **supported** and **respected** and fears of not being believed or being judged were dispelled. SANE retention rates improved dramatically (75% compared to national average of 8%), while also reducing costs related to turnover and burnout.

2.3 Infrastructure

- **Information Systems/Technology**
  Leverage interoperable digital platforms to support real-time decision-making, optimize clinician-patient interactions, and enable proactive population health management.
- **Workforce Model**
  Design flexible, interprofessional workforce structures that support full-scope practice, delegation, and hybrid staffing to meet evolving care demands.
- **Learning/Practice Environment**
  Create environments that support continuous learning, psychological safety, and collaboration, enabling staff to adapt to new technologies and models of care.
- **Educational Partnerships**
  Invest in education pathways co-designed with academia that prepare professionals for team-based, tech-enabled care and support upskilling for emerging roles in hybrid staffing configurations.
- **Flexibility and Harmony**
  Embed flexibility in staffing structures, scheduling, role definitions and supportive policies to accommodate workforce diversity, life stages, and evolving care contexts; allow clinicians to integrate personal and professional responsibilities.
- **Human Connection Transformation**
  Use technology not to replace but to enhance human connection—freeing clinicians from administrative burden to focus on empathy, communication, and relationship-centered care.
- **Safe Working Environment and Transparency**
  Set minimum clinician-to-patient ratios and establishing staffing committees to ensure adequate staffing levels of care to improve person care and well-being. Build a culture where safety is non-negotiable, with proactive measures against workplace violence. Transparency is embedded in reporting and learning, for continuous improvement across all levels of care delivery.

World Telehealth Initiative

Issue: In certain regions of Africa, limited access to healthcare, exacerbated by extended travel times to reach medical services, significantly compromises health conditions. For women experiencing prolonged labor, these barriers can result in the development of obstetric fistula, a condition estimated to affect over two million women across the continent.

Service Delivery: The World Telehealth Initiative (WTI) bridges the gap through a network of volunteer health professionals and **state-of-the-art technology**, from Teladoc Health, to bring necessary services to impoverished communities. This **hybrid staffing approach** allows on-site providers to access medical expertise from volunteers around the world.

Outcomes: In Malawi, WTI is partnering with the Freedom From Fistula Foundation to provide virtual care expertise for the surgical repair of obstetric fistulas. Although fistulas are treatable via routine procedures, they remain prevalent in under-resources regions. Without timely intervention, affected women can experience additional complications and face social stigma in their communities. Through the collaboration of virtual volunteers, on-site providers and advanced technology, these women can be **treated with the right care at the right time** to preserve their health and dignity.

3. Service Delivery

These principles reflect the framework's emphasis on interprofessional collaboration, technology integration, population responsiveness, and high-quality, person-centered care:

3.1 Interprofessional Teams

- **Care Team Alignment**
  Foster collaborative practice environments where all professionals operate at the full extent of their scope, supported by shared goals, mutual respect, and clearly defined roles. Ensure that care teams are aligned with patient needs and preferences, with clear handoffs and continuity across settings.
- **Delegation**
  Implement structured delegation protocols that empower assistive personnel while maintaining accountability and ensuring quality and safety.
- **Hybrid Staffing Approach**
  Adopt flexible staffing configurations that blend licensed professionals with assistive personnel and virtual care roles to meet diverse care needs efficiently.
- **Technology-Enabled Care**
  Integrate digital tools that streamline workflows, enhance communication, and support real-time clinical decision-making without compromising human connection.
- **Artificial Intelligence (AI)**
  Use AI to augment—not replace—clinical judgment, enabling predictive analytics, risk stratification, and administrative efficiency while preserving clinician autonomy. AI should be integrated thoughtfully, following a deliberate progression from experimentation to adoption.
- **Communication**
  Embed structured communication protocols (e.g., SBAR, huddles) to ensure clarity, reduce errors, and support team cohesion.
- **Organizational Skills**
  Promote systems thinking and time management competencies to help teams navigate complexity and deliver coordinated care.

