

Patients benefit from expanded APRN care



■ Racism in nursing ■ Social determinants of health

Advocacy meets opportunity

Easing scope of practice barriers during COVID-19

By Elizabeth Moore, MFA

Changes included in federal legislation passed into law and regulation reflect Medicare recognition of advanced practice RNs' (APRNs') value in providing more timely and efficient care access in response to the COVID-19 pandemic. Together with RNs serving on the frontlines, the APRN role has become more critical given the national campaign to distribute and administer COVID-19 vaccines. And as the new Congress and administration make it a priority to fight the virus, including introduction of President Biden's American Rescue Plan, the American Nurses Association (ANA) continues to advocate for nurses' priorities, including full practice authority.

"While the pandemic has been disastrous, there are reasons to be grateful," noted Loretta C. Ford, EdD, RN, PNP, NP-C, CRNP, FAAN, FAANP, founder of the nurse practitioner (NP) movement. "One of them is the public's recognition and appreciation of your [nurses'] professional efforts to care for them." Ford praised nurses for their noble response to the COVID-19 pandemic in a video message she posted on her 100th birthday, while sequestered in her home in Florida in December 2020.

Legislative action

At the federal level, the 2020 Coronavirus Aid, Relief, and Economic Security (CARES) Act included passage of the Home Health Care Planning Improvement Act, allowing NPs, clinical nurse specialists (CNSs), and certified nurse midwives to order home health services for Medicare patients without physician approval, consistent with state law. (Additionally, the law reauthorized Title VIII Nursing Workforce Development Programs.)

The Medicare statute previously stipulated that only physicians could certify or order home health services.

This meant that an APRN had to find a physician to document that a face-to-face assessment had taken place, and have the physician certify and recertify the patient's eligibility for home care services. APRNs who are healthcare providers for patients in the Medicare home healthcare program couldn't initiate, certify, or re-certify that a patient is eligible for Medicare home health services without obtaining a physician signature.

The timing of the CARES Act came as hospitals faced bed and staffing shortages because of COVID-19.

"If the physician couldn't sign the patient's care plan in a timely manner, or until after the home health agency closed, that bed got held up until the following day," said Sean DeGarmo, PhD, RN, ENP-BC, FNP-BC, ACNS-BC, director, APRN Initiatives, American Nurses Credentialing Center. "That would create a logjam of patients waiting to be discharged and hold up patients coming out of the ICU or step-down unit who needed a bed."



Sean DeGarmo

ANA and its constituent and state nurses associations, along with its specialty nursing affiliates and other nursing organizations, worked hard to gain support for the legislation and have advocated for many years to remove APRN scope of practice barriers. Nursing organizations argued that restrictions prevented APRNs from practicing within their full scope and education, knowledge, and skills and also impeded patient care. For example, at a 2019 Hill Day event and during subsequent grassroots efforts, 2,946 advocates sent 9,319 letters to Congress. Ultimately, the CARES Act had strong bipartisan support, which led to its passage. The pandemic increased the obstacles to patient care, which drove greater advocacy.

Improving access to care

In areas where physician access is limited, outdated restrictions have led to delays in healthcare delivery, inconveniencing patients and their families. Additionally, delays can increase costs to the Medicare system when patients are unnecessarily kept in more expensive settings.

For some homebound patients, having to see a physician in person can exacerbate existing health issues. "Our patients are homebound for different reasons," said Ron Ordon, DNP, FNP-BC, who works at Senior Care Clinic House Calls in Lincoln, California. "For a patient with dementia, taking them away from familiar surroundings can be traumatic. They get



confused and want to go home or back to their care unit.” Getting their care certified by their home health NP removes these obstacles.

“Now, with COVID-19, the whole population faces the same challenges as homebound patients,” Ordona said. “It’s hard for them to go to their primary care physician’s office, or they don’t want to go to the hospital.”



Ron Ordona

The legislation has streamlined the work of Lori Boyle, MSN, APN, WCC, CWS, who practices at Associates in Vascular Care in Middletown, New Jersey, with just one surgeon.

“The majority of my patients don’t need to see the physician but would have to make a trip to the office just to get their care certified,” said Boyle, a New Jersey State Nurses Association member. “The ability to order home care on my own has made the biggest difference in my practice. It’s far more convenient for the patients and the physician.” She added that with COVID-19, many physicians are stretched to their limits. Removing this barrier to full practice for APRNs lightens their load.



