



# Trybe.ID



**Changing the face of Nurse  
Credentialing & Mobility through  
Verifiable Credentials**

## Changing the face of Nurse Credentialing & Mobility through Verifiable Credentials

In our November 2020 paper titled [COVID-19: Embracing Digital Credentials in Health Care](#), we discussed the role verifiable credential (VC) technology will play as a trusted enabler of Health Care Worker (HCW) mobility. The ability to immediately verify the health/COVID-19 status of a HCW significantly increases the confidence and flexibility with which healthcare organizations can deploy resources across wards and facilities to address patient needs. In this paper, we further explore the potential of verifiable credentials to the nursing population and specifically in regards to its impact to streamlining the hiring and verification of licensure of nursing professionals.

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## Credentials in Nursing

Credentialing creates a standard by which health care organizations, systems, insurance stakeholders, Government Ministries, and patients in specific settings can verify HCWs education, training, licensure, and status of any disciplinary actions or sanctions against the provider. Credentials then provide the initial basis of trust upon which engagement occurs by stakeholders with HCWs.

In North America, licensed nurses represent the largest population of health care workers and professionals. Their value to the health care system is critical, with nurses often being referred to as the *“glue that holds a patient’s health care journey together”*.<sup>1</sup> Furthermore, for 17 consecutive years nurses have been voted the most trusted profession in Gallup’s ethics survey.<sup>2</sup>

Considering nurses are one of the most prominent front line providers of care, it is surprising that the process of proving and verifying nursing credentials is still cumbersome and slow. The facilitation of nurse employment and rapid deployment within a health care setting is not a simple nor efficient process. Credential collection, support and verification can take anywhere from 6 weeks to 8 months depending on geography, state/provincial requirements, response times of third party institutions, etc.<sup>3</sup> Key frustrations experienced by nurses in this regard play out in settings across Canada and the US ; pertinent explanations were provided in Invita Health’s Blog about the process in the US<sup>4</sup> and by Nurse participants in a 2013 survey on nurse mobility within Canada who noted cumbersome lengthy processes to send proof of education to nursing bodies across provinces.<sup>5</sup> Studies on this topic are limited. However, the recently featured case of Rachel Geiger, a US-educated Ottawa nurse who, even after graduating summa cum laude from Boston University’s Northeastern University, has been struggling for two years to get licensed in Ontario confirms that the experience on the ground continues to be in line with the 2013 survey findings: mobility is impeded by inconsistent licensing standards and outdated lengthy registration and credential verification processes.<sup>6</sup>

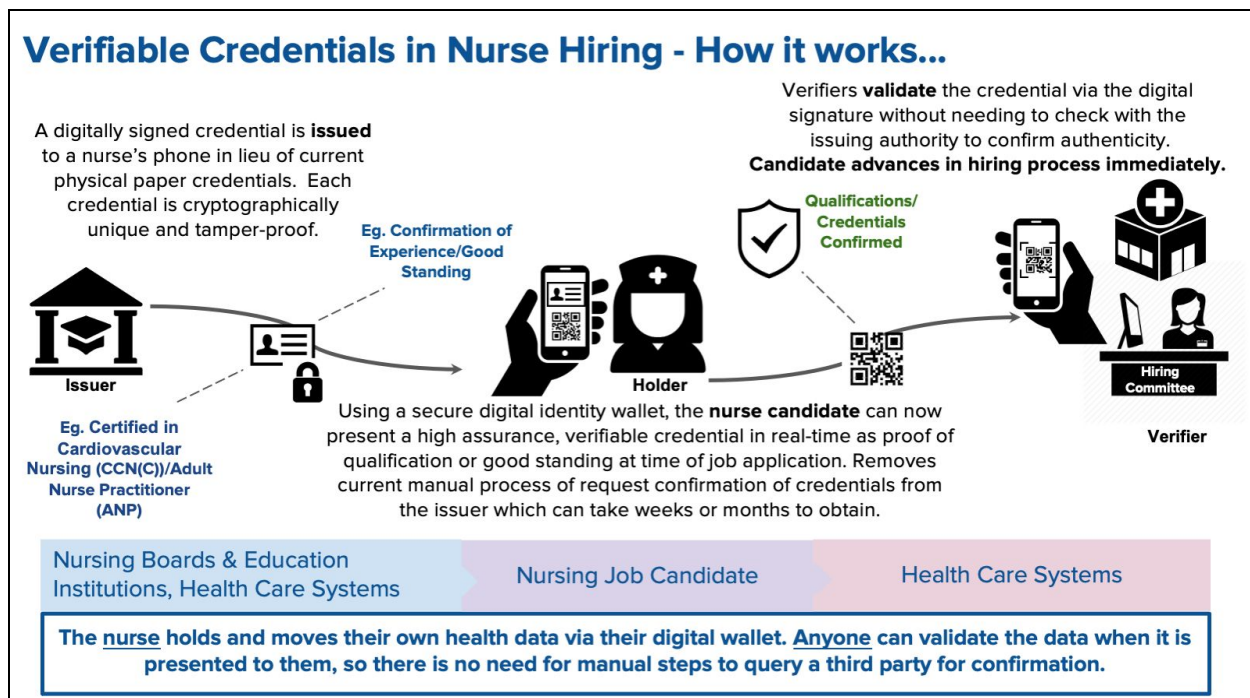
This has significant downstream implications including the delayed onboarding of much needed nursing resources, the inability to quickly redeploy nurses in situations such as COVID-19, reduced care quality to patients, and monetary costs in the form of lost revenue to health care organizations as well as nurses themselves (who remain unemployed and unpaid for unpredictable and prolonged periods of time). Health Human resource strategy and the ability to deploy resources as the need arises are then hindered by these outdated processes and absence of adequate technology support. Lynn Nagle, Consultant, nurse, leader in Canadian Health Informatics and former Healthcare Executive notes that *“the current and pending shortage of nurses in*



Canada could be mitigated to a certain extent by expediting the processes associated with credential verification across the country. The existing processes as recently depicted (in the case of Rachel Geiger) are unduly protracted and frustrating not to mention cumbersome, inconsistent and inequitable. The proposed VC solution offers a practical, cost-effective way forward and is worthy of consideration by all Canadian nurse regulators”.