3.2 Population Health Management

- **Proactive Population Outreach**
  Leverage data and digital tools to identify at-risk populations and deliver timely, preventive interventions beyond traditional care settings.
- **Networking Opportunities**
  Facilitate cross-sector collaboration and peer learning through communities of practice, shared platforms, and inter-organizational partnerships.

HIRAID Emergency Nursing Framework in Australia

Issue: Patients presenting to an emergency department (ED) without a definitive diagnosis require emergency nurses to provide rapid and precise assessments to determine urgency in treatment. This environment is often characterized by overcrowding, high patient volumes and time sensitive decision-making, where accuracy and speed are critical for a patient's course of care and outcomes. Compounding this in Australian hospitals is the supply of new graduate nurses starting their careers in the ED, with minimal experience in patient assessments.

Input/Service Delivery: A team from the Sydney Nursing School, University of Sydney recognized the need for an emergency nursing assessment framework to standardize and deliver safe patient care. The HIRAID emergency nursing framework was created to assess and manage post-triage, optimizing **high-quality care** for all patients. The seven critical components: **H**istory including **I**nfection risk, **R**ed flags, **A**ssessment, **I**nterventions, **D**iagnostics, reassessment and communication is a structured, **evidence-based** approach allowing **consistency in care** to identify factors for patient deterioration, improve communication and ensure accurate documentation.

Outcomes: **Significant reduction in inpatient deterioration events** with **improved patient experience** and **reported staff improvements related to handover** and completeness of information. HIRAID reduced emergency department patient's hospital admissions by 50%, resulting in AUD $1.9 million cost savings for two hospitals.

- **Innovation and Learning**
  Create a culture that rewards experimentation, continuous improvement, and the rapid scaling of successful care innovations.

3.3 Access

- **Timeliness**
  Design workflows and staffing structures that minimize wait times and ensure patients receive care when and where they need it.
- **Geographic**
  Expand care delivery through telehealth, mobile units, and community-based hubs to reach underserved and remote populations.
- **Direct-to-Consumer**
  Enable patients to access services directly through digital platforms, self-scheduling, and virtual consultations, enhancing convenience and autonomy.
- **Maximize Clinician-Patient-Caregiver Partnerships**
  Design models of care that prioritize meaningful engagement with patients and caregivers, ensuring their voices shape care plans and outcomes.

3.4 High-quality Care

- **Person-Centered**
  Anchor values in the care delivery, goals, and preferences of individuals, fostering authentic partnerships that uphold dignity, respect, and shared decision-making.
- **Evidence-Based Care**
  Standardize practices around the latest clinical guidelines and research, while allowing flexibility for individualized care.
- **Continuity**
  Promote longitudinal relationships between patients and care teams to build trust and improve outcomes over time.
- **Coordination**
  Use integrated care pathways and interoperable systems to ensure seamless transitions and reduce fragmentation.
- **Safety Systems**
  Embed safety science and real-time monitoring into care processes to prevent harm and ensure timely interventions.

Buurtzorg Self-Governing Nursing Teams in the Netherlands

Issue: In the Netherlands, efforts to reduce healthcare costs led to an increasingly fragmented home care system. Nurses and other medically trained professionals were assigned narrowly defined responsibilities, causing some patients to be seen by different personnel on the same day. Each professional, being assigned a different task, could not create a meaningful partnership or continuity of care for the patient or exercise the autonomy needed to adapt services in response to evolving needs.

Input/Service Delivery: Buurtzorg Nederland, a non-profit Dutch home-care organization, developed teams of self-governing nurses to provide a full suite of medical and support services to the patient while **maximizing the clinician-patient-caregiver partnership** by engaging with the patient, family, primary care provider and community resources to build a holistic plan of action. Coaches also provided operational expertise to the nurse teams to work synergistically. The team decides how to organize their work, distribution of responsibilities, and decision-making when starting in a new area. The team builds a plan of action utilizing formal and informal networks in the community.