Lori Boyle

Streamlined continuation of care also can prevent additional complications and trips to the hospital. “I had a case where a patient needed to be signed into hospice on a Friday night,” Ordona said. “We could not get a physician signature, so the patient ended up in the ED.”

The passage of this federal measure is a big win, but the fight isn’t over. Full practice authority is a state issue and each state has varying regulations, which can cause confusion.

“California, where I am, is not a full practice authority state,” Ordona said. When one home health agency refused to allow him to order care, he had to contact the state department of health for assistance. “I’ve heard similar stories from colleagues in other states,” he said.

Despite these frustrations, APRNs are confident that the new law will strengthen their case for full practice authority nationwide. “One advantage the NP has is that we come from a strong nursing background, so we’re used to that continuity of care,” Boyle said. “We know what the patient needs, and when we can just order it and get it without an extra step, it’s efficient, it’s cost efficient for the patient and the insurance companies, and it’s holistic. Being able to provide the whole spectrum of care like that is wonderful.”



The pandemic has demonstrated the value of RNs and APRNs across the healthcare system. ANA policy leaders are making a powerful case for permanent changes to expand patient access to APRNs. Action by the Centers for Medicare & Medicaid Services (CMS) indicates that Medicare leaders are listening to nurses, with some success in the physician payment rule for 2021, which removed federal restrictions on APRN supervision of diagnostic tests. CMS continues to review unnecessary barriers and craft potential regulatory relief.

— Elizabeth Moore is a writer at ANA.

APRN resources

COVID-19 video education: These webinars are also available as 6- to 7-minute videos.

- **COVID-19 in Non-Acute Care Settings: Hard-Earned Lessons from Two APRNs on the Frontlines** (nursingworld.org/non-acute-care-lessons-learned-webinar)
- **Caring for COVID-19 Patients: Disease Progression and Nursing Interventions You Need to Know** (nursingworld.org/disease-progression-interventions)

The American Nurses Credentialing Center Certification Program (nursingworld.org/our-certifications) offers programs for NPs and CNSs.

APRN Pharmacology Today (nursingworld.org/continuing-education/online-courses/) covers APRN topics including the recently updated modules on hypertension, dyslipidemia, and opioids.

Nurse-led national commission examines racism in nursing

Leading nursing organizations convened for the inaugural meeting of the National Commission to Address Racism in Nursing. To motivate all nurses to confront systemic racism, the commission will examine the issue within nursing nationwide and describe its impact on nurses, patients, communities, and healthcare systems.

The commission is led by the American Nurses Association (ANA), National Black Nurses Association, National Coalition of Ethnic Minority Nurse Associations, and National Association of Hispanic Nurses. The commission members and organizations represent a broad continuum of nursing practice, ethnically diverse groups, and regions across the country.

Member organizations of the National Commission to Address Racism in Nursing

American Academy of Nursing
 American Association for Men in Nursing
 American Association of Colleges of Nursing
 American Nurses Credentialing Center
 American Nurses Foundation
 American Organization of Nursing Leadership
 ANA Eastern Region of Constituent and State Nurses Associations
 ANA Midwestern Region of Constituent and State Nurses Associations
 ANA South Eastern Region of Constituent and State Nurses Associations
 ANA Western Region of Constituent and State Nurses Associations
 Asian American/Pacific Islander Nurses Association
 Chi Eta Phi
 Minority Fellowship Program at the American Nurses Association
 National Alaska/Native American Indian Nurses Association
 National Association of Licensed Practical Nurses
 National League for Nursing
 Organization for Associate Degree Nursing
 Philippine Nurses Association of America
 The Minority Nurse

As of February 8, 2021

The commission aims to lead a national discussion by exploring the experiences of nurses of color to understand the impact of systemic racism and to develop an action-oriented approach across the spectrum of education, practice, policy, and research.

“Racist attitudes, bias, stereotypes, and behaviors against nurses and nursing students of color have absolutely no place in nursing and are a direct contradiction to the core values and the *Code of Ethics for Nurses*. We know that the issue of racism in nursing is a persistent stain on our profession that directly impacts the quality of care for the patients and communities that we serve.



Ernest Grant

“Through this important and long overdue work, we can truly begin to describe and to understand what racism looks like within nursing as a starting point toward progress to meaningful changes. I am confident that this commission is the right group to do this because of the diverse perspectives and—most importantly—the lived experiences that we all bring to the table.”

