



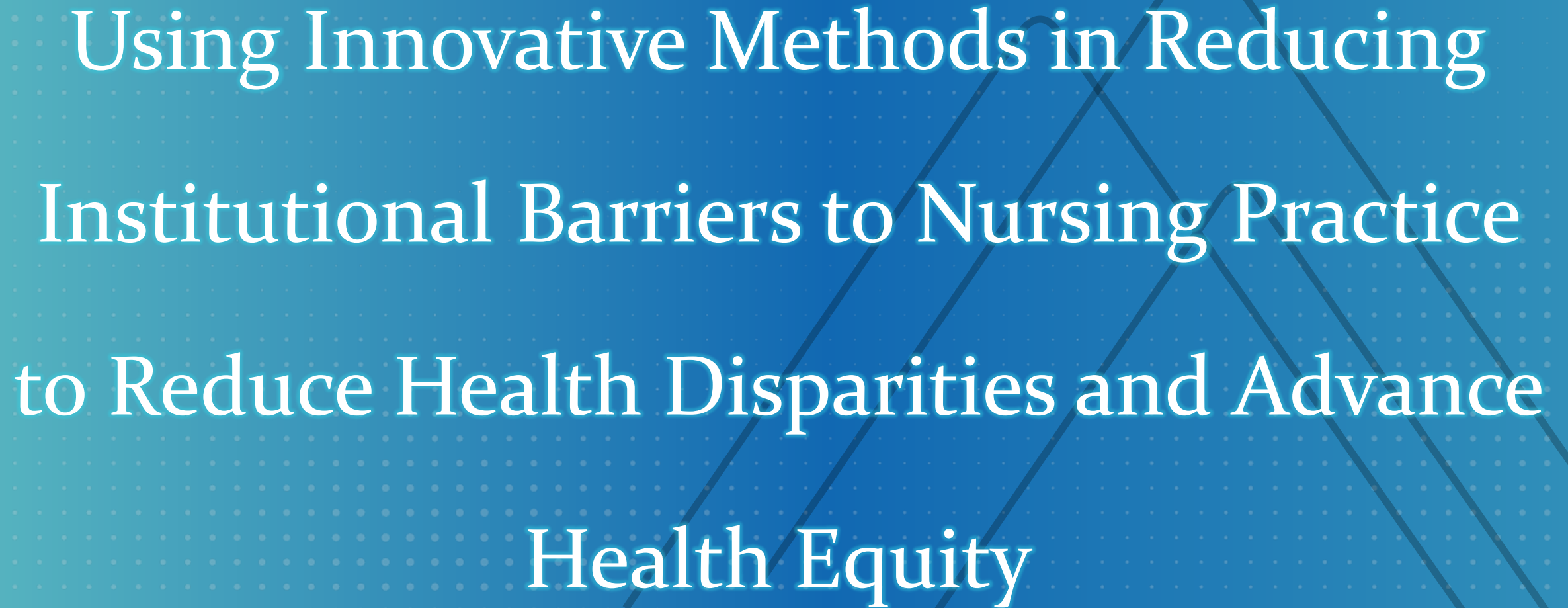
CLINICAL QUALITY AND INNOVATION



National Advisory Committee on Nursing
Education and Practice

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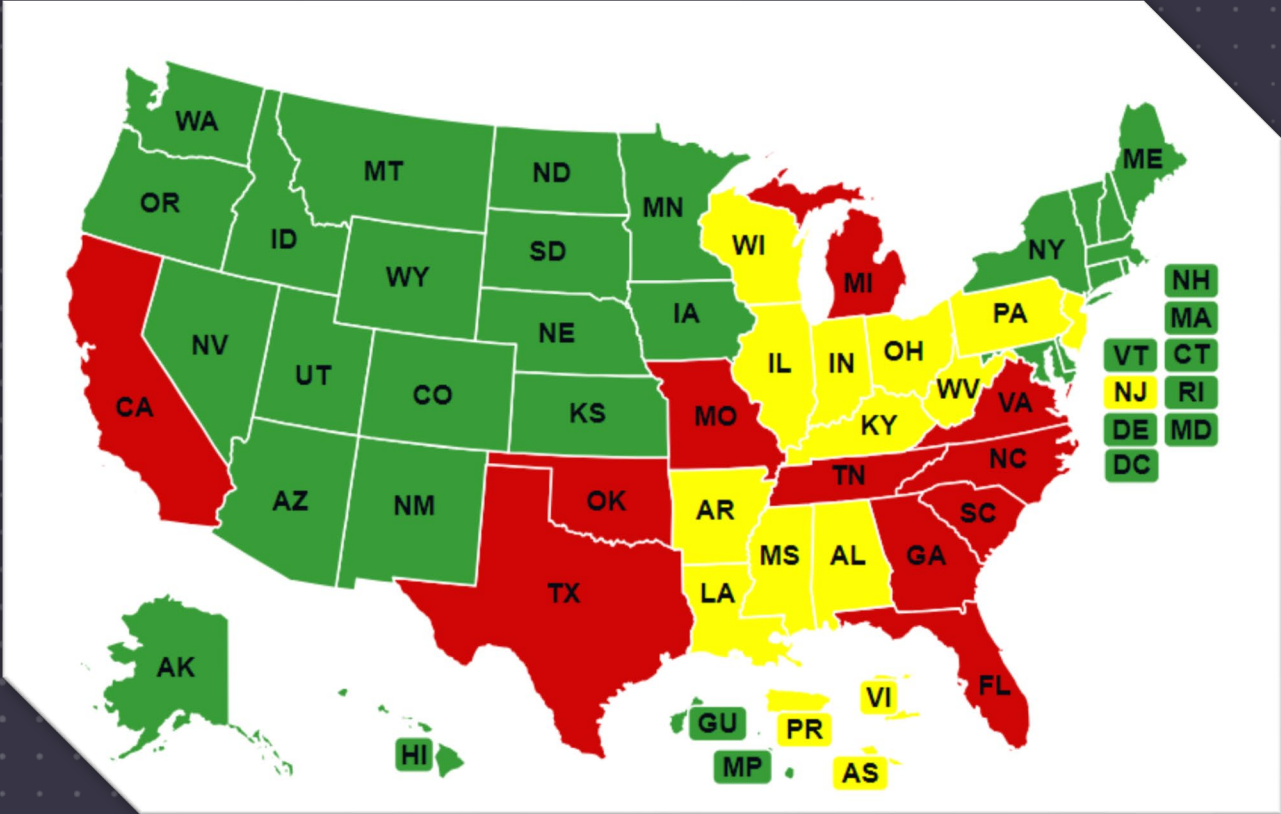
December 7, 2023



