

Empowering nurses to lead



ANA Policy, Innovation & Advocacy Virtual Forum

■ Staffing crisis ■ Informed consent

Innovating for the future

Forum highlights nurses' role in reimagining healthcare and nursing practice

By Genna Rollins

Nurses excel at adapting to changing circumstances on the frontlines of patient care. With that in mind, speakers at the American Nurses Association's (ANA) Policy, Innovation, and Advocacy Virtual Forum, "Empowering Nurses to Lead," emphasized that the COVID-19 pandemic has intensified demands to find solutions in the moment to novel, complex, and quite challenging issues.

That nurses have done so ably poses a unique opportunity for them to accelerate creative problem-solving, advance public policy that supports their priorities, and reshape healthcare delivery and nursing practice and education, according to the event's presenters.

"We're at an inflection point right now," said Judith Persichilli, MA, BSN, RN, commissioner of the State of New Jersey Department of Health. "Through this pandemic, nursing—the most trusted profession—has come out even higher ... We can use everything that we've learned to change the economic and operational model of nursing into the future." Persichilli spoke as part of a five-person panel that explored how nurses have responded to the pandemic.

Speakers throughout the day-long event, which took place on September 14 with support from the Irma Lou Hirsch Leadership in Practice and Policy Endowment at the American Nurses Foundation, echoed this sentiment.

"I want you to download a whole new version of nurses, the post [COVID-19] version of nurses," said keynote speaker Shawna Butler, MBA, RN, a nurse economist and host of the See You Now podcast. "Update your mental icons of what nurses do, have been doing, and can do ... double-click on nurses as partners in health transformation and policy formation."



Shawna Butler

Mary Wakefield, PhD, RN, FAAN, visiting professor at the University of Texas Austin School of Nursing, visiting distinguished professor at Georgetown University, and member of the North Dakota Nurses Association, emceed the forum, which featured more than 30 speakers across 12 sessions. ANA Enterprise



Mary Wakefield

CEO Loressa Cole, DNP, MBA, RN, FACHE, NEA-BC, and ANA President Ernest J. Grant, PhD, RN, FAAN, welcomed attendees. Grant noted that the program would spotlight "the incredible leadership of nurses and their roles in driving health policy," as well as nurse designers and innovators "creating new ways to approach our work and building new care models. The relevance of this content, at this time, cannot be stressed enough," he said.

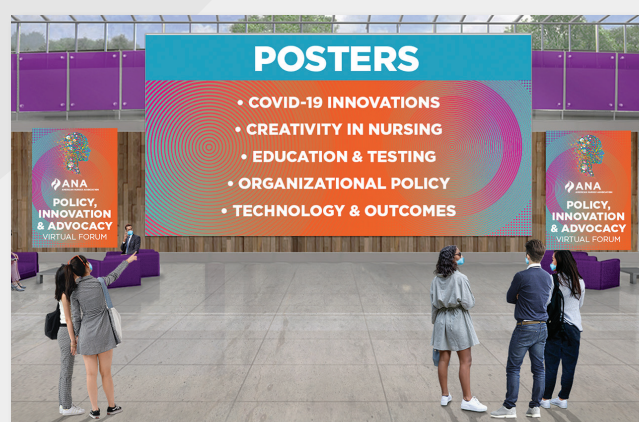


Loressa Cole



Ernest J. Grant

Presenters also urged nurses to tap deeper into their creative potential, prepare for long-duration efforts to accomplish their goals, and take part in a bold revision of nurse practice and healthcare. One session showcased three NursePitch™ innovations: Nurse Disrupted, Lavender, and the National Center for Complex Health and Social Needs. A partnership between ANA and HIMSS, NursePitch highlights new and original work led by nurses. Nurse Disrupted developed a turnkey video station—The Care Station—that connects clinics with remote providers to enable patients in vulnerable populations to access the clinical services they need. Lavender is a nurse-owned and nurse-led online psychiatry and therapy office. The National Center for Complex Health and Social Needs works closely with sites across the country to build competencies in and co-design models for caring for complex populations, such as individuals dealing with homelessness and substance abuse disorder.



Visitors to the Virtual Forum could access posters covering five subject areas.

Reaching vulnerable populations

Keynote speaker Rear Admiral Susan Orsega, MSN, FNP-BC, FAAN, FAANP, director of commissioned corps headquarters at the U.S. Public Health Service and a member of the Maryland Nurses Association, called for more nurse-led clinics as a means of engaging deeply with and improving health outcomes among vulnerable populations.



