

## Connected health: Nurses take the lead



■ Magnet® conference ■ Innovation awards ■ HIV update

## Connected health

### ANA's updated principles put nursing at the forefront

By Elizabeth Moore, MFA, and Brooke Trainum

**C**onnected health technologies continue to change, and nurses are leading the charge using these tools for innovation in healthcare delivery and most importantly, maintaining professional standards to keep their patients safe.

"The telehealth landscape has evolved, with massive technological advances, clinical research, and emerging data that inform our practice," said Joelle Fathi, DNP, RN, ARNP, CTTS, senior lecturer in the department of biobehavioral nursing and health informatics at the University of Washington School of Nursing.

To reflect that evolution, "connected health" is an umbrella term for concepts that include telehealth and mobile health. It can be defined as connecting clinicians to clinicians, patients to clinicians, and even patients to other patients through various technological modalities. This technology facilitates exchange of information, remote diagnosis and treatment, continuous and intermittent monitoring, and ongoing health management. It also supports patient self-care and the leveraging of providers across large populations of patients. (Based on a definition from Partners Healthcare, a not-for-profit healthcare system.)

To address the needs of RNs in a changing work environment, the American Nurses Association (ANA) convened a professional issues panel in 2018 to revise its Core Principles on Telehealth (now Core Principles on Connected Health). While retaining the foundational aspirations of the first iteration, the updated principles reflect current practice standards, terminology, and the care team's role in patient safety, quality, privacy, and care.

The principles moved from telehealth to a connected health lens, broadening the terminology to allow for technology innovations that improve access, care, and the patient-provider relationship. The updated principles also recognize the shift from a narrower nursing perspective to a wider interprofessional team approach.

Additionally, a new principle focuses on the need to update and modernize policies at all levels of government, as well as respond to the current healthcare climate. Among those governmental policies are several that address processes and practices of individuals and healthcare systems, scope of practice for those who are providing healthcare services, billing and reimbursement for those services, health information technology, and laws intended to protect the public.

#### Meeting patients where they are

Nearly 20% of Americans living in rural areas suffer from a shortage of providers and healthcare facilities. This scarcity of services is detrimental to the nation's health. "The health consequences for communities that lack resources can be dire," said Fathi, a Washington State Nurses Association member. Expanding healthcare delivery through connected health creates the opportunity to serve these populations, "with care that is necessary, timely, efficient, convenient, and effective," Fathi said.



**Joelle Fathi**

In addition to filling gaps in service for isolated populations, connected health has value for patients in urban and major metropolitan areas. "Connected health is a proven healthcare delivery model that can provide critical services in acute health crises, preventive care, and chronic disease management," Fathi said.

Furthermore, both the Affordable Care Act and the 2017 American Health Care Act support the use of connected health and technology to expand access and care delivery. "As providers move toward more value-based, shared-savings, and accountable care models as required in healthcare reform, connected health provides better care coordination, management, and communication with patients," said Tamara Broadnax, DNP, RN, NEA-BC, clinical operations, Department of Veterans Affairs.

#### A closer look at the principles

Fathi and Broadnax were among the 13 nurses on the panel's steering committee, which represented diverse academic and professional backgrounds and brought significant experience administering telehealth services across the country. More than 100 nurses participated in an advisory committee.

"The overarching values of each of these core principles are unchanged but the updated version is informed by more than two decades of research and practice in this area," Fathi said. "The newer principles also address key considerations with the advancement of technology and uphold the protection of patients and their privacy."

Broadnax added, "Connected health is a delivery system of clinical care. The same clinical standards for patient privacy and clinical outcomes required for a face-to-face encounter apply to the connected health visit."

The revised 2019 ANA Core Principles on Connected Health is a guide for healthcare professionals who



use connected health technologies to provide quality care. The 13 principles identify unique issues, such as:

- certain interstate commerce, fraud and abuse, and other applicable state and federal laws not commonly encountered when delivering health-care in person
- the need to meet state-specific regulatory and institutional requirements in accordance with scope of practice
- safeguards when transmitting electronic information and communication conducted using connected health technologies to ensure patient privacy
- updated policies governing the practices and reimbursement of healthcare to allow for the integration, national adoption, and sustainability of connected health.

