Nursing, Public Health and the Growing Roles of Nurses and Nurse Practitioners

Marist College - CLS
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The science is based on a body of knowledge that is constantly changing and evolving. The art is based on the practice of compassion, respect, and dignity rendered to the patient and family members alike.

Nursing is the protection, promotion, and optimization of health and abilities, prevention of illness and injury, alleviation of suffering through the diagnosis and treatment of human response, and advocacy in the care of individuals, families, communities, and populations. (ANA)
History of Nursing

• Ancient Civilizations through the Renaissance
  – Illness had supernatural causes
  – Women delivered custodial care to family
  – Medicine men treated disease
  – As civilizations grew priests were seen as physicians
  – Under Christianity educated and wealthy women dedicated themselves to care of the sick
  – Phoebe became the 1st Deaconess
  – During the Crusades all-male military orders flourished and all-female religious orders declined
  – During the Renaissance medicine moved into the University
  – Male nurses vanished from profession
  – Home major locality for nursing care
  – Only poor hospitalized, cared for by prostitutes and female criminals
History of Nursing

• Colonialism and Revolution
  – Physicians not required to have licenses
  – Hospital care only available in cities
  – Mentally ill “warehoused”
  – More soldiers died in Revolutionary War due to disease than wounds

• Industrialization
  – Population explosion
  – Increasing poverty, neglect of children, increased illness, mortality
  – Increasing crime rates
  – Hospitals opened
  – Schools of nursing started:
    • Sisters of Charity
    • Kaiserswerth school of nursing in Germany 1836
    • Dr Joseph Warrington in Philadelphia 1839
History of Nursing

Florence Nightingale

- First practicing epidemiologist
- First nurse statistician
- First to conduct nursing research
- Improved sanitation in battlefield hospitals
- Organized first school of nursing
- Published “Notes on Nursing”
  - Encouraged the belief that there is a body of nursing knowledge distinct from medical knowledge.
  - Her practices remain a basic part of nursing today.
Civil War to the Twentieth Century

- The growth of nursing in the United States:
  - Clara Barton - founded the American Red Cross.
  - Dorothea Lynde Dix - supervised nurses in the Union Army
  - Mother Bickerdyke - organized ambulance service
  - Harriet Tubman - a prominent female in the Underground Railroad movement
  - Mary Mahoney – first African-American nurse
  - Lillian Wald and Mary Brewster - established the Henry Street Settlement to service children, families, and the poor; this brought nursing into the community (1893)
    - evolved into the Visiting Nurse Service of NY (1944)
American Nurses Association

- 1897: Nurses' Associated Alumnae of the United States and Canada was organized.
- 1905: Joined with Britain and Germany to become the three charter members of the International Council of Nurses (ICN)
- 1911: Changed its name to “American Nurses Association”

- It was the first female national professional organization in the US

- To this day, its responsibilities are:
  - Nursing Code of Ethics
  - Standards of Practice
  - Certification Examinations for Nursing Specialties
1. **Professional Practice and Excellence** – ANA successfully champions professional nursing excellence through standards, code of ethics and professional development, such as credentialing and lifelong learning.

2. **Healthcare and Public Policy** – ANA is an acknowledged leader in the formulation of effective healthcare and public policy as they affect the profession and the public.

3. **Knowledge and Research** – ANA is the recognized source for accurate, comprehensive health policy information based on knowledge from research.

4. **Unification** – ANA facilitates unification and advancement of the profession.

5. **Workforce and Workplace Advocacy** – ANA with its partners and through its organizational relationships is the leader in promoting improved work environments and the value of nurses as professionals, essential providers and decision makers in all practice settings.
National League of Nursing

- American Society of Superintendents of training schools for Nurses (1893) later renamed
- National League for Nursing Education (NLNE)

became
- National League of Nursing (1952)
  - is called the Voice for Nursing Education
  - its purpose is to promote excellence in nursing education to build a strong and diverse nursing workforce
Mission:
• The National League for Nursing promotes excellence in nursing education to build a strong and diverse work force to advance the nation’s health.