Using Innovative Methods in Reducing
Institutional Barriers to Nursing Practice
to Reduce Health Disparities and Advance
Health Equity

- Gain insight into effective solutions and partnerships that reduce institutional barriers while improving inter-professional practice environments
- Describe strategies to fully leverage APRNs while reducing inefficient care delivery systems and unnecessary and avoidable delays in care
- List innovations to reduce institutional barriers to nursing practice, and optimizing all nurses to the fullest extent of their education and training

STATE PRACTICE ENVIRONMENT FOR NURSE PRACTITIONERS:



FUTURE OF NURSING™
Campaign for Action

Legend

- Full Practice
- Reduced Practice
- Restricted Practice

CURRENT STATE:

Nurses experience regulatory and institutional restrictions on nursing practice which prevent nurses from functioning to the fullest extent of their education and training

Eliminating institutional barriers to nursing practice, which are often overlooked, are key to establishing high-quality, interprofessional practice environments that fully leverage APRNs and toward collective national efforts to advance health equity through nursing

Institutional barriers to nursing practice remain even in states with full practice authority for APRNs and the consequences of institutional practice barriers is felt by patients who experience inefficient care delivery systems and unnecessary and avoidable delays in care, resulting in poorer outcomes.

THE CASE





NYC: SPRING 2020

Examples of Institutional Barriers to APRN Practice

- x Restrictive or limiting collaborative/supervising physician practice agreements
- x Hospital admitting privileges are unavailable or limited, requesting physician only referrals
 - x Restricted or limited ability to perform select procedures or authorization of services.
 - x Limited ability to bill for services
 - x Outdated Policies

CHALLENGE TRADITION



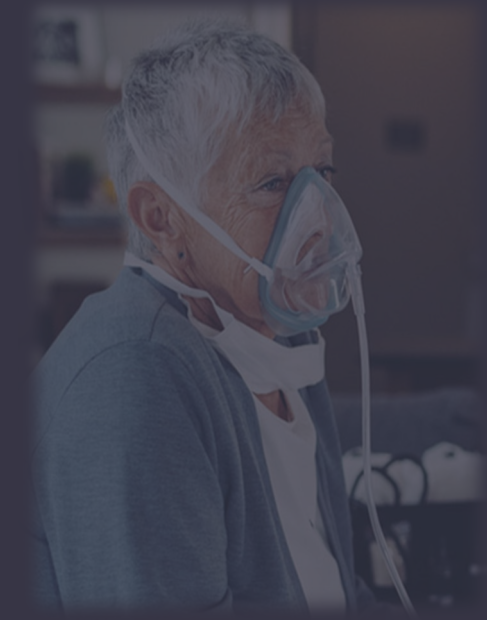
Institutional barriers obstruct opportunities for the APRN and inhibit Nurses ability to practice at full scope.

LONG-TERM OUTCOME



When nurses practice to the full extent of their education and training, it means that everyone, no matter who they are or where they live has increased access to high-quality, affordable care and the opportunity to be healthy and well.

TWIN GOALS



Goal 1: Address legal and institutional practice barriers

Goal 2: Optimizing all nurses' scope of practice to reduce health disparities and advance health equity

Institutional Barriers to APRN Practice

Restrictive or limiting collaborative/supervising physician practice agreements

Hospital admitting privileges are unavailable or limited

Restricted or limited ability to perform select procedures or authorization of services

RECOMMENDED STRATEGIES TO ELIMINATE INSTITUTIONAL BARRIERS TO NURSING PRACTICE

Review institutional bylaws, policies, and procedures for opportunities to advance nursing practice tailored to your local context

Assess language used within institutional bylaws, policies, and procedures (e.g., physician vs. provider; physician extender vs. LIP) Update as necessary to promote an inclusive interprofessional practice environment.