### Nurses: The essential conduit

Nurses have been and continue to be critical catalysts in the evolution and application of connected health. They're often a patient's first point of contact when seeking care, and their primary communicator throughout their healthcare journey. This relationship, along with nurses' diverse skills, key role in care coordination, and long tradition of innovation in care delivery, makes nursing's leadership an essential part of connected health.

"In the organizations where I have worked, nurses were initially involved in [connected health] phone

triage, collecting images, and remote home-monitoring tasks," Broadnax said. "This has evolved to nurses providing 24-hour surveillance in e-ICUs, connecting real-time clinical visits, delivering direct-care patient services, and now building and directing new connected health services and programs."



**Tamara Broadnax**

The increased adoption of connected health has created space for nurses to lead and provide care outside of the typical hospital setting. "I've seen pharmacies offer nurse-employed telehealth clinics, specialty services offer nurse-led direct care clinics, and insurance companies offer direct access to nurse-led connected health visits," Broadnax said.

Nurses are vital to the effectiveness and innovation of connected health. Noted Broadnax, "Nurses have to be involved with connected health across the spectrum. From the front end, delivering patient care services, to back-end triaging and care coordination, to providing the overall management and development of new clinical programs and services."

Read the updated ANA Core Principles on Connected Health at [nursingworld.org/cpch](http://nursingworld.org/cpch).

— Elizabeth Moore is a writer at ANA.  
Brooke Trainum is assistant director, policy and regulatory advocacy, at ANA.

## ANA News

### Now open: 2020 ANA Innovation Awards, powered by BD

The American Nurses Association (ANA) and the American Nurses Foundation (the Foundation) are now accepting applications for the 2020 ANA Innovation Awards, powered by BD (Becton, Dickinson, and Company), a leading global medical technology company. The application process is open through January 15, 2020.

The ANA Innovation Awards include a \$25,000 individual nurse award and a \$50,000 nurse-led team award for a product, program, project, or practice that improves patient outcomes and safety and exemplifies nurse-led innovation. These funds will provide support for translational research, development, prototyping, production, testing, and implementation over the next year.

The winner of the 2019 Individual Nurse Award, Kathleen Puri, MSN, RN, a Tennessee Nurses Association member, created Fitsi—a bedside caddy that allows patients to easily clean their own hands and



access their personal items without caregiver assistance. Michael Wang, MSN, MBA, RN, and Paul Coyne, DNP, MSF, RN, a New Jersey State Nurses Association member, won the Nurse-led Team Award for iN, a wall-mounted computer behind the patient's bed that detects potential risks to patients and aggregates data from electronic health records and other medical devices.

BD's generous contribution to the Foundation and commitment to advancing medication management is in direct support of ANA's Innovation Framework, which aims to cultivate nurse-led innovation and solutions that address the complexities of healthcare delivery.

Applications will be evaluated by a blind, peer-review process conducted by a panel of national experts. Learn more and apply today at [nursingworld.org/aia](http://nursingworld.org/aia).

## A Magnetic conference

Thousands of nurses learn and share strategies to improve care and work environments

By Susan Trossman, RN

**P**ositive human connections are vital to quality healthcare and work environments, according to speaker Charles Kunkle, MSN, CEN, CCRN, BC-NA, a nursing leader focused on empowering and engaging bedside care providers. And his message clearly resonated with the more than 10,500 nurses and other stakeholders gathered for the ANCC National Magnet Conference® this fall.

“Why did you choose healthcare?” Kunkle asked. “I understand how physically demanding, emotionally draining, and, at times, dangerous it can be. I chose it because it gave me a sense of purpose, and nursing has not disappointed. You can make a difference every day. It allows you to help bring life into the world—and peace and comfort to someone leaving it.”