Core Values:
• CARING: promoting health, healing, and hope in response to the human condition
• INTEGRITY: respecting the dignity and moral wholeness of every person without conditions or limitation;
• DIVERSITY: affirming the uniqueness of and differences among persons, ideas, values, and ethnicities
• EXCELLENCE: co-creating and implementing transformative strategies with daring ingenuity
The Evolution of Nursing Education

- ‘Training’ opportunities without standardized curricula
  - in institutions
  - by mail order

- 1920-1923: Study of nursing education
  - (Goldmark Report) Concluded that education took precedence over service to a hospital;

- 3-year hospital-based schools served as the primary source of nursing education in the US until 1950s

- 2-year college-based programs were created in response to nursing shortage post WWII
  - 7 programs in 1958
  - 130 programs in 1965
  - >1,000 in 2014
Regulatory Umbrella for Nursing

- Nurse Registration Law (1903) – to protect the title of nurse and improve the practice of nursing
- State Nurse Practice Acts – to define the scope of practice
  - NY State 1938: activities dependent on MD supervision
  - NY State 1972: “To diagnose and treat human responses to health problems........
- State Boards of Nursing - to protect the public and to enforce the State Practice Act
- National Council of State Boards of Nursing - the collective voice of nursing regulation in the U.S.
A Developing Profession (1950-2000)

- Movement toward scientific, research-based practice and defined body of knowledge
- Implementation of the ‘nursing process’
- Nursing Theories are developed
- Change in legal scope of practice
- Achievement of autonomy
  - relationship with physicians moving towards collaboration away from the ‘hand maiden’, dependent function of the early years
- First pediatric Nurse Practitioner program launched (1965) at the University of Colorado
  - due to national shortage of primary care physician shortage
- PhD programs begin
Registered Nursing Education Today

- Diploma in Nursing
- Associate Degree in Nursing
- Baccalaureate in Nursing
- Masters Degree in Nursing
- Masters prepared Registered Nurses:
  - Nurse practitioners (NP)
  - Clinical nurse specialists (CNS)
  - Combined (NP/CNS)
  - Certified Nurse Midwives (CNM)
  - Certified Nurse Anesthetists (CNA)
- PhD in Nursing
- DNP - Doctor of Nursing Practice
- DNS - Doctor of Nursing Science
Figure 2-4. Highest nursing or nursing-related education preparation, 1980-2008*

*The totals in each bar may not equal the estimated numbers for registered nurses in each survey year due to incomplete information provided by respondents and the effect of rounding. Only those who provided nursing education preparation information are included in the calculations used for this figure.

Source: 1980-2008 National Sample Survey of Registered Nurses
History of the Nurse Practitioner

• Social phenomena of the 1960’s provided impetus for NP movement
  – Shortages of pediatricians and family practice MDs
  – Lack of primary health care for rural areas and urban poor
  – Escalating health care costs
  – RNs desire to attain autonomy
• 1st NP program – 1965 @ U of CO as a research program
• 1977 - The first nurse practitioner certification exams
  – Legitimized the role of NPs and led to more standardized practice outcomes
• Over time, achieved third-party reimbursement and prescribing authority
1971

• US HEW proposed definition of primary care:
  – A person’s first contact in any given episode of illness with the health care system that leads to a decision of what must be done to help resolve the problem
  – Responsibility for the continuum of care (maintenance, evaluation, management)
  – MDs & RNs should share responsibility for primary care
Today’s NP Specialties