— ANA President Ernest J. Grant, PhD, RN, FAAN

“The profession of nursing has a long history of institutional inequities, classism, and racism as evidenced by the low percentage of non-White nurses and less than 1% of the deans and chief nursing officers coming from diverse backgrounds. As prolific researchers and writers, nurses discuss diversity, healthy work environments, anti-bullying, interprofessional collaboration, patient-centered care, and inclusivity, but where are the scope and standards of practice against racism?



Martha Dawson

“Change starts with leadership, and too many of our nurse leaders are uncomfortable with open dialogue about racism, sexism, and classism, which means they have to examine their own practices and commit to healing and leading differently. For too long, our profession has treated racism as a small, localized abnormality when it is an open wound. Nurses know that a sterile bandage will not remove infection.

“In 2020, the Year of the Nurse, COVID-19 pandemic, social injustices and unrest, and the recent assault on the U.S. Capitol [in 2021] all point to one defining moment and that is change must come. Nursing has the opportunity to look in, lean in, and change our profession. It is not enough to be the most ‘trusted;’ we must become true healers and heal ourselves. This National Commission is committed to real change.”

— Martha A. Dawson, DNP, RN, FACHE, President and CEO, National Black Nurses Association

“We have observed our own healthcare professionals and frontline nurses bravely battle COVID-19 for months. Many have lost their lives and others continue to risk their health. Now the exponential effects of racist behavior as expressed by people who are supposed to protect lives and allow for the enjoyment of a democratic society, have rattled the very foundation of a humane society.



Debra Toney

“Our country is in a state of turmoil and an unending crisis that contributes to our long-term physical and mental health. Immigrants are detained and their children kidnapped, Asian Americans are attacked and blamed for the coronavirus, Native American women are kidnapped or murdered and their perpetrators are never brought to justice, and people of color are not protected by the laws of this land.

“As nurses, we call on all healthcare professionals to declare a state of public health emergency to address these social ills and move this country toward true equality. NCEMNA stands in solidarity with those seeking justice, equity, and peace for all people. As nurses, we promote the celebration of diversity, understanding, compassion, and equality for all. We challenge the nursing profession to make changes at all levels in education, practice, research, and policy to break down structural racism and discrimination.”

— Debra A. Toney, PhD, RN, FAAN, President,
The National Coalition of Ethnic Minority
Nurse Associations

“Racism within nursing has left lasting impacts on generations of nurses and continues to manifest as structural, institutional, systemic, and interpersonal racism in nursing and our society. The nursing profession, for decades, has attempted to launch and support efforts around ‘diversity,’ ‘equity,’ and ‘inclusion,’ but these initiatives make slow progress and do not specifically address the racism and racist policies that are steeped in the nursing profession. This inaction directly affects nurses of color, primarily Black, Brown, and Indigenous nurses, and creates barriers for entering, practicing, and pursuing leadership and research roles within the nursing profession.

“In addition, this Commission must address various forms of how racism manifests including colorism,



Daniela Vargas

microaggressions, White supremacy or White pathology, White dominant culture, and White privilege as well as how racism directly reveals itself as anti-Black and anti-Indigenous within all ethnic groups. There must be a centering of the lived experiences of nurses of color, especially Black, Brown, and Indigenous nurses, who historically have not had the opportunity to have their voices or lived experiences around racism acknowledged and affirmed. With 2020 and 2021 being the Year of the Nurse and Midwife, we must hold our profession accountable for its role in racism and racist policies to purposefully work towards educating nurses to be antiracist and promote antiracist policies within nursing.”

— Daniela Vargas, MSN, MPH, MA-Bioethics, RN, PHN,
National Association of Hispanic Nurses Policy and
Advocacy Committee Member

A July 2020 American Nurses Foundation survey of more than 10,000 nurses found that Black and Hispanic/Latino nurses were more likely to be in roles providing direct care to patients with COVID-19 than White nurses (58% and 63% vs. 49%), and twice as likely to have been diagnosed with COVID-19 (10% and 11% vs. 5%).