His general session presentation—just one of countless opportunities available to attendees to learn, share, and be inspired—lived up to the Magnet conference’s theme: “Educate. Innovate. Celebrate.”

### Welcoming and motivating

Opera Orlando kicked off the conference by drawing nurses in with a Zen-like duet and a comedic performance of a fast-paced aria from “The Barber of Seville” accompanied by a video of practicing nurses moving in fast motion to the music.

ANA Enterprise leaders then formally welcomed attendees to the largest ever gathering of clinical nurses in the United States and laid out the upcoming days’ events.



OSF HealthCare Saint Francis Medical Center (OSF Saint Francis) in Peoria, IL, won the 2019 ANCC Magnet Prize®, sponsored by Cerner Corporation.  
(Pictured above): OSF Saint Francis nurses with leadership from ANA Enterprise, ANCC, and Cerner.



The 2019 National Magnet Nurse of the Year® Award recognized the outstanding contributions of clinical nurses in each of the five Magnet® Model components.

L-R: Stephani Stancil, Exemplary Professional Practice, sponsored by EBSCO Health; Carol Schober-Flores, Structural Empowerment; Kristen Boettcher, Empirical Outcomes; Melissa Fadipe, Transformational Leadership; Christa Bedford-Mu, New Knowledge, Innovations, and Improvements.

“I guarantee you will leave Orlando more fulfilled and rejuvenated than ever,” said ANA Enterprise Chief Executive Officer Loressa Cole, DNP, MBA, RN, NEA-BC, FACHE. She and Rebecca Graystone, MS, MBA, RN, NE-BC, vice president, Magnet Recognition® and Pathway to Excellence® Programs, also paid tribute to nurse researchers who over 30 years ago investigated the key factors that influence well-qualified nurses to be attracted to and remain working in healthcare facilities.

In her general session presentation, best-selling author Gretchen Rubin shared her “Four Tendencies” framework, which looks at how people respond to a request or an order and how understanding those four personality traits can help create better work environments. She detailed the four tendencies (upholder, questioner, obliger, and rebel), noting each tendency’s strengths and weaknesses and asking conference-goers to determine which trait best captures them.

For example, the most common type is the obliger, which Rubin described as being associated with great leaders and team members. But obligers tend to put aside their own needs and expectations, such as engaging in self-care, unless someone or something holds them accountable.

“We all have much to offer each other,” Rubin said. “When we know ourselves and each other better, we can be happier, healthier, and more productive.”



In his session, Kunkle shared his concerns about healthcare turning into a business and the practically insurmountable list of tasks nurses face that are fueled, in part, by reimbursement issues and new regulations. Because of projected nursing shortages, ongoing retention issues, and limited financial resources, Kunkle noted that nurse leaders must do their best to engage and empower their multigenerational staff by understanding their strengths and needs. He also spoke of the importance of nurse leaders being approachable to staff and self-reflective, as well as being focused on creating a value-based culture.

Kunkle closed by saying, "I have faith in who we are as a profession, and that we can survive anything that is thrown at us. But we must care for our [nurses], the caregivers. If we don't, who will?"

The final general session speaker, global traveler and philanthropist Leon Logothetis, provided an emotionally impactful presentation as he shared stories of his many journeys and the kindness of strangers he met along the way.

He also spoke of being bullied in school when he was young, and how one teacher made a critical difference by showing him kindness, believing in him, and providing positive reinforcement.

"To change the world, all you have to do is touch one life," said Logothetis. "I wouldn't be here if it weren't for my teacher. And there are patients who wouldn't be here if it were not for you. The most beautiful thing you as nurses can give to your patients is to see them. It changes everything."



**Rear Admiral Susan M. Orsega was honored with the prestigious HRH Princess Muna Al Hussein Award for her commitment to nursing and healthcare across the global landscape.**

## Acknowledging nursing excellence

American Nurses Association (ANA) President Ernest Grant, PhD, RN, FAAN, recognized attendees' dedication to excellence and acknowledged the magnitude and celebratory aspect of the Magnet conference. He also briefly described the 2020 "Year of the Nurse," a U.S. campaign that's part of a global effort to highlight nurses' impact on patients, families, and communities.