- **ACNP** (Acute Care NP)
- **ANP** (Adult NP)
  - Adult Cardiovascular Care NP
  - Adult Primary Care NP
  - Adult Critical Care NP
  - Adult Acute Care NP
- **ENP** (Emergency NP)
- **FNP** (Family NP)
- **GNP** (Geriatric NP)
- **HNP** (Holistic NP; APN program)
- **NNP** (Neonatal NP)
- **PMHNP** (Psychiatric/Mental Health NP)
- **APMHNP** (Adult Psychiatric/Mental Health NP)
- **FPMHNP** (Family Psychiatric/Mental Health NP)
- **OHNP** (Occupational Health NP)
- **ONP** (Oncology NP)
- **AONP** (Adult Oncology NP)
- **PONP** (Pediatric Oncology NP)
- **PCNP** (Palliative Care NP; APN program)
- **PNP** (Pediatric NP)
- **PCCNP** (Pediatric Critical Care NP)
- **PA/CCNP** (Pediatric Acute/Chronic Care NP)
- **WHNP** (Women's Health NP)
- **BC-ADM** (Board Certified – Adv. Diabetes Management)
- **ACHPN** (Advanced Certified Hospice & Palliative Nurse)
Health Care System Challenges

- An Aging and Sicker Population
- Lack of Preventive Care
- Millions More Insured
- Primary Care Shortage
- High Costs
U.S. Nurse Shortage

By 2020, the demand for RNs will be 2.8 million equaling a shortage rate of 29%

Bureau of Health Professions, July, 2002
U.S. Health Care Workforce
Selected Primary Care Clinician Supply

What Does This Mean for Providers?

Payment and reimbursement tied to new measures

- Improved outcomes for people with multiple chronic conditions
- Reduced unnecessary rehospitalizations
- Prevention and wellness
The Robert Wood Johnson Foundation partnered with the Institute of Medicine (IOM) to look at the possibility of transforming the nursing profession to meet the challenges of a changing health care landscape.

The report produced by the committee, chaired by the former HHS Secretary, Donna Shalala:

*The Future of Nursing: Leading Change, Advancing Health*
Everyone in America can live a healthier life, supported by a system in which nurses are essential partners in providing care and promoting health.
High-quality, patient-centered health care for all will require a transformation of the health care delivery system.
### Examples of Scope of Practice Overlap between Registered Nurses (RN) and Physicians

<table>
<thead>
<tr>
<th>Category of activities</th>
<th>Specific activities that overlap</th>
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| Physical exam          | • Assessing vital signs such as measuring pulse, blood pressure, respiratory rate, temperature, and oxygen saturation  
                          • Auscultating lung, heart, and abdominal sounds  
                          • Assessing cranial nerves  
                          • Assessing eyes and ears using ophthalmoscope and otoscope  
                          • Testing vision and hearing  
                          • Performing breast exam  
                          • Testing range of motion and muscle strength of upper and lower extremities  
                          • Assessing pain |
| Health assessment      | • Obtaining health history  
                          • Administering screening tests (e.g., domestic violence, depression)  
                          • Performing in person or telephone triage to determine need for further care  
                          • Identifying emergent complications, expected, or adverse response to medical treatment (e.g., a RN monitors blood pressure after administration of blood pressure lowering medication or monitors for bleeding after surgery)  
                          • Identifying epidemiologic trends (e.g., a school RN notes sudden increase in flu cases and notifies health department of the changes in population health trend changes) |
| Medical diagnosis      | • No overlap |
| Prescribing diagnostic tests and pharmacological treatments | • No overlap |

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| Implementing treatments | • Administering medications  
                          • Collecting blood, urine, stool samples  
                          • Obtaining sputum and wound cultures  
                          • Providing mental health and addiction counseling  
                          • Providing health counseling related to management of chronic diseases  
                          • Coordinating care  
                          • Providing wound care  
                          • Inserting foley catheter and nasogastric tube  
                          • Inserting peripheral intravenous catheter  
                          • Obtaining 12-lead electrocardiogram (ECG) |

Key Messages of the IOM Report

- Nurses should practice to the full extent of their education and training.
- Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression.
- Nurses should be full partners, with physicians and other health professionals, in redesigning health care in the United States.
- Effective workforce planning and policy making require better data collection and an improved information infrastructure.
Nurses bring a unique perspective to management and policy discussions.