Racism is a public health crisis that impacts a person’s mental, spiritual, and physical health as well as overall quality of life. Racism in the nursing profession doesn’t align with the *Code of Ethics for Nurses with Interpretive Statements*, which obligates all nurses to be allies and to advocate for and speak up against racism, discrimination, and injustice. In addition to longstanding experiences with racist attitudes and behaviors in the workplace, nurses of color aren’t exempt from the longstanding disparities and inequities in healthcare or feeling the brunt of the persistent COVID-19 pandemic. A July 2020 American Nurses Foundation survey of more than 10,000 nurses found that Black and Hispanic/Latino nurses were more likely to be in roles providing direct care to patients with COVID-19 than White nurses (58% and 63% vs. 49%), and twice as likely to have been diagnosed with COVID-19 (10% and 11% vs. 5%).

The commission will meet monthly to explore and understand the issues of systemic racism within nursing through varied insights and perspectives to include subject matter experts and scholars on the issue. Later this year, the commission will host a virtual summit focused on activism and publish findings and a set of priority recommendations to address racism in nursing.

Honoring, supporting, and advocating for nurses

Here are some of the ways the ANA Enterprise is working on behalf of RNs to address COVID-19, recognize nurses, offer educational events, and provide advocacy updates.

COVID-19 advocacy and resources

The American Nurses Association's (ANA's) Capitol Beat blog, which delivers updates about ANA's legislative and regulatory advocacy, is reporting on the Biden Administration's swift action to address the COVID-19 public health and economic crises. ANA will continue to work with policy makers to address the needs of nurses and patients. ANA's legislative agenda calls for specific steps to address nurses' mental health, provide hazard pay, institute a moratorium on nurses having to use paid time off when they contract COVID-19, and invest in public health infrastructure and workforce. Read more at anacapitolbeat.org.



ANSWERS TO QUESTIONS

on COVID-19 vaccines for healthcare providers

ANA has partnered with various groups to promote understanding about COVID-19 vaccines. The Ad Council and the COVID Collaborative have released a video series designed to address healthcare professionals' questions about COVID-19 vaccination. The video series was developed in collaboration with the Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, National Institute of Allergy and Infectious Diseases, and top health and medical institutions, including ANA.

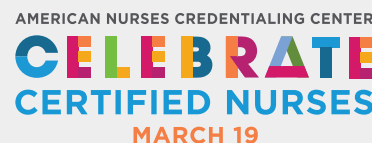
The videos include experts from a diverse coalition sharing information on COVID-19 vaccine development and safety, including ANA President Ernest Grant, PhD, RN, FAAN; National Black Nurses Association President Martha Dawson, DNP, RN, FACHE; and ANA Board Member Jennifer Gil, MSN, RN.

The videos are available at the COVID-19 Vaccine Education Effort: Content for Healthcare Providers (youtube.com/playlist?list=PLdSSKSOSBh4mcQbLKONnLo8iP5TNqUCOf) and the toolkit at adccouncil.app.box.com/s/Oh09rpgb0lu9tzzxn713s1gslrpxj286.

In addition, ANA and the American Society of Health System Pharmacists have partnered to offer fact-based vaccine FAQs. Learn more at ANA's COVID-19 Resource Center and ANA's COVID-19 vaccine FAQ page at nursingworld.org/coronavirus.

Recognizing nurses

Each year, the ANA Enterprise recognizes Certified Nurses Day™ on March 19, celebrated on the birthday of Margretta "Gretta" Madden Styles, EdD, RN, FAAN, a renowned pioneer and expert in nurse credentialing. It's the perfect opportunity to invite all nurses to advance their career by choosing certification. The American Nurses Credentialing Center provides free downloadable tools and celebration ideas at certifiednursesday.org.



Plan ahead to celebrate Nurses Month 2021 in May, an opportunity to recognize nurses all month long with the theme "You Make a Difference." For the second year, Nurses Month is an expanded observance that builds upon National Nurses Week, traditionally May 6-12, into a month-long observation. Each week will have a different focus:

- Week 1: Self-care
- Week 2: Recognition
- Week 3: Professional development
- Week 4: Community engagement.

Join us for the free Nurses Month webinar, "Redefining nursing—Reaffirming our practice: Introducing the *Nursing: Scope and Standards of Practice*, 4th Edition," on May 19 (anayearofthenurse.org/nurses-month-webinar/). Visit anayearofthenurse.org to download the Nurses Month toolkit, which includes logos to use on social media, promotional materials, and recognitions and activities.