"We encourage all nurses to engage in activities [held throughout 2020]," Grant said. "I promise it will be an unforgettable year."

ANCC President Patricia Reid Ponte, DNSc, RN, NEA-BC, FAAN, noted the shared vision and common goals of the ANA Enterprise, Magnet, and Pathway organizations, and nurses who work in those facilities to ensure high-quality care.

"There's a reason that even in these pressure-packed, rapidly changing times, nursing is the number one most trusted profession in America," she said. "And that reason is you."

Nurses also had opportunities to gain knowledge through some 140 poster presentations and 70-plus concurrent sessions, which focused on critical topics such as improving the float pool experience, addressing workplace violence, and ensuring pain control.



**ANA President Ernest Grant spoke of nursing excellence and described plans to celebrate the "Year of the Nurse" in the United States in 2020, part of a global campaign.**



**Pamela F. Cipriano (right) received the Margretta Madden Styles President's Award for outstanding service and leadership to the ANA Enterprise as ANA president and ANCC board member and her international influence as first vice president of the International Council of Nurses. (Presented by Patricia Reid Ponte, left)**

## Celebrating and interacting

Attendees celebrated the winners of the 2019 Magnet awards and witnessed the festive parade of nurses from 128 newly and re-designated Magnet facilities. They also viewed a touching video honoring military and Veterans Affairs nurses; recognized DAISY Foundation co-founders Bonnie and Mark Barnes; explored exhibit booths showcasing technology, products, and services; and engaged in an evening at Universal's Islands of Adventure and other events.

Tiffany Cox, RN, a clinical coordinator in the intensive care unit at Memorial Hermann Pearlman Hospital in Texas, was among the attendees whose goal was to bring everything she learned throughout the

conference to nurses back home.

"There were definitely a lot of inspirational presentations," said Cox, a member of the American Association of Critical-Care Nurses, an organizational affiliate of ANA. She particularly enjoyed Kunkle's positivity and his strategies to improve staff recognition programs.

"I really like reconnecting with so many people I've met over the years in nursing," said Jen Schroeter, DNP, RN, MLHR, director of Nursing Innovation and



**Parade of nurses: Emory Saint Joseph's Hospital celebrates its sixth consecutive Magnet designation, the gold standard for nursing excellence. Its first Magnet® designation was received in 1995.**

Performance Development, Allegheny Health Network, and a Pennsylvania State Nurses Association member. She found the research shared on managers and their competencies to be informative and relevant, given the need to support those in this challenging role.

The next Magnet conference will be

held October 7-9, 2020, in Atlanta, Georgia.

— Susan Trossman is a writer-editor at ANA.

## ANA NEWS

# ANA elections: Call for nominations

**The nomination period ends January 17, 2020  
11:59 PM Eastern Time.**

**O**n December 6, 2019, the American Nurses Association (ANA) Nominations and Elections Committee issued a call for nominations for a slate of candidates to be presented to the Membership Assembly in 2020. The following positions will be elected in 2020:

### ANA Board of Directors

#### Officers

- President
- Secretary

#### Directors-at-large

- Two directors-at-large
- One director-at-large, staff nurse

(A staff nurse is defined as one who is nonsupervisory, nonmanagerial, and includes one or more of the following: is employed by a healthcare institution or agency, whose primary role is a provider of direct patient care, who is collective bargaining eligible under applicable labor law.)

The term of service for officer positions and director-at-large positions is January 1, 2021 – December 31, 2022.

### ANA Nominations and Elections Committee

- Three member positions

The term of service for the Nominations and Elections Committee positions is January 1, 2021 – December 31, 2022.

ANA places high priority on diversity and seeks to

encourage/foster increased involvement of minorities and staff nurses at the national level.

Nominations must be submitted via the online nomination form by 11:59 PM Eastern Time on Friday, January 17, 2020. A second Call for Nominations will be conducted for any positions with insufficient nominations.