Outcomes: The self-governing teams provided flexibility in scheduling to meet both patient and nurses' needs, **improving the patient experience and outcomes**. Patients being cared for in this model required less time, regained independence sooner, and had fewer emergency hospital admissions and shorter average length of stay admissions.

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4. Outputs and Outcomes

These principles reflect the framework's emphasis on sustainable workforce development, patient-centered care, and value-driven health system performance. They are designed to ensure that the outcomes of care delivery are not only measurable and meaningful but also sustainable and equitable:

4.1 Workforce

- **Retention and Engagement**
  Design staffing structures that promote professional growth, recognition and purpose-driven work, fostering long-term commitment and reducing turnover.
- **Diversity and Inclusion**
  Advance diversity and inclusion by ensuring the health workforce reflects the population served, recognizing that representation improves care outcomes.
- **Clinician Well-being/Personal Factors**
  Prioritize mental health, workload balance, and psychological safety through supportive leadership, peer networks, and access to well-being resources.
- **Operating at the Full Scope of Practice with Autonomy**
  Empower all health professionals to practice at the top of their license and competencies, supported by clear role definitions and trust-based delegation.
- **Wages and Compensation**
  Align compensation structure with role complexity, scope of practice, and contributions to team-based care, ensuring equity and incentivizing excellence.

4.2 Patient Engagement and Safety

- **Accessibility/Equity**
  Ensure models of care are designed to reach underserved populations through geographic, digital, and cultural accessibility, reducing disparities in outcomes.
- **Quality Care**
  Deliver care that is safe, effective, and aligned with evidence-based standards, while continuously measuring and improving performance.
- **Functional Outcomes**
  Track and prioritize improvements in patients' ability to optimally function in daily life, not just clinical indicators, as a measure of care success.
- **Patient Reported Experience**
  Use patient feedback to shape service delivery and inputs, ensuring care is respectful, responsive, and aligned with individual preferences and values.

- **Human Connection**
  Preserve and enhance the therapeutic relationship through empathetic communication, continuity of care, and technology that supports—not replaces—human interaction.

4.3 Cost-effectiveness

- **Healthcare Spend**
  Optimize resource allocation by reducing inefficiencies, avoiding unnecessary interventions, and leveraging assistive personnel and technology.
- **Value Propositions**
  Demonstrate the return on value of staffing structures through improved outcomes, patient satisfaction, and workforce sustainability.

Nurse-Led Model of Care launched by Society for Family Health Rwanda, TruMerit and MedWand in Bugesera, Gicumbi, and Kayonza

Issue: In Rwanda, a rising burden of noncommunicable diseases such as diabetes, hypertension and cancer, coupled with a critical shortage of healthcare workers is stressing an already taxed health system. Delivering preventive care and essential health services in rural areas with limited physician access is key to early detection and improving health outcomes.

Input/Service Delivery: *Technology-based care* for patient examinations **empowers nurses** to independently provide essential health services, manage chronic diseases and delivery preventive care. Using the MedWand device and accompanying diagnostics tools enables comprehensive clinical assessments and primary care delivery remotely.

Outcomes: ***Cost savings*** by reducing unnecessary hospital visits, lowering transportation expenses and enabling early disease detection to minimize the financial burden on the healthcare system. Remote monitoring **reduces hospital congestion**, **optimizes resource allocation and increases access in remote communities** by enhancing workflow and ensuring timely intervention.

Co-Caring Model by Providence in the US

Issue: The US Bureau of Labor Statistics projects that more than 275,000 additional nurses will be needed from 2020 to 2030. Shortages in nurses due to an aging population, retiring nursing workforce and burnout have exacerbated an already tenuous situation with a shift in the health care environment becoming increasingly hectic and demanding. Nurses are being pulled in various directions to create documentation and other administrative tasks, leaving less time to care for their patients and leading to decreased job satisfaction.

Input/Service Delivery: The Co-Caring model created by Providence was developed by nurses to leverage a virtual team with a bedside caregiving team to ensure everyone is **practicing at the top of their license and competencies** to create a **safe and reliable environment** for the patient. By modifying workflows and redesigning the staffing model, specific roles/responsibilities were developed for the bedside nurse, virtual nurse and technician to work as a cohesive care team.