Call for Virtual Special meeting of the ANA Membership Assembly

This notice constitutes the official call of a 2021 Virtual **Special Meeting** of the ANA Membership Assembly scheduled for Tuesday, March 23, 2021, from 5:30 PM to 7:30 PM ET, in accordance with Article III, Section 8.a of the ANA Bylaws. The meeting's purpose is for representatives to consider proposed amendments to the ANA Bylaws, submitted by the ANA Board of Directors and approved by the Committee on Bylaws.

The proposed amendments are posted on the Membership Assembly meeting space on nursingworld.org.

ANA will provide a mechanism to attend the meeting "by means other than a face-to-face meeting" in accordance with Article III, Section 8.e. Information on how to connect to the meeting electronically will be provided no later than March 15, 2021.

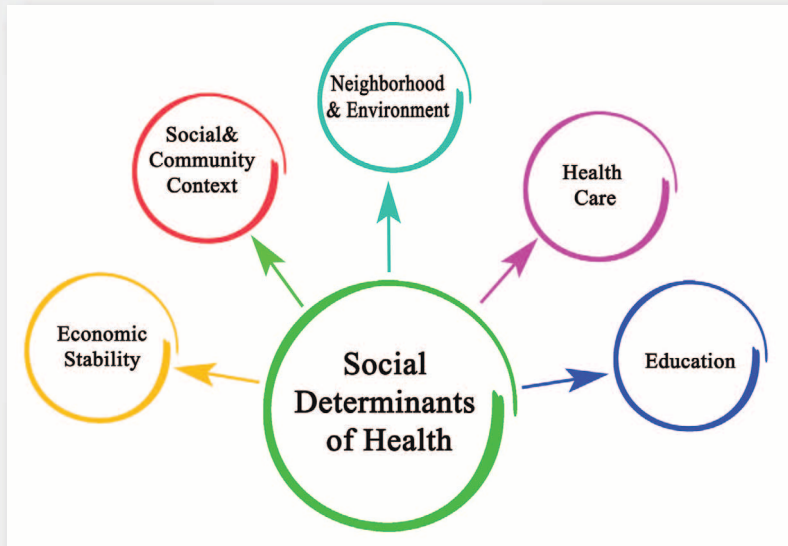
Social determinants of health and COVID-19

To: Ethics Advisory Board

From: Student nurse

Subject: Social determinants of health

I'm a nursing student, and my instructor has been talking about social determinants of health and how nurses have an ethical obligation to improve the health of communities and populations. Can you help me understand why?



From: ANA Center for Ethics and Human Rights

Social determinants of health encompass the conditions in which people live, learn, work, play, worship, and age. These conditions are pivotal in determining a person's quality of life and health status. Research has found that where you live—your Zip Code—may be more important than your genetic code. The community where you live has a profound impact on whether you and the people in your neighborhood are healthy.

We know that health and long life require access to affordable, quality healthcare, but they also require access to healthy food, quality schools, affordable housing, and jobs that provide the resources necessary to prevent illness and live a meaningful life. If these basic necessities are lacking in a community, its health will suffer.

Many of the social determinants of health—poverty, homelessness, race, ethnicity, and lifestyle choices, such as smoking—can influence outcomes for patients with COVID-19. We know that low-income communities have higher mortality rates when compared with more affluent communities, smokers are more likely to have severe symptoms, and children who depend on free lunch programs suffer from

hunger during school closures. These are just some examples.

Provision 8 in the *Code of Ethics for Nurses with Interpretive Statements* (nursingworld.org/coe-view-only) states that “health is a universal human right. This right includes access to healthcare, education, food security, immunizations, and basic sanitation. Nurses understand that the lived experiences of inequality, poverty, and social marginalization contrib-

ute to the deterioration of health.” Provision 8 also instructs nurses to address social determinants of health such as poverty, hunger, access to nutritionally sound food, and education. It's critical for nurses to identify issues that impact the health of communities and their populations. Health equity is essential: People should be able to be healthy and thrive in every community—not just some. Confronting the social determinants of health may prevent or minimize the impact of illnesses or health conditions on populations.

Provision 8 guides nurses to measure the burden that a community carries due to social determinants of health and to improve the conditions of daily life in the community. Nurses can educate the public about health inequalities by participating in community organizations and groups.

They can teach individuals and communities about healthy lifestyles and preventive care, including the importance of vaccination. Specifically, nurses can seek to alleviate COVID-19 vaccine hesitancy by providing access to credible information about authorized vaccines and how to get them. But most important, all nurses should engage in collaborative efforts with community stakeholders to influence public policy that promotes and protects the health of individuals, communities, and populations.