### Preparing nomination materials

1. **READ** the roles and responsibilities for your position of choice to ensure that they match your interests, experience, and qualifications.
2. **IDENTIFY** the degree to which you possess the competencies that have been deemed important to serve successfully and effectively in each position.
3. **SELECT** a campaign manager and provide his or her contact information where requested on the online nomination form.
4. **COMPLETE AND SIGN/INITIAL** where noted. Nominees for the ANA Board of Directors must also submit the following additional documents, which are included on the online nomination form.
  - Conflict of interest statement
  - Financial interest disclosure form
5. **SUBMIT** all nomination components by 11:59 PM Eastern Time on Friday, January 17, 2020. Please note:
  - You will need to create a user ID and password before accessing the form.
  - Nominations that are incomplete, handwritten, faxed, or submitted after the deadline will not be accepted.

If you have any questions regarding ANA's nomination process or national elections, please email [nec@ana.org](mailto:nec@ana.org).



# Supporting ambitious new goals to end the HIV epidemic

By Carol Dawson-Rose, PhD, MS, RN, FAAN, and  
Carole Treston, MPH, RN, ACRN, FAAN

**W**orld AIDS Day was first observed on December 1, 1988, to bring greater awareness to the devastating impact of HIV and to show solidarity with those living with or lost to AIDS. The late 1980s was a time of fear, when wearing the red ribbon was a bold statement against stigma. Even to this day, World AIDS Day reminds us that HIV persists and a vital need still exists to increase awareness, to fight discrimination, and to support people living with HIV with quality healthcare.

Since the beginning of the HIV and AIDS pandemic, nurses have been at the center of the response. Nurses provided compassionate, holistic, and high-quality care when there were no effective medications. Nurses prioritized dignity and provided a caring touch to people dying from AIDS at a time when few others did. And nurses pushed to expand the definition of family and patient-centered care in institutions that sometimes pushed back. The nurses on Ward 5B at San Francisco General Hospital were some of the pioneers of this movement, and we are thrilled that their story is being told in the film *5B* (5bfilm.com).

Today, scientific advances in treatment and prevention have provided us with the tools to end the epidemic. New medications allow people diagnosed with HIV to live long and healthy lives. Effective antiretroviral (ARV) treatment can reduce the amount of circulating HIV to undetectable levels that, if sustained, make it effectively impossible to transmit HIV to others. Known as Undetectable = Untransmittable (U = U), this has been a game-changing development. Additionally, pre-exposure prophylaxis (PrEP)—one ARV pill taken once a day by an HIV-negative person—reduces the risk of acquiring HIV through sexual contact by 99%. These treatment and prevention technologies have been proven to work and allow us to imagine an end to the HIV epidemic.

But not everyone is benefiting equally from these advances. New infections are highly concentrated among men having sex with men, among racial minorities, and among those who live in the southern United States. This is compounded by the persistence of HIV stigma, which continues to be a debilitating barrier to accessing the HIV prevention, care, and treatment continuum that all individuals deserve.

As a nation, we are about to embark on an ambitious plan to end the HIV epidemic. The U.S. Department of Health and Human Services (HHS) plan



**Carol Dawson-Rose**



**Carole Treston**

to end HIV (Ending the HIV Epidemic: A Plan for America) is a large-scale collaborative effort to reduce the number of new HIV infections in the country by 75% within 5 years, and by at least 90% within 10 years ([hiv.gov/federal-response/ending-the-hiv-epidemic/overview](http://hiv.gov/federal-response/ending-the-hiv-epidemic/overview)). This plan focuses on epidemiologic data, biomedical advances, and targeting resources in high incidence areas. We have excellent tools that will go a long way toward ending the HIV epidemic, but involving nurses as an integral part of these efforts will be critical to their success. Nurses are the educators, influencers, and implementers who engage and retain people in healthcare and who build trust with entire communities, all while not losing sight of the individual patient's needs, strengths, and challenges.