## The Role of Verifiable Credentials

The standard form of credentialing such as a nursing degree or licensing certificate often comes in paper format. Verifiable Credential (VC) technology allows these paper-based credentials to be provided in a digital format. This creates benefits such as being portable, easily and securely “shareable” to relying/verifying parties, and highly-visual. They enable real-time confirmation of a proof as well as monitoring around expiration and revocation of credentials. When credentials are issued digitally through a trusted framework in an immutable and verifiable manner, they present a unique value to holders and receivers that can transform our present identity and verification systems. By extension, they allow for simplified workflows, process efficiencies and overall system agility.



An overarching key value presented by digital credentials (when they leverage the latest of digital identity and credentialing technologies), is their ability to reduce the privacy and security risks that accompany the outdated federated information-sharing model or paper jungle. With verifiable credential technology, the data is user-controlled and doesn't have to be stored in a centralized database thereby making their use considerably more flexible and privacy preserving.

This user-controlled aspect of VCs enables nursing applicants to share their identity data such as board certification confirmation or university transcripts with employers and credentialing committees and agencies at the touch of a button without requiring the original issuer to be directly involved, such as a licensing board needing to provide a copy/confirmation. Verifiers, such as Hospitals, Care Providers and Governments, can then obtain the necessary confirmations and immediately verify these credentials enabling the decision making process around nurse candidate hiring to occur faster and more efficiently.

As COVID-19 continues to overwhelm many health care systems globally and exacerbate prevalent and forecasted nursing shortages, a key transformation demanded of healthcare organizations has been to standardize and expedite hiring processes around existing nursing talent and enhance their mobility and ability to be deployed and re-deployed quickly. One approach adopted in the US has been to implement emergency licensing waivers to bring in nurses from across state lines by expanding the Nurse Licensure Compact (NLC).<sup>7</sup> The NLC enables a nurse whose primary state of residence is in an NLC state to practice in person or via telehealth in 33 other NLC states, in addition to their home state.

While the standardization of licensing requirements opens access to a larger population of health resources, verification of existing credentials still takes considerable time and effort. This is where VCs provide a fast convenient solution that is both cost effective, privacy preserving and secure. As such, education and training providers, licensing and medical boards and credential verification committees should begin to transition their skill, learning and credential recognition processes for the nursing population to be digital. Specifically, they should implement and demand verifiable credentialing technology solutions that promote efficacy in the credentialing process while maintaining the level of trust that is expected and necessary to legitimize the work of nurses everywhere.

Furthermore, there has been an increasing interest in bringing more personalized care closer to home. Populations are aging at a faster rate than ever before and "Aging in Place" strategies have taken on more importance to support the well-being and

independence of seniors. The pandemic too has accelerated home care and telemedicine trends. Nurses have a pivotal role to play in the adoption and delivery of such health care models which will ultimately support the more efficient use of health and health human resources. The effectiveness of such models however is dependent on enabling a patient and others in the circle of care to verify and trust the provider's credentials and this is where VCs have a natural fit.

Jameel Bandali, Senior Policy Advisor, Digital Health with the Ontario Public Service envisions a mobile future for health care providers: *“Let’s also consider a model where health service providers like nurses may not be tied to a hospital or other physical location – that due to the availability of either virtual care options or home visits, or both, the provider would access the patient’s personal health information stored across a multitude of repositories (that are read/written to by other providers) via their device, in order to treat the person remotely or in-person. In this regard, this credential could also be used for authentication and access purposes.”* Today, the effort to simply provide nurses access to all the systems available is a massive continuous effort that is cumbersome and slow. VC's have a significant role to play in not only the hiring and deployment process, but also in quickly allowing nurses to then have access to the tools needed to do their jobs, wherever they are.

## Looking Forward

Crises fuel innovation and the healthcare industry has most certainly risen to the challenge of COVID-19. But COVID-19 simply accelerated and brought to the forefront issues that already existed within our health care systems. In particular, it highlighted the urgent shortage of necessary human resources to support growing and aging populations. Nurses are the core of the existing healthcare system and form the largest profession within it. As such, more should be done to ease their transition into the workplace and their ultimate deployment to areas where they are needed the most.

Verifiable Credentials have the power to drive and accelerate nurse mobility and should be implemented as a key part of strategies aimed at increasing health human resource capacities while also supporting innovation in health care delivery models. Furthermore, the time and resource savings that VCs provide by expediting hiring and deployment processes provide monetary benefits to health care organizations and providers alike. Therefore, adoption of VC technology should be advocated not only from a patient care standpoint but also from the perspective of sound health care budgeting decisions and operational efficiency. As adoption of this technology grows at exponential rates across industries, VCs have the potential to be expanded over various health care roles and outside of licensure to support the entire hiring and professional development process of health human resources.

## Endnotes

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# Trybe.ID

**Trybe.ID** is a digital credentials platform that makes issuing, accessing and verifying digital credentials easy and secure. It is the only solution that grants users true complete ownership over and access to their credentials in the education market today. Trybe.ID allows credentials to be shared directly with only the parties the holder wishes as well as verified entirely independent of any third party, respecting end user privacy and security.

**For more information on this influenza vaccine pilot employing digital credentials, please contact us.**