2015 | **MEMBERSHIP**
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ASSOCIATION

2015 | Year of
ETHICS

REPORT OF:

The Reference Committee 2015

July 25, 2015

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Report of the 2015 Reference Committee

Presented by: Mary Tanner, PhD, RN

Chair, ANA Reference Committee

Madam Chair and ANA Membership Assembly Representatives:

Dialogue Forum #1: Fostering an Ethical Environment and Culture
The Dialogue Forum Topic, *Fostering an Ethical Environment and Culture,* was submitted by the Florida Nurses Association and ANA staff.

Issue Summary:
Society recognizes that it has special health needs that must be met and so it authorizes nurses and other health professionals to address this need. ANA's *Code of Ethics for Nurses with Interpretive Statements* (2015) reflects the nursing profession's ethical values and obligations, is a non-negotiable ethical standard, and serves as an expression of nursing's commitment to society. Action is needed to strengthen ethical practice in health care and to provide guidelines for strategies that will build positive moral climates that promote ethical practice.

Dialogue Forum #1 Participant Comments:
- The organizational environment should be one of trust, fair and supportive of open communication.
- Registered nurses, along with the entire team, are accountable to speak up about ethical issues.
- Ethical issues must be owned and addressed in a timely manner.

- The culture/environment is one that is safe, just, and without fear of retribution established through clear policies, procedures, and expectations.
- Patients and families are part of creating an ethical environment/culture consistent with patient/family-centered care and community values. Care decisions should be based on patient needs.
- Ethical behavior is exhibited at all levels of nursing and across the leadership continuum from the board of trustees to ancillary personnel.
- All registered nurses must know and live the *Code*. Education of the *Code* should begin at the onset of basic nursing preparation and throughout the career trajectory.
- Efforts should be made to educate others about ANA's *Code* and its' implications for nursing practice.
- Nursing's professional culture is one that depends on an appreciation of diversity, civility, respect, trust, and an attitude of caring for and about one another.

The Reference Committee recommends that ANA:
1. Promote knowledge and application of the *Code* in a systematic and comprehensive way within nursing education programs and professional development.
2. Advance ANA's role as the premier organization fostering ethics within the nursing profession by infusing ethical content into ANA's core programmatic work.
3. Identify and promote best practices for ethical issue management to improve the ethical environment/culture.

Appendix A: Background Document: *Fostering an Ethical Environment and Culture*

Dialogue Forum #2: Infection Prevention and Control Issues in the United States
The Dialogue Forum Topic, *Infection Prevention and Control Issues in the United States,*
was submitted by the Indiana State Nurse Association and the Minnesota Organization
of Registered Nurses.

Issue Summary:
Increased globalization has resulted in a real and ongoing threat of the spread of
existing and emerging infectious diseases. Current issues range from the recent alarming
Ebola Virus Disease outbreak in West Africa to our ongoing issues in reducing and
eliminating Healthcare Associated Infections here in the United States. Despite all that
we know, effective infection prevention and control practices, both individual and
organizational, are not consistently employed in health care settings. This presents a
significant opportunity to identify and eliminate barriers to best infection control
practices.

Dialogue Forum #2 Participant Comments:
- Infection control is impacted by staffing and resources.
- Promote nurse empowerment and accountability for infection control practices
  including leading by example, unit level champions, and nurse-driven infection
  control committees.
- There is a need for evidence-based infection control education and information
  that address:
    - clinical principles of disease transmission and epidemiology,
    - treatment methodologies, and
    - personal and patient protections.
- Drive toward making "hand hygiene a habit" by declaring a "year of hand
  hygiene" or more broadly, a "culture of safety."
- Advocate for strengthening the public health infrastructure.
- There is a need for:
    - improved education and ongoing training related to disaster
      preparedness;
    - inclusion of nurses in facility planning for disaster management; and
    - overall valuing of preparedness in all settings.

- Engage in interprofessional collaboration to facilitate information exchange and promote best practices.