— Response by Elizabeth Swanson, DNP, MPH, APRN-BC,
member of the ANA Center for Ethics and
Human Rights Advisory Board.

References

Abrams EM, Szeffler SJ. COVID-19 and the impact of social determinants of health. *Lancet Respir Med*. 2020;8(7):659-61. doi:10.1016/S2213-2600(20)30234-4

Registered Nurses Association of Ontario. Social determinants of health. rnao.ca/policy/projects/social-determinants-health

Robert Wood Johnson Foundation. Achieving health equity. rwjf.org/en/library/features/achieving-health-equity.html

Do you have a question for the Ethics Inbox?
Submit at ethics@ana.org.

New grant promotes nurse and pharmacist teamwork

Nurses with visionary ideas about partnering with pharmacists to optimize medication use and improve patient outcomes may be interested in applying for a new grant.

Up to \$75,000 in research support is available through Collaborative Care Grants for Nurses and Pharmacists. This competitive annual grant was launched by the American Nurses Foundation and the ASHP Foundation, the philanthropic arm of the American Society of Health System Pharmacists (ASHP).

“We are pleased to offer this funded research opportunity to spur the development of new solutions in patient care and grateful to the American Nurses Credentialing Center for supporting this grant,” said Kate Judge, American Nurses Foundation executive director. “Nurses and pharmacists working together will generate new innovation and sustainable improvements in care.”

Paul W. Abramowitz, PharmD, ScD (Hon.), FASHP, chief executive officer of ASHP and an American Nurses Foundation board member, was first to suggest that the organizations offer Collaborative Care Grants to build new partnerships around interprofessional care. “The successful collaboration between nurses and pharmacists is essential to optimize patients’ medication use and improve their health outcomes,” Abramowitz said. “It is critical that we establish evidence-based models that support our joint efforts to deliver seamless transitions of care; identify and resolve barriers to medication effectiveness, adherence, and access; and boost health literacy.”

Collaborative Care Grants will be awarded to nurses and pharmacists as co-principal investigators. Proposals may focus on innovating or evaluating new services or technologies to minimize barriers to care for various populations, such as at-risk or complex patients from underserved communities, or individuals who are elderly, have comorbidities, or require chronic care. Grants also may focus on complex systems and processes in emergency departments, transitions of care, continuums of care, or preventative care.

Priority will be given to research that measures teamwork and explores ways to decrease patient harm, increase patient care involvement, improve care transitions, reduce hospital admissions, improve quality of life and resource use for patients with multiple comorbidities, and minimize barriers to care.

More information about grant applications, due May 3, 2021, is available on the Foundation’s website (nursingworld.org/foundation/programs/nursing-research-grants/) and via a March 23 application webinar.



Supporting nurses now

When the pandemic first gripped our nation in April 2020, the American Nurses Foundation launched the Coronavirus Response Fund for Nurses to support nurses with direct financial assistance, mental health and educational resources, and advocacy efforts.

With the generous financial support of corporate and individual donors, the Foundation has made significant strides in helping nurses by:

- supporting over 50,000 nurses through our Well-Being Initiative (nursingworld.org/thewellbeinginitiative), which includes a variety of programs that help nurses process and heal from the trauma of this pandemic
- providing \$2.35 million in financial aid to over 2,000 nurses across 45 states
- enabling over 70,000 nurses to obtain mental well-being support using apps, meditation tools, journaling, and mental health webinars
- sponsoring a COVID-19 webinar series to support nurses’ education, which has over 185,000 views to date
- launching the Pulse on the Nation’s Nurses Survey Series (nursingworld.org/covid-19-survey-series-results) to learn how to best help nurses through the pandemic, with topics on mental well-being, financial stress, working conditions, access to personal protective equipment, and COVID-19 vaccines (the final comprehensive survey will evaluate the collective impact of COVID-19 on nurses)
- providing a major grant to the TriCouncil for Nursing (the American Nurses Association [ANA], American Association of Colleges of Nursing, American Organization for Nursing Leadership, the National Council of State Boards of Nursing, and the National League for Nursing) to create an advocacy blueprint for post-COVID-19 nursing issues.

In 2021, the Foundation will continue working with ANA and our specialty nursing organization partners to expand programs and resources. Learn more at nursingworld.org/foundation/programs/coronavirus-response-fund.