Outcomes: The Co-Caring model increases **caregiver collaboration** while reducing the workload for bedside nurses which has helped retain nurses and providing **workload balance**. First-year turnover staffing rates were down by 73% for RN's and 55% for all staff. Both patients and nurses report a strong sense of comprehensive care that all aspects of the patients' needs are being met effectively.

Guyana Diabetes and Foot Care Project

Issue: Diabetic foot ulcers (DFU) can lead to serious complications, including lower limb amputations. These amputations have profound consequences for patients, ranging from loss of mobility to depression to increased mortality. Guyana has one of the highest diabetes prevalence rates in the North American and Caribbean region, affecting 15.9% of the adult population, with diabetes-related complications being the 5th leading cause of death in the country.

Inputs/Service Delivery: The Guyana Diabetes and Foot Care project was launched through a **collaborative effort** between Canadian and Guyanese partners to address the high prevalence of diabetic foot complications in Guyana. The program implemented **education and clinical training,** including a 60-second tool to screen for high-risk foot status in diabetic patients. By using the tool, the nurses could identify issues for early detection, refer high-risk patients for specialists quickly and teach the patient about proper foot care and signs to look for.

Outcomes: Nurses were equipped with advanced skills in chronic disease management and **empowered to function at their highest level of training and work to their full scope.** The team-based, **patient-centered care**, coupled with preventative education reduced major amputations by 68%, with below knee amputations decreased by 80%.

Conclusion

As global health systems face mounting pressures from workforce shortages and evolving population health needs, the imperative for safe staffing through new models of care has never been clearer. This report presents a comprehensive framework that integrates systems, service delivery, and outcomes to guide the transformation of models of care in a way that is sustainable, equitable, and person-centered.

By empowering health professionals to operate to the full extent of their competencies, leveraging assistive personnel and technology, and fostering interprofessional collaboration, health systems can better meet the needs of diverse populations. The examples highlighted throughout this report, from virtual care innovations to nurse-led models, demonstrate that bold, evidence-informed approaches can yield measurable improvements in patient outcomes, workforce well-being, and cost effectiveness.

Safe staffing is not a static target but a dynamic process that must adapt to local contexts, regulatory environments, and cultural values. The Taskforce calls on health leaders, educators, and policymakers to embrace this framework as a blueprint for action—one that prioritizes safety, equity, and innovation across the continuum of care.

By engaging the safe staffing through new models of care framework, we can build resilient health systems that honor the dignity of both caregivers and those they serve, ensuring that every person receives the right care, at the right time, from the right team.

Acknowledgements

The task force extends its sincere appreciation to our international peers for sharing their insights and feedback. Your collective expertise, representing more than a dozen countries across all continents, has been invaluable in addressing local, regulatory, and cultural considerations.

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Glossary

Interprofessional teams
Collaborative practice approach involving multiple health professionals working together to deliver comprehensive care.

Hybrid staffing approach
Flexible team arrangement that blends health professionals of all levels—licensed professionals, assistive personnel and off-site virtual care roles—to provide integrated care.

Delegation
A process of assigning tasks to assistive personnel from higher level health professionals, reducing the administrative burden of the higher-level professional to devote more time to impactful decision-making and patient engagement.

Population health management
The proactive approach that involves addressing social determinants of health managing chronic conditions and implementing preventive measures through care coordination to improve health outcomes of a specific group of people.

Artificial Intelligence (AI)
AI can be designed to streamline administrative tasks, personalize treatments, and improve diagnostics based on complex algorithms of synthesized data.

Telehealth
The remote delivery of healthcare services using telecommunications technology. It allows for remote care via web services that can include a range of services from routine check-ups to managing chronic conditions to consultative support for on-site care teams.

Full scope of practice
The principle that health professionals should operate at the top of their license and competencies to maximize their skills and training.