The Reference Committee recommends that ANA:
1. Engage with internal and external stakeholders to provide ongoing and "just-in-time" education about infection control and prevention and disaster response.
2. Support Constituent/State Nurses Association efforts to communicate, both internally and externally, during crisis situations.
3. Identify and disseminate innovative strategies to engage nurses in broad infection protection and disaster preparedness activities.

Appendix B: Background Document: *Infection Prevention and Control Issues in the United States*

Dialogue Forum #3: Public Reporting: Advancing Patient Safety and Quality Care
The Dialogue Forum Topic, *Public Reporting: Advancing Patient Safety and Quality Care,* was submitted by ANA staff.

Issue Summary:
Accountability includes transparent public reporting and pay for quality measurement in a transformed pay for quality environment. Public reporting of quality measures for consumers and others to make healthcare decisions is one of the effective quality levers identified in the National Quality Strategy (NQS) to achieve the tri-part aims: 1) better care, 2) more affordable care, and a 3) healthier nation. Nurses are on the front line and essential to quality outcomes. The future in healthcare is all about quality and value. Consumers, purchasers and other stakeholders use quality data to make healthcare decisions.

Healthcare systems and the government are harnessing big data to drive major advancements in healthcare quality and reduce excessive cost. Nursing information is not always captured in ways that make it sharable and comparable – essential for "big data" research and, ultimately, for improving care. Data collected in giant data e-warehouses by healthcare systems are only as good as the input. The capture of reliable and valid data via rigorous nursing sensitive measures for performance improvement and public reporting is essential to improve patient outcomes and demonstrate the value of nurses.

Dialogue Forum #3 Participant Comments:
- Awareness of quality measures drives evidence-based nursing practice and supports the development of best practice bundles and standards.
- Transparency of quality data promotes performance improvement and supports benchmarking at multiple levels.
- Information technology platforms are not fully interoperable or standardized, impeding nursing work flow.

- Quality measures tend to:
  - Lack standardized definitions;
  - Focus on negative quantitative outcomes; and
  - Fail to capture the value of qualitative contributions of nurses.
- "Big data" allows for:
  - real time-information capture;
  - sharing of data to improve population health; and
  - analytics to inform research and practice.
- Accuracy and use of data is affected by technical and human error and impacted by the level of expertise and available resources.
- There is a need for nursing education focused on the translation of quality data findings into practice.
- Public reporting provides key information to inform consumers and payors.
- Nurses should advocate for public reporting systems that are user friendly and educate patients and the public about such systems in a way that "keeps it simple" in the context of health literacy.
- There is a lack of funding for development and implementation of nursing-sensitive measures across settings.

The Reference Committee recommends that ANA:
Advance quality measures and data policy to:
- Include measures that capture nursing care in national public reporting efforts.
- Analyze structured nursing data in data sets for use across care settings to improve quality outcomes.
- Educate consumers and nurses regarding the value and use of quality data for informed decision-making.

Appendix C: Background Document: *Public Reporting: Advancing Patient Safety and Quality Care*

Appendix A: Dialogue Forum #1

Fostering an Ethical Environment and Culture

Thursday, July 23: 4:30pm – 5:45pm

Topic Submitted by:
ANA staff

Invited Speaker:
Laurie Badzek, LLM, JD, RN, FAAN, Director, ANA Center for Ethics and Human Rights

ANA Staff Contact:
Cheryl Peterson, MSN, RN, Senior Director, Nursing Programs

Session Overview:
The purpose of this dialogue forum is to identify environmental elements, strategies and policies that foster an environment that values ethical inquiry. Linked to this discussion is the proposal submitted by the President of the Florida Nurses Association, Edward Briggs, DNP, ARNP, on the topic of *Quality and Safety of Care for Incarcerated Individuals.*

Session Objectives:
1) Describe the types of ethical questions that are typically asked of constituent and state nurses associations.
2) Discuss elements of the work environment that contribute to and detract from the ethical environment and culture.
3) Identify strategies to strengthen the ethical environment and culture.

Overview:
- Society recognizes that it has special health needs that must be met and so it authorizes nurses and other health professionals to address this need (Fowler, 2015). In turn, society has certain expectations of how care will be provided, particularly during times when they are most vulnerable and in need of an advocate.