As nurses, we can take part in ending the HIV epidemic, from educating others that the epidemic is not over, to screening *5B* for students, to conducting professional development sessions on U = U, or to correcting the colleague who uses stigmatizing language about HIV patients. We all have a role to play.

— Carol Dawson-Rose is professor and chair, community health systems, James P. and Marjorie A. Livingston Chair in Nursing Excellence at the University of California, San Francisco, and president, Association of Nurses in AIDS Care. Carole Treston is executive director, Association of Nurses in AIDS Care in Washington, DC.

## Prevention and Care for HIV and Related Conditions

The American Nurses Association (ANA) agrees with the Association of Nurses in AIDS Care, an organizational affiliate of ANA, that nursing care is central to achieving HIV treatment and prevention goals. This year, ANA approved updated policies and positions on Prevention and Care for HIV and Related Conditions ([nursingworld.org/globalassets/practiceandpolicy/nursing-excellence/ana-position-statements/prevention-care-hiv.pdf](http://nursingworld.org/globalassets/practiceandpolicy/nursing-excellence/ana-position-statements/prevention-care-hiv.pdf)) that support a treatment-as-prevention approach and prioritize solutions that meet the needs of diverse groups of people living with HIV and AIDS. The policies also highlight the advanced practice registered nurse's role with prescriptive authority to treat and prevent HIV and calls for full practice authority at the federal and state levels.

## Ethics, relatively speaking

To: **Ethics inbox**

From: **Puzzled nursing instructor**

Subject: **“Putting away” your moral beliefs?**

Recently, a nursing student wrote this as part of a course assignment: “Ethics can be hard to teach or learn because they may be different for everyone. Ethics are part of your moral beliefs or values. It can be hard to put away your moral beliefs for patients of certain backgrounds or cultures and focus on what they need or are asking of you.”

I am concerned that this student is misguided. How should I respond?



From: **ANA Center for Ethics and Human Rights**

You are correct to question this student’s response. A relativistic or situational view of ethics—where the right-ness or wrong-ness of an ethical decision is in the “eye of the beholder”—is a recognized ethical perspective.

Because nursing is a profession and the student is learning to be part of this profession, taking the time to specifically respond to the student could be a teachable moment.

You could say to the student, “Yes, you can personally hold a view that moral beliefs can be highly individualized, and that a person should ‘put them away’ when interacting with other humans. However, as a professional nurse, you will also want to seek

guidance from the *Code of Ethics for Nurses with Interpretive Statements* ([nursingworld.org/coe-view-only](http://nursingworld.org/coe-view-only)) because the Code is designed to provide normative, applied moral guidance for nurses in terms of what they ought to do, be, and seek.”

According to the Code, when nurses care for those whose health condition, attributes, lifestyle, or situations are stigmatized, or when they encounter a conflict with their own personal beliefs, nurses must render compassionate, respectful, and competent care. Nurses do have their own personal beliefs and are not expected to push them away—but instead to recognize them and proceed to provide care according to the ethical standards of the profession.

You also could share that the Code explains that nurses have both personal and professional identities that are integrated and embrace the values of the profession, merging them with personal values. In emerging work by Hite and Godfrey with education, practice, and regulation, the four domains of professional identity in nursing are understood to be values and ethics, knowledge, leadership, and professional comportment. These signposts can help nurses and the public understand what professional identity in nursing means.

Having a moral compass is important and shouldn’t be reduced or ignored. Equipping students with a clearer understanding of how personal

and professional identities develop and manifest themselves in nursing practice helps all nurses treat every person with compassion and respect.

— Response by Nelda Godfrey, PhD, RN, ACNS-BC, FAAN, member of ANA’s Center for Ethics and Human Rights Advisory Board, with special acknowledgment to Sarah Kroeker, MSN, RN, clinical instructor, Salina Campus, University of Kansas School of Nursing.

### Reference

Hite A, Godfrey N. Professional identity in nursing: Why does it matter? *Kansas Nurse*. 2019;94(3):14-16.

Do you have a question for the Ethics Inbox?  
Submit at [ethics@ana.org](mailto:ethics@ana.org).