Report of the

Professional Policy Committee

2023

Dialogue Forum Recommendations

Membership Assembly

June 17, 2023

Grand Hyatt
Washington, DC

21 ## Report of the 2023 Professional Policy Committee

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23 Presented by: Mary Vitullo, MBA, MSN, RN, CV-BC, PCCN, NE-BC, CLSSBB

24 Chair, ANA Professional Policy Committee

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26 President Mensik Kennedy and ANA Membership Assembly Representatives:

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28 **Dialogue Forum #1: Virtual Nursing as a Practice Model Innovation.** This Dialogue Forum topic

29 was submitted by Maria Brown, MSN, RN, PCCN, CNL, and Dr. Michelle Collins, DNP, APRN, CNS,

30 ACNS-BC, NPD-BC, NEA-BC, LSSBB. Members of the Delaware Nurses Association.

31

32 **Issue Overview:**

33 Virtual acute care nursing (VACN) is a practice model innovation. Practice models with

34 standardized nurse-to-patient ratios are a concept of the past. Even before the COVID-

35 19 pandemic, the nursing profession was stressed in meeting staffing needs due to the

36 nursing shortage (Cloyd & Thompson, 2020). Nursing tasks such as assessments,

37 documentation, admissions, discharges, and patient education, in some capacity, can be

38 completed virtually from organizational hubs or alternate locations using bidirectional

39 audiovisual technology (Cloyd & Thompson, 2020). This innovation model improves

40 both patient health through direct contact at the touch of a button and nurse health by

41 alleviating the burden of the bedside nurse who is unable to complete all the assigned

42 and unpredictable tasks that occur in a shift. Redesigning workflow through use of a

43 VACN is a necessary practice model evolution.

44

45 **Summary of Dialogue Forum Discussion:**

46 - Many attendees spoke in favor of the recommendations as a mechanism to reduce the

47 workload burden of direct care nurses with virtual care nurses engaging in surveillance,

48 teaching, responding to patient and family questions. It was noted that we learned a lot

49 from COVID and how virtual nursing contributed to care delivery.

50 - These recommendations put nursing at the table with employers and vendors who are

51 rapidly moving into this virtual care space.

52 - As this work progresses, it will be necessary to identify policy safeguards so as not to

53 contribute to unintended disparities and harm to patients and nurses. Considerations

54 include:

55   o the interplay with nurse staffing requirements,

56   o impacts on the direct care nurses providing patient care,

57   o the workload of the virtual nurse,

58   o informed consent and other ethical implications,

59   o consideration for those who are aging or have disabilities that may make virtual

60   nursing challenging,

61   o funding and reimbursement to cover technology and nursing workforce costs,

62   and

63   o regulatory implications, such as licensure and malpractice, especially for any

64   care that crosses state borders.

- 65 • Several attendees raised concerns about the potential use of artificial intelligence (AI) in
- 66 the space of virtual nursing. Need to be clear about when AI is used versus a human
- 67 being. In addition, concern was raised about nursing judgement regarding over-riding
- 68 algorithms.
- 69 • Attendees spoke to the need to "get ahead of this" and that "nurses must work together
- 70 to determine what nurses need to create a product [process] that supports nurses and
- 71 positively impacts their workflow." Without a policy in place, ANA doesn't have a
- 72 platform to engage in virtual nursing as a practice model. This discussion must "engage
- 73 bedside nurses in decision making."
- 74 • One attendee noted that "there is limited evidence in this space where numerous
- 75 organizations are piloting and expanding this technology."
- 76 • Multiple attendees expressed that the use of virtual nurses should be considered in
- 77 addition to the direct care nurse and not a replacement for direct care nurses.
- 78 • It was noted that this is a "modality" for supporting nursing care and may not be a
- 79 specific role.
- 80 • Multiple attendees noted that virtual nursing has implications beyond the acute care
- 81 setting including ambulatory, case management, home health and other care settings.

82

83 **Recommendations:**

84 Based on the feedback from the Membership Assembly, the Professional Policy Committee

85 supports adoption of the following recommendations:

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87 The ANA, along with the Constituent, State and IMD associations

88   1. Develop a national policy that addresses standardization of virtual nursing practice and

89   considers funding and reimbursement models.

90   2. Advocate for technology that meets nurse and patient needs.

91   3. Support data collection on virtual nursing to understand the impact on nurse and

92   patient satisfaction, as well as patient outcomes.

93 **[Dialogue Forum #1 Background Document](#)**

94 **Dialogue Forum #2: The Role of Nurses in Promoting Gun Safety and Preventing Violence.**

95 Amy McCarthy, DNP, RNC-MNN, NE-BC, Director-at-Large, and Marcus Henderson, MSN, RN,

96 Director-at-Large, on behalf of the ANA Board of Directors.

97

98 **Issue Overview:**

99   Gun violence is a cross-cutting social justice issue that affects our everyday lives and

100   disproportionately affects marginalized and minoritized communities, thus contributing

101   to health inequities. Research has identified several social and environmental risk

102   factors from the individual to the community level, including but not limited to exposure

103   to violence, easy access to guns, poverty, and lack of economic opportunity and social

104   mobility, that increase the likelihood of gun violence. These systemic social inequities

105   are the result of a historic lack of investment in under-resourced communities, which

106   leads to the higher rates of gun violence experienced by marginalized and minoritized

107   communities (Center for American Progress, 2022; The Education Fund to Stop Gun

108   Violence, 2020).

109

110 **Summary of Dialogue Forum Discussion:**

111   • Many attendees spoke to the impact of gun violence on their personal and professional

112   lives, as well as on their communities.

113   • Multiple partners were identified for collaboration including:

114   o law enforcement,

115   o student nurses and the student nurses association,

116   o local, state, and national anti-violence and gun safety organizations and

117   coalitions, and

118   o specialty nursing organizations.

119   • Multiple attendees noted the need for strong advocacy on this issue, including the

120   importance of voting.

121   • The issue of mental health was raised by multiple speakers. These comments reflected

122   the need for better funding for mental health services, including services for those

123   individuals, families and communities that have been traumatized by violence.

124   • Several recommendations were made for ongoing education and training for nurses,

125   other health care professionals, and the community.

126   o Stop the bleed

127   o Gun locks and safe storage

128   o Emergency preparedness

129   o Project Child Safe

130   o Violence prevention programs for trauma centers

131   o Gun buy-back programs

132 • Comments were made regarding the incorporation of gun safety in nursing practice
133 including, the assessment of whether guns are in the home and being safely stored and
134 the accessibility of guns on individuals who are suicidal.
135 • One attendee spoke about success related to the hospital-based violence intervention
136 programs.
137

138 **Recommendation:**
139 Based on the feedback from the Membership Assembly, the Professional Policy Committee
140 supports adoption of the following recommendations:
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142 The ANA, along with the Constituent, State and IMD associations:
143 1. Advocate for meaningful legislation to address gun safety and firearm access, and
144 increase funding allocated towards mental health services, gun violence and prevention
145 research, prioritizing research on gun violence against health care workers and in health
146 care settings.
147 2. Endorse the American Academy of Nursing's Statement on [Firearm Safety and Violence](#)
148 [Prevention](#) and update ANA's position statement, [Incivility, Bullying, and Workplace](#)
149 [Violence,](#) to include gun violence and prevention in health care settings.
150 3. Promote nursing knowledge on the relationship between gun violence and public
151 health, the risk and protective factor of violence, evidence-based strategies to prevent
152 violence, and the role of nurses in promoting gun safety and preventing violence,
153 especially among children, adolescents, and young adults.
154

155 **[Dialogue Forum #2 Background Document](#)**

156 **Dialogue Forum #3: Addressing Nursing Documentation During a Time of Crisis.** Stephanie
157 Hoelscher, DNP, RN-BC, CHISP, CPHIMS, FHIMSS, and Serena Bumpus, DNP, RN, NEA-BC,
158 member and chief executive officer of the Texas Nurses Association.

159 **Issue Overview:**
160 The discussion for the Membership Assembly will center around the need to reduce the
161 burden of nursing documentation, particularly during a time of crisis. The COVID-19
162 pandemic highlighted workflow burdens across the nursing profession, and nurses have
163 called for action to reduce documentation requirements. This aligns with the American
164 Nurses Association's (ANA) strategic goals. Amplified patient acuity, increased nursing
165 shortages, increased travel nursing, and the increased usage of new technologies added
166 new workflows and documentation needs to the already burdensome requirements
167 (Hoelscher et al., 2023a). There is a critical gap in the current ANA position on the
168 documentation burden from an all-hazards approach related to the Crisis Standard of

169   Care document recommendations (ANA, 2020). The discussion will focus on policy

170   change needs, findings around methods for documentation reduction, and the need for

171   national consensus on the future of nursing documentation expectations and

172   requirements in times of crisis.

173   **Summary of Dialogue Forum Discussion:**

174   • One comment emerged regarding the need to reduce and streamline *all*

175   documentation, not just during times of crisis or insufficient resources and a need to go

176   "back to the basics." One commenter called for a return to Henderson's 14 Basic Needs

177   that focus on nursing care that should be reflected in nurse documentation. It was

178   noted that one of the leading causes of burnout among nurses is documentation

179   burden.

180   • One state found that there is a need for increased collaboration with regulatory bodies

181   to ensure that any documentation adopted meets the criteria set by state boards of

182   nursing. Other states highlighted the need to work with the Centers for Medicare and

183   Medicaid Services, The Joint Commission, and other stakeholder partners to streamline

184   documentation requirements to reduce nurse burden and burnout.

185   • There were comments about needing to consider downtime documentation and how

186   lack of knowledge of this type of documentation increases nurse distress, i.e., digitally

187   native nurses are unfamiliar with paper charting.

188   • There were questions raised regarding the level of documentation needed to protect

189   nurse licensure during times of litigation. Nurses need strong documentation practices

190   to defend their licensure and livelihood.

191   • Other themes that emerged from the comments include the following:

192   o An all-hazards approach should be implemented to take into consideration times

193   when demand for resources exceeds resources available.

194   o The amount of documentation nurses need to complete has increased over the

195   past several decades as a result of regulatory and accreditation requirements.

196   • Overall, the recommendations were generally supportive and well received. There were

197   no calls to change the recommendations other than expanding the definition of crisis

198   documentation to include times when demand for resources exceeds available

199   resources. The consensus was that nursing documentation has become rote

200   documenting, "checking the boxes", and does not capture the essence of nursing.

201

202   **Recommendations:**

203   Based on the feedback from the Membership Assembly the Professional Policy Committee

204   supports adoption of the following recommendations:

205

206   The ANA, along with the Constituent, State and IMD associations:

207   1. Generate a national consensus for policy development and research to lessen the

208   burden of nursing documentation, particularly during a crisis or emergency using an all-

209   hazards approach.

210   2. Partner with regulatory agencies and stakeholders to review current documentation

211   standards and revise policies that reflect a national standard for crisis documentation,

212   specifically for nursing.

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214   **Dialogue Forum #3 Background Document**

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