Susan Orsega

"All of us need to work across all sectors ... together in addressing chronic diseases, poor health habits, and the rise in unhealthy behaviors that are leading America down a path of reduced quality of life. These are small but powerful inroads in driving us toward a healthier nation," she observed.

Sheldon Fields, PhD, RN, CRNP, FNP-BC, AACRN, FAAN, FAANP, FNAP, associate dean for equity and inclusion at Penn State University and an ANA-New York member, laid out a panoply of actions for nursing schools and other organizations to take for meaningful progress toward diversity, equity, and inclusion; reduced health disparities; and improved health outcomes across society. "The way forward is through centering the work in health equity and anti-racism that nursing can and should be doing," he observed. "Nursing, of any profession, is in a unique position to put forth an anti-racist initiative that will help us to ensure diversity and impact our entire healthcare system."

New approaches to nursing education

The pandemic has made deep marks on healthcare, and a collaboration between ANA, Johnson & Johnson, and the American Organization for Nursing Leadership (AONL)—"Accelerating Nursing, Transforming Healthcare"—sought nurses' and nurse leaders' perspectives about how COVID-19 has driven change, factors that have enabled this change, and how to maintain and even accelerate this momentum.

One element should involve an expanded view of nursing education and professional pathways within nursing, according to ANA Enterprise Chief Nursing Officer/EVP Debbie Hatmaker, PhD, RN, FAAN, who spoke as part of a panel with Lynda Benton, senior director of global corporate equity and partnership at Johnson & Johnson Services, and Robyn Begley, DNP, RN, NEA-BC, CEO of AONL.

"The emphasis need not always be on keeping nurses at the bedside. There should be flexibility ingrained in education and



Debbie Hatmaker



ANA Enterprise products and services were available to Virtual Forum participants.

professional development so that nurses can intrinsically do more than one job and be placed in positions across the care continuum," she said.

New momentum for telehealth

The pandemic also has engendered changes and experimentation in public policy, such as expanded use of telehealth and movement toward full practice authority for advanced practice RNs (APRNs). Telehealth blossomed during the pandemic as many care sites closed and as patients and providers sought to minimize potential exposure to COVID-19. "It was utilized across every specialty ... acute, chronic, preventive health," said Kristi Henderson, DNP, NP-C, FAAN, FAEN, senior vice president of the Center for Digital Health, CEO of MedExpress at Optum Health/United Health Group, and a Texas Nurses Association member. She spoke along with Antonette Montalvo, MSN, BA, PNP-BC, RN, owner of Antonette Montalvo Consulting and Coaching Services, during the session, "Transformation Across Virtual Care and Telehealth."

"We really truly had a shutdown of our health system and used [telehealth] for everything," Henderson said. This trial by fire demonstrated many ways telehealth could be used effectively, she added. From this COVID-19-inspired opening, she sees a dramatic rethinking of the role telehealth might play going forward—and a crucial opportunity for nurses. "We could connect people in a way we were never able to before because they were in one physical location and only the people that were in that clinic could help that individual. Now we're able to bring in ... care teams across the spectrum."

Nurses, Henderson added, "know how the flow needs to be from a patient's perspective. They've been the ones with these deep relationships to understand readiness of individuals to accept [the use of telehealth]. So nurses having a voice in designing [this new paradigm] is incredibly important."

A long policy and advocacy journey

The pandemic also led many states to temporarily waive or suspend practice collaboration, supervision, or protocol requirements. However, some already have reimposed restrictions while others didn't change their regulations, meaning the fight for full practice authority will go on. Speakers, including Minnesota State Senator and Minnesota Organization of Registered Nurses member Erin Murphy, MA, RN, FAAN, detailed the arduous process of achieving legislative and policy wins on this issue and others.

Murphy, who served 12 years in the Minnesota House before being elected as senator, described her initial attempt in the House to change licensure laws and scope of practice regulations as a “miserable failure.” However, assembling a “broad and strong” coalition of APRNs, sharing research findings demonstrating the safety of APRN care models, and working diligently through the legislative process led to passage of full practice authority laws in Minnesota in 2013, she explained.

“This is a really powerful story of the value of nurses coming together around an idea ... a proof point that when we are organized together, when we use the good data and research that we generate ourselves, and when we have a compelling reason that is in the interest of the public, we can make real significant change,” Murphy asserted. She spoke as part of a five-person panel on “Advancing Innovation in Health Care: Partnerships to Achieve Shared Goals.”