- ANA's *Code of Ethics for Nurses with Interpretive Statements* (the Code, 2015) reflects the nursing professions' ethical values and obligations, is a non-negotiable ethical standard, and serves as an expression of nursing's commitment to society.

- Provisions 5 and 6 of the Code provide guidance related to the need for an ethical environment and culture
  - **Provision 5** – The nurse owes the same duties to self as to others, including the responsibility to promote health and safety, preserve wholeness of character and integrity, maintain competence, and continue personal and professional growth.
  - **Provision 6** – The nurse, through individual and collective effort, establishes, maintains, and improves the ethical environment of the work setting and conditions of employment that are conducive to safe, quality health care.

- At any time, a nurse can experience a moral issue while delivering nursing care. These issues may be categorized in the following way (Rushton & Kurtz, 2015):
  - **Moral uncertainty** occurs when a nurse is unsure whether an ethical conflict or dilemma is present or is unclear what principles apply to resolve an ethical conflict or dilemma.
  - **Moral dilemma** occurs when two or more ethical values or principles conflict making it difficult to choose among the various options.
  - **Moral conflict** occurs when two or more stakeholders hold differing opinions regarding how a moral dilemma should be resolved.
  - **Moral distress** involves the perception that one's core values are being violated as well as a feeling of constraint from taking the course of action that is perceived to be ethically appropriate.
  - **Moral residue** is the lingering feelings that remain after a morally problematic situation has passed.

- A significant source of moral issues or ethical concerns arise when nurses are confronted with dual or even multiple loyalties. Fowler (2015) notes that "competing loyalties arise when the nurse has allegiances or commitments, with attendant obligations, to separate entities that may come into conflict with one another." While the Code notes that a nurse's primary commitment or "loyalty" is to the patient, other loyalties to an employer, or to the profession, in conjunction with the nurse's individual set of personal ethical values, may come into play.

Examples of when competing loyalties can occur include:
- o   continuing to provide care during a disaster when there is uncertainty about family;
- o   caring for an enemy combatant or someone who has engaged in act of domestic terrorism;
- o   placing an intravenous line knowing that it may be used to administer a lethal injection; or
- o   providing clinical care on research unit.

- Competing loyalties can be particularly evident when providing care in the criminal justice system. *Correctional Nursing: Scope and Standards of Practice* (2013) notes that the primary role of nurses in the correctional environment is to deliver nursing care to inmates who are or may become patients. The Florida Nurses Association raised concerns about privatization of the corrections system and the impact that this has had on access to health services. Because of the nature of this type of setting, correctional nurses may face significant, competing loyalties.

- ANA defines a healthy work environment as one that is safe, empowering, and satisfying. Parallel to the World Health Organization's definition of health, it is not merely the absence of real and perceived threats to health, but a place of "physical, mental, and social well-being," supporting optimal health and safety. A culture of safety is paramount, in which all leaders, managers, health care workers, and ancillary staff have a responsibility as part of the patient centered team to perform with a sense of professionalism, accountability, transparency, involvement, efficiency, and effectiveness. All must be mindful of the health and safety for both the patient and the health care worker in any setting providing health care, providing a sense of safety, respect, and empowerment to and for all persons.

- ANA's Ethics Advisory Board considers the notion of an ethical environment or climate to be necessary to have a healthy work environment - you cannot have one without the other.

- Findings from research conducted by Stork, et al (2009) suggest that action is needed to strengthen ethical practice in healthcare and provide guidelines for strategies that will build positive moral climates to promote ethical practice.

- The purpose of this dialogue forum is to begin to identify strategies for strengthening the ethical environment and climate where nurses work.

Questions for Dialogue Forum

1. Define what you think is meant by an ethical environment or climate.
2. Describe what this type of environment/climate would look like if fully actualized.
3. Identify three strategies that could be deployed to move toward an ethical environment or climate that fosters ethical behavior.

References

American Nurses Association. (2015). *Code of ethics for nurses with interpretive statements.* Silver Spring, MD: Nursesbooks.org.

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Rushton, C. H. & Kurtz, M. J. (2015). Moral distress and you: Supporting ethical practice and moral resilience in nursing. Silver Spring, MD: Nursesbooks.org.