• Nurses spend the most time with people receiving health services.
• Nurses are the largest segment of the health care workforce.
• Nurses are vital to improving quality.
• Yet nurses account for only 6 percent of hospital board positions.

Nurse-led initiatives have:

• Reduced falls with harm
• Reduced “code blue” calls
• Reduced 30-day re-admissions
• Improved care transitions.
b. Remove Barriers to Practice and Care

Nurses provide an immediate and cost-effective solution to care shortages.

• All clinicians should be able to practice to the full extent of their education and training.

• Remove barriers that limit APRNs from expanding access to care.

• Utilize clinicians more efficiently.
Practice and Care: A Patchwork of Laws

Legal Environment for APRN$^1$ Practice and Care

1 This map from AANP shows the practice environment for nurse practitioners. For more detail about other types of APRNs, see NCSBN’s maps: https://www.ncsbn.org/2567.htm.
There are approx. 16,000 registered Nurse Practitioners in NY
Can practice independently
Have full prescriber privileges
BUT must have a written collaborative agreement with a physician

Nurse Practitioners Modernization Act (A.4846/S.4611) was passed as part of the 2014 NY State Budget Act.
will go into effect Jan. 1, 2015
removes the written agreement requirement for NPs with more than 3,600 practice hours
Is a PA like an NP?

• PA
  – “Physician extender”
  – Must practice under supervision and license of MD
  – MD is liable for acts of PA under their direction

• NP
  – Complements MD
  – Functions under own license
  – Education is more extensive
  – Scope of practice is broader
c. Increase Education Level of Nurses

Prepare nurses to meet new challenges in health and health care.

Increase the proportion of nurses with BSN and higher degrees. (80/20)

Increase the number of nurses with doctorates. (double by 2020)

Implement nurse residency programs.
Progress in New York State

- **BSN in 10:** A bill (A03103/S00628) requiring New York registered nurses to earn a bachelor’s degree within ten years of initial licensure has been introduced in the New York legislature.
- Employment opportunities for RNs without a BSN are shrinking
- Colleges collaborating in a variety of ways to create seamless transfer
Early Effects of the ACA on Nursing

- Changes in federal loan programs increasing full-time students
- Ten nurse-managed clinics received $15 million in funding (serving some 94,000 patients)
- Nurse midwives will now receive equivalent of MD pay for Medicare-covered services
- Increased Medicare payments for primary care services provided by NPs, CNS, Pas and other health professionals

(RWJF – 2011)
Leading Change, Advancing Health: 3 years of progress through Nursing

In October of 2010, the Institute of Medicine released a landmark report, The Future of Nursing: Leading Change, Advancing Health, including eight recommendations centered around four key messages at the intersection of the health needs of diverse, changing populations and the actions of the nursing workforce.

What have we accomplished so far?

The Campaign for Action has established Action Coalitions in 50 States and the District of Columbia.

The Campaign and its partners are advancing education. A more highly educated nursing workforce is key to the future success of America’s health care system—and together we are making progress!

- 27% increase in enrollment in Doctor of Nursing Practice (DNP) programs*
- 4% increase in enrollment in research focused PhD programs**

The Campaign and its partners are removing barriers to practice for nurses. To fully realize the potential of qualified nurses to provide care to people who need it, the Campaign is leading efforts to modernize outdated policies that prevent nurses from practicing to the full extent of their education and training. Notable accomplishments include:

- 7 states have removed major barriers to APRN practice and care.
- In 2013 alone, 16 states have introduced bills to remove major barriers to APRN practice and care.

Help ensure that everyone lives healthier lives with access to high quality health services.

Get Connected at CampaignforAction.org
"This report is really about the future of health care in our country. It points out that nurses are going to have a critical role in that future especially in producing safe, quality care and coverage for all patients in our health care system."

- Donna E. Shalala, Ph.D., chair of the Committee on the Robert Wood Johnson Foundation Initiative on the Future of Nursing, at the Institute of Medicine (IOM)
Q & A time