Collective action to influence policy

Speakers throughout the day emphasized the power of nurses acting collectively to advance policy and innovation priorities. For instance, Winifred Quinn, PhD, director of advocacy and consumer affairs at AARP's Center to Champion Nursing in America, not only encouraged nurses to work in coalitions but also “to think about and verbalize really what the outcomes of the policies are on the patient and the family that they're advocating for,” she suggested. “The more that nurses can speak to what the outcomes of their requests are the more powerful argument they could make to policymakers.” Quinn, joined by Jean Moody-Williams, MPP, RN, deputy director of the Center for Clinical Standards and Quality at the Centers for Medicare & Medicaid Services, addressed Medicare and Medicaid issues.

The pandemic has already and continues to change so many aspects of healthcare that speaker Natalie Davis, CEO of United States of Care, called for a COVID-19 Commission modeled after the September 11 Commission to describe not only “lessons we have learned from this pandemic and how can we be better prepared for a pandemic, but also how we can use this moment to build back stronger.”



She added, “We have a real responsibility as a country to build our healthcare system to work better for providers and nurses.” Davis was part of the panel on “Advancing Innovation in Health Care: Partnerships to Achieve Shared Goals.”

Across the day's lineup, the presenters emphasized this pivotal moment of change and exceptional opportunity for nurses to envision and enact innovations for the benefit of their patients and practice. Though doing so might seem daunting, speaker Lori Skinner, DNP, RN, clinical innovation portfolio manager at Medica, encouraged nurses to persevere.

“Innovation can be messy and ... sometimes overwhelming, and a little scary to get into,” she acknowledged as a member of the panel along with Murphy and Davis. The fear comes from doing a considerable amount of work then perhaps having to redo it. However, she noted, “A key point is when you evaluate and say, ‘It's okay. We're going to rip it up and start over again.’ And the next model might be even better.”

— Genna Rollins is a writer-editor at ANA.

ANA resources

Policy, Advocacy, and Innovation Virtual Forum
ana-events.org/PIAForum

Practice and Policy
nursingworld.org/practice-policy

ANA Enterprise Innovation
nursingworld.org/practice-policy/innovation

Advocacy
nursingworld.org/practice-policy/advocacy

See You Now Podcast
anayearofthenurse.org/podcast/

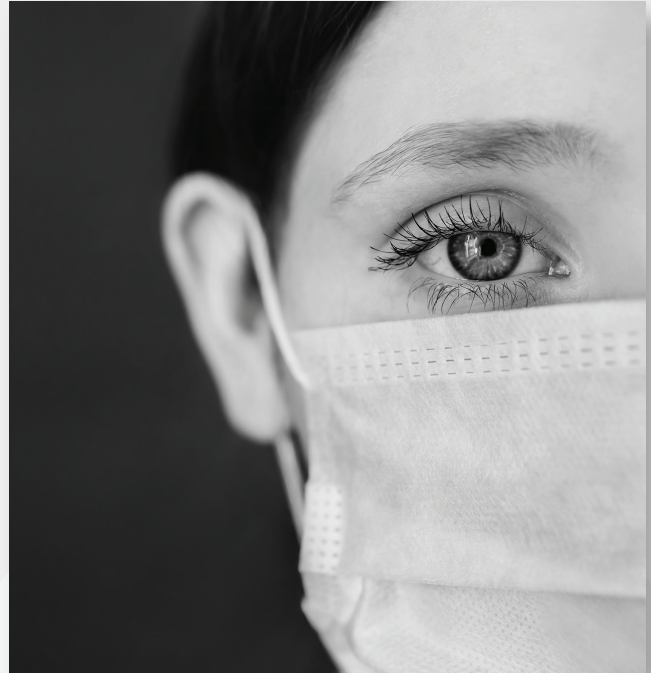
ANA urges HHS to declare nurse staffing shortage a national crisis

The American Nurses Association (ANA) urged the U.S. Department of Health and Human Services (HHS) to declare the current and unsustainable nurse staffing shortage facing our country a national crisis. In a letter to HHS Secretary Xavier Becerra on September 1 (tinyurl.com/3b4swpdd), ANA called for the administration to acknowledge and take concrete action to address the current crisis-level nurse staffing shortage that puts nurses' ability to care for patients in jeopardy.

"The nation's healthcare delivery systems are overwhelmed, and nurses are tired and frustrated as the pandemic rages on with no end in sight. Nurses alone cannot solve this longstanding issue and it is not our burden to carry," said ANA President Ernest J. Grant, PhD, RN, FAAN. "If we truly value the immeasurable contributions of the nursing workforce, then it is imperative that HHS utilize all available authorities to address this issue."