Stork, J., Rodney, P., Bees, F., Mass, H., Currier, J., Mildon, B., Newton, L. (2009). *Leadership for ethical policy and practice.* Retrieved from Canadian Health Services Research Foundation website: http://www.cfhi-fcass.ca/SearchResultsNews/09-11-09/afc178bb-f140-4b71-be90-75a06b52934b.aspx.

Appendix B: Dialogue Forum #2

Infection Prevention and Control Issues in the United States

Friday, July 24 10:15am – 11:30am

Topic Submitted by:
Jennifer Embree, DNP, RN, NE-BC, CCNS-President, Indiana State Nurses Association
Jennifer Tucker, MA, RN-President, Minnesota Organization of Registered Nurses

Invited Speaker:
Elaine Larson, PhD, RN, FAAN, CIC-Professor of Epidemiology (in nursing) and Associate Dean of Research, School of Nursing, Columbia University

ANA Staff Contact:
Mary Jo Assi, DNP, RN, NEA-BC, Director, Nursing Practice &Work Environment

Session Overview:
The purpose of this dialogue forum is to provide participants with a broad overview of selected infection and epidemiology issues in the United States. Topics will include:
1) Key priorities for prevention and control of infections in both routine and emergent clinical care situations.
2) Ensuring the safety of nurses across settings when caring for individuals with an infectious disease.

Session Objectives:
1) Identify strategies for advancing nursing knowledge on the evolution of infectious diseases and best practices for infection prevention.
2) Discuss lessons learned from the 2014 Ebola outbreak and articulate strategies for enhancing emergency preparedness in a pandemic or epidemic event.

Background

Viruses and bacteria do not respect borders or boundaries. Increased globalization has resulted in a real and ongoing threat of the spread of existing and emerging infectious diseases. Current issues range from the recent alarming Ebola outbreak in West Africa to our ongoing issues in reducing and eliminating Healthcare Associated Infections here in the United States. The threat is immediate and creates urgency with regard to protecting the public as well as healthcare workers and others who are at increased risk of exposure.

Emerging Infections: Ebola Virus Disease

The largest Ebola Virus Disease (EVD) outbreak in history began in Guinea in December 2013 and quickly spread to several neighboring countries. There have been reports of 26,722 cases in West Africa (Guinea, Liberia and Sierra Leone) with over 11,000 deaths (CDC, 2015). While several agencies were committed and assisted with efforts to control the widespread outbreak of EVD in West Africa, U.S. Healthcare systems and healthcare workers were not fully prepared to handle this disaster. This event has created a significant opportunity to fundamentally change our approach to broader infection control and prevention issues in the United States and abroad in the context of effective disaster preparedness.

While the World Health Organization declared an end to the Ebola outbreak in Liberia this past May, the gaps in knowledge and practice identified during this outbreak compels us to action. Such action should include substantive interprofessional collaboration to further develop and/or implement an effective disaster preparedness plan that includes standard evidence-based procedures and processes to protect healthcare workers and the public from exposure to infectious and contagious pathogens. Ongoing education and preparation of health care professionals and the public in infection prevention principles is critical to the success of any such program.

Healthcare Associated Infections (HAIs)

HAIs such as catheter associated urinary tract infection (CAUTI), ventilator associated pneumonia (VAP), and central line associated bloodstream infections (CLABSI), are commonly experienced by patients. In comparison to the eleven cases and two deaths from EVD that occurred in the United States during the 2014 outbreak (BBC, 2015),

recent statistics from the Centers for Disease Control and Prevention (CDC) indicated that in 2011 HAIs in acute care hospitals exceeded 700,000 cases, and that 75,000 individuals died of their infections during a hospitalization (CDC, 2011). Concerns are amplified due to the prevalence in healthcare settings of resistant organisms such as methicillin resistant staphylococcus aureus (MRSA) and clostridium difficile, which may be very difficult to treat and can further negatively impact morbidity and mortality.

In addition to knowledge and skills, adoption of sound infection prevention and control practices by nurses and other healthcare workers is, in large part, driven by an individual's values and behaviors and organizational preparedness. The current situation related to EVD may prove to be a wake-up call as it has greatly raised awareness to the real and potential dangers inherent when providing direct care to patients with a communicable disease. This creates a significant opportunity for change with respect to managing broader infection control and prevention issues.

Questions for Dialogue Forum
1. Significant issues related to the Ebola outbreak and lack of adequate and appropriate preparedness in the United States became quickly apparent and persisted throughout the fall of 2014.
    A. What worked well to address issues and improve the situation in your region?
    B. What is the current status of preparedness in your region should a similar outbreak occur again?
    C. What can ANA do to address remaining gaps?

2. We are faced with other significant infection prevention and control issues in the United States such as the high rate of HAIs.
    A. What do you believe to be the biggest barrier to maintaining effective infection control procedures such as hand washing?
    B. What are the top 2 or 3 actions that nurses and other healthcare professionals should take to decrease HAIs?
    C. What can ANA do to address significant gaps?

References

BBC (2015, January 9*). Ebola: Mapping the outbreak*. Retrieved from
http://www.bbc.com/news/world-africa-28755033

CDC (June 2015). *2014 Ebola outbreak in West Africa: Case counts*. Retrieved from
http://www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/case-counts.html

CDC (2011). *Healthcare-associated infections: Data and statistics.* Retrieved from:
http://www.cdc.gov/HAI/surveillance/index.html

Additional Resources

Association for Professionals in Infection Control and Epidemiology (2009). Target: Zero hospital-acquired infections. Retrieved from:
http://www.apic.org/Resource_/TinyMceFileManager/Advocacy
PDFs/HFMJan2009WaryeandGranatoTargetZeroHospitalAcquiredInfections.pdf

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Appendix C: Dialogue Forum #3

Public Reporting: Advancing Patient Safety and Quality Care

Friday, July 24 12:30pm – 1:45pm

Topic Submitted by:
ANA Staff

Invited Speaker:
Lillee Gelinas, MSN, RN, FAAN, Editor-in-Chief, *American Nurse Today*

ANA Staff Contact:
Maureen Dailey, PhD, RN, CWOCN, Senior Policy Fellow
Andrea Brassard, PhD, FNP-BC, FAANP, Director, Health Policy

Session Overview:
The purpose of this dialogue forum is to provide participants with
- Information on public reporting and other large sources of data and
- Strategies for using public information and data to promote better consumer decision making and nursing's broader advocacy efforts to advance patient safety and quality care.

Session Objectives:
1) Discuss the current and future landscape of public reporting.
2) Explain practical strategies for simplifying health care data collection and analytics to harness "Big Data".

Background

The background for this dialogue forum is the editorial, *Future forward: I am data*, by Lillee Gelinas, MSN, RN, FAAN, Editor-in-Chief, *American Nurse Today* (Volume 10, Number 2, February 2015).

Public reporting involves the ongoing publication of information on individual and organizational performance related to quality and safety measures which can have significant financial implications when means are tied to a values-based purchasing program (Dunton, 2011).

Public reporting requirements continue to increase and result in vast amounts of health care data – "Big Data" – collected for federal programs such as:

- Hospital Acquired Condition Reduction
- Hospital Readmission Reduction
- Meaningful Use of Health Information Technology

Nurses are the key to harnessing "Big Data" to ensure patient safety and improve quality and to advance nursing science and practice.

Participants may prepare for this session by reviewing public reporting examples:

- Hospital Compare
- HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems)
- Nursing Home Compare
- Physician Compare

Questions for Dialogue Forum

1. Discuss the benefits and challenges of:
   - Quality and safety measures
   - "Big Data"
   - Public Reporting
2. How can nurses use public information and data to promote
   - better consumer decision making
   - efforts to advance patient safety and quality

References

ANA's Principles of Pay for Quality: Guidance for Registered Nurses (2010)
Cipriano, P. (2015). What we measure, we can improve. The American Nurse.

Dunton, N. (2011) Incorporating nursing quality indicators in public reporting and value-based purchasing initiatives. American Nurse Today.

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