The letter points out that the Delta variant is causing cases to soar, overrunning hospital and staff capacity, and that the current circumstances have only exacerbated underlying, chronic nursing workforce challenges that have persisted for years. The letter identified nursing staff shortages and related challenges across the country, noting instances in Mississippi, Tennessee, Texas, Louisiana, and Nebraska. ANA calls on the administration to deploy these policy solutions to address the dire nurse staffing shortage crisis. HHS must:

- Convene stakeholders to identify short- and long-term solutions to staffing challenges to face the demand of the COVID-19 pandemic response and to ensure the nation's healthcare delivery system is best equipped to provide quality care for patients and prepared for future challenges.
- Work with the Centers for Medicare and Medicaid Services (CMS) on methodologies and approaches to promote payment equity for nursing services and remove unnecessary regulatory barriers to APRN practice.
- Educate the nation on the importance of COVID-19 vaccines and provide resources for widespread administration of the vaccines and any subsequent boosters.
- Sustain a nursing workforce that meets current and future staffing demands to ensure access to care for patients and prioritize the mental health of nurses and other health professionals.
- Provide additional resources, including recruitment and retention incentives, that will attract students to the nursing profession and retain skilled nurses to meet the demands of patient care.



"ANA stands ready to work with HHS and other stakeholders on a whole-of-government approach to ensure we have a strong nursing workforce today and in the future," Grant said. "Our nation must have a robust nursing workforce at peak health and wellness to administer COVID-19 vaccines, educate communities, and provide safe patient care for millions of Americans. We cannot be a healthy nation until we commit to address underlying chronic nursing workforce challenges that have persisted for decades."

How you can help

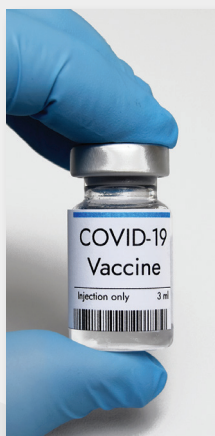
ANA's RNAction.org is urging nurses to contact their representatives in Congress to tell their lawmakers about the nursing shortage and what they're enduring. As the pandemic exhausts the nursing workforce to its breaking point, nurses need Congress to act now to prioritize nurses by investing in pandemic preparedness and addressing the immediate and long-term nursing shortage crisis.

The full impact of nurses suffering from fatigue, burnout, and other mental health challenges as they continue to work on the frontlines of care has not yet been seen. Some nurses have chosen to resign in self-preservation, which places an even greater burden on the nursing workforce and the healthcare delivery system.

Visit p2a.co/5KQlvuB to send a customizable email to your officials. Encourage your colleagues, friends, and fellow nursing advocates to do the same.

Nurses prioritized for Pfizer booster shots

The American Nurses Association (ANA) hailed the September 24 decision of the U.S. Food and Drug Administration and U.S. Centers for Disease Control and Prevention to include nurses and other health-care professionals who have received Pfizer-BioNTech's COVID-19 vaccine among those prioritized to receive a booster shot 6 months after their primary series. The agencies based their decision on emerging evidence that indicates a COVID-19 vaccine booster shot can enhance protection against the virus to prevent serious complications and hospitalizations.



In a July 2021 survey of more than 4,500 nurses nationwide conducted by ANA in conjunction with the COVID Vaccine Facts for Nurses campaign, 85% of respondents said they were willing to get a booster shot of the COVID-19 vaccine. In addition to recommending that nurses be prioritized to receive COVID-19 vaccine boosters, ANA calls for nurses to be included in planning efforts to administer boosters and have access to up-to-date resources and education. ANA anticipates actions related to approval of boosters for the two other authorized COVID-19 vaccines and additional guidance on the administration of booster doses.

Get on board with Flu Shot Fridays

The American Nurses Association (ANA), in collaboration with Sanofi Pasteur, the global vaccines division of Sanofi, and actress Jennifer Grey, have launched Flu Shot Fridays, a national flu vaccination campaign. The campaign encourages everyone 6 months and older with rare exception to get vaccinated, focusing specifically on adults 50 years of age and older as well as people living with chronic health conditions.

"The flu vaccine is one of our best defenses to prevent transmission of influenza this fall," said ANA President Ernest J. Grant, PhD, RN, FAAN. "It's as important as ever to get vaccinated to prevent the flu and reduce the burden on our healthcare systems. All healthcare professionals and every-



one eligible should get vaccinated against the flu."

The Flu Shot Fridays campaign provides information about who's at elevated risk for complications from the flu, answers frequently asked questions, and helps locate the closest flu vaccination site.

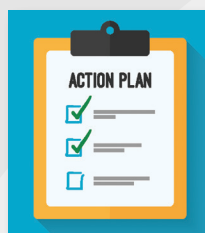
"With Flu Shot Fridays I am encouraging everyone, especially those most at risk of complications from the flu, to take the time—any day of the week—to speak to their health-care provider about getting a flu shot," Grey said.

Flu Shot Fridays is a national campaign supported by ANA, elevating the trusted voices of nurses to encourage flu vaccination. Learn more at FluShotFridays.com.

COVID-19 Action Plan focuses on vaccination

ANA supports the actions included in President Joe Biden's multi-pronged COVID-19 Action Plan, "Path out of the Pandemic" released September 9, in particular the new requirements and incentives to increase the vaccination rate and protect those who have been vaccinated.

"Nurses working in all roles and care settings are exhausted and frustrated about the impact of the 4th wave of COVID-19 with the burden of new cases, increased hospitalizations, and many deaths that could have been prevented by a greater acceptance of vaccines," said ANA President



Ernest J. Grant, PhD, RN, FAAN. "ANA supports the Biden administration plan to use every lever to increase the number of people vaccinated as the only way to get out of this crisis."

In July, ANA called upon all healthcare workers to be vaccinated. The administration's step to encourage employers to mandate COVID-19 vaccinations aligns with ANA's longstanding position on immunizations, which emphasizes that effective protection of the public health mandates all individuals receive immunizations against vaccine-preventable diseases. Read the plan at whitehouse.gov/covidplan.

Feeding tubes, advanced dementia, and informed consent

To: Ethics Advisory Board

From: Concerned skilled nursing facility nurse

Subject: Feeding tubes

I am an RN supervisor at a skilled nursing facility. Several patients here have advanced dementia and all of them have the same attending physician, who routinely orders feeding tubes when these patients become unable to feed themselves. I recently spoke with a patient's daughter who told me that back when her mother could make her own decisions, she said that she would never want a feeding tube. However, this physician told her that if she doesn't agree to the tube insertion, she will be "starving her mother to death." I'm concerned that she may not have all the information she needs to make an informed decision. How can I help her?



From: ANA Center for Ethics and Human Rights

You're right to be concerned that the patient's daughter doesn't have all of the information she needs to make an informed decision. Provision 2.1 of the *Code of Ethics for Nurses with Interpretive Statements* (the *Code*) (nursingworld.org/coe-view-only) provides that a nurse's primary commitment is to the recipients of nursing services. In this case, "recipients" would include both the patient and her daughter, who is acting as her mother's surrogate healthcare decision-maker due to the mother's lack of capacity.

Provision 1.4 of the *Code* states that patients have: (1) a legal and moral right to determine what can be done with their own person; (2) a right to accurate, complete, and understandable information; and (3) a right to be assisted in weighing the burdens, benefits, and options of treatment. This is what is meant by the

term "informed consent," which is clearly absent in this scenario. The *Code* goes on to point out that the role of a surrogate decision-maker is to decide based upon the patient's previously expressed wishes and known values. In this case, the surrogate knows what the patient has said but still needs the necessary information as to risks, benefits, and alternatives to give truly informed consent.

A larger issue also is in play here. Since this physician has a significant number of advanced dementia patients with feeding tubes, have these patients or their surrogates given informed consent? You describe the patient as unable to feed herself, so has there been any discussion of hand feeding or a swallowing evaluation? The *Code* provision 3.5 states that a nurse should be alert to and take appropriate action in all instances of unethical or illegal practice. The concern

in the case you describe goes beyond just this physician, as federal law governing the nursing home itself includes patients' rights to be advised of risks and benefits of proposed care, treatment alternatives, treatment options, and the right to make their own choices. Therefore, I urge you to inquire about the facility's informed consent policy and to share your concerns with your managers.

A wealth of available information exists about the pros and cons of tube feeding in advanced dementia. The American Nurses Association's position statement on nutrition and hydration at the end of life and the Alzheimer's Association position statement on feeding tubes in advanced dementia expound on this topic, and both cite additional helpful references.

— Response by Chris Wilson, JD, MS, RN, HEC-C, member of the ANA Ethics and Human Rights Advisory Board.

References

- Alzheimer's Association. Feeding issues in advanced dementia. 2015. alz.org/media/Documents/feeding-issues-statement.pdf
- American Nurses Association. Nutrition and hydration at the end of life. 2017. nursingworld.org/~4af0ed/globalassets/docs/ana/ethics/ps_nutrition-and-hydration-at-the-end-of-life_2017june7.pdf
- Legal Information Institute. Residents rights. law.cornell.edu/cfr/text/42/483.10

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

Survey findings reveal nurses are struggling

By Amy Hanley

Findings from the third mental health and wellness survey in the Pulse on the Nation's Nurses Survey Series expose the significant stress nurses continue to experience in their work and in their personal lives resulting from the COVID-19 pandemic.

The American Nurses Foundation (the Foundation), committed to understanding and addressing the pandemic's impact on the nation's nurses, launched the Pulse on the Nation's Nurses: COVID-19 Survey Series (nursingworld.org/covid-19-survey-series-results). Over the past 21 months, the Foundation has conducted 10 surveys focusing on core issues, including the adequacy and availability of personal protective equipment; nurses' well-being; the financial implications of the public health crisis; and nurses' knowledge, attitudes, and intentions regarding COVID-19 vaccinations.

The Foundation has released the findings of the third survey focused on emotional well-being and mental health, which builds upon surveys from June and December 2020. The third survey was conducted between August 20 and September 2. During that time, 9,572 nurses from all 50 states and the District of Columbia responded, sharing their experiences and state of emotional well-being and mental health.

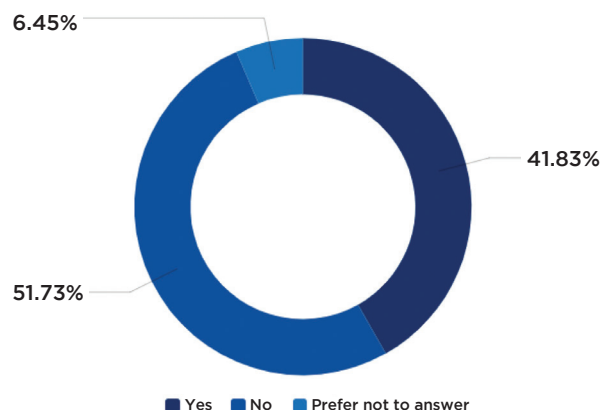


Survey findings

In this survey, most nurses reported feeling stressed (75%), frustrated (69%), exhausted (67%), overwhelmed (62%), or anxious (59%), with only one-third reporting having felt happy in the prior 14 days. Participants shared their deep sense of fatigue, being overwhelmed, and even feelings of despair, with comments such as "I'm just tired. Tired of getting up and doing it all over again. And I'm sad." Another nurse echoed, "In my 17-plus years of nursing I have never been so physically, mentally, and emotionally drained. The workload is tremendous" and "I used to be angry and sad about situations at work related to COVID-19. Now I feel numb to it ... which is almost worse."

Over 40% of nurses who responded to the survey reported having had an extremely stressful, disturbing, or traumatic experience as a result of COVID-19. Notably, more than one-third of respondents reported that they are not or not at all emotionally healthy.

Have you had an extremely stressful, disturbing, or traumatic experience due to COVID-19?



Moreover, nearly half (47%) of those who acknowledged experiencing a traumatic COVID-19-related event reported being not or not at all emotionally healthy.

Amid this pressure, nurses are striving to keep themselves well. In the survey, respondents also shared what has helped their mental and emotional well-being. Spending time with friends and family, spending time in nature or with animals, and receiving a COVID-19 vaccine were the strategies reported most commonly to have improved their well-being. A nurse shared, "I have a mental health lunch with a colleague twice a month. We talk about everything to relieve stress. It's very helpful."

As nurses' needs evolve, the Foundation will continue conducting informative surveys to ensure that the lived experiences of nurses are well-reported, in their own voices.

In addition, the Foundation continues to provide an array of free resources, designed by nurses for nurses, that support their mental health and emotional well-being in different ways. These resources are accessible on-demand and many can be used in brief interludes. The Foundation regularly updates this content based on nurses' strictly confidential and anonymous feedback. Visit the Well-Being Initiative for more information (nursingworld.org/thewellbeinginitiative).

Pulse on the Nation's Nurses: COVID-19 Survey Series is a national resource on the state of nursing for federal government agencies and health organizations. All results are public and provide informative comparisons of the pandemic's impact across age groups, race, professional roles, and U.S. states and the District of Columbia.

— Amy Hanley is a program manager at the American Nurses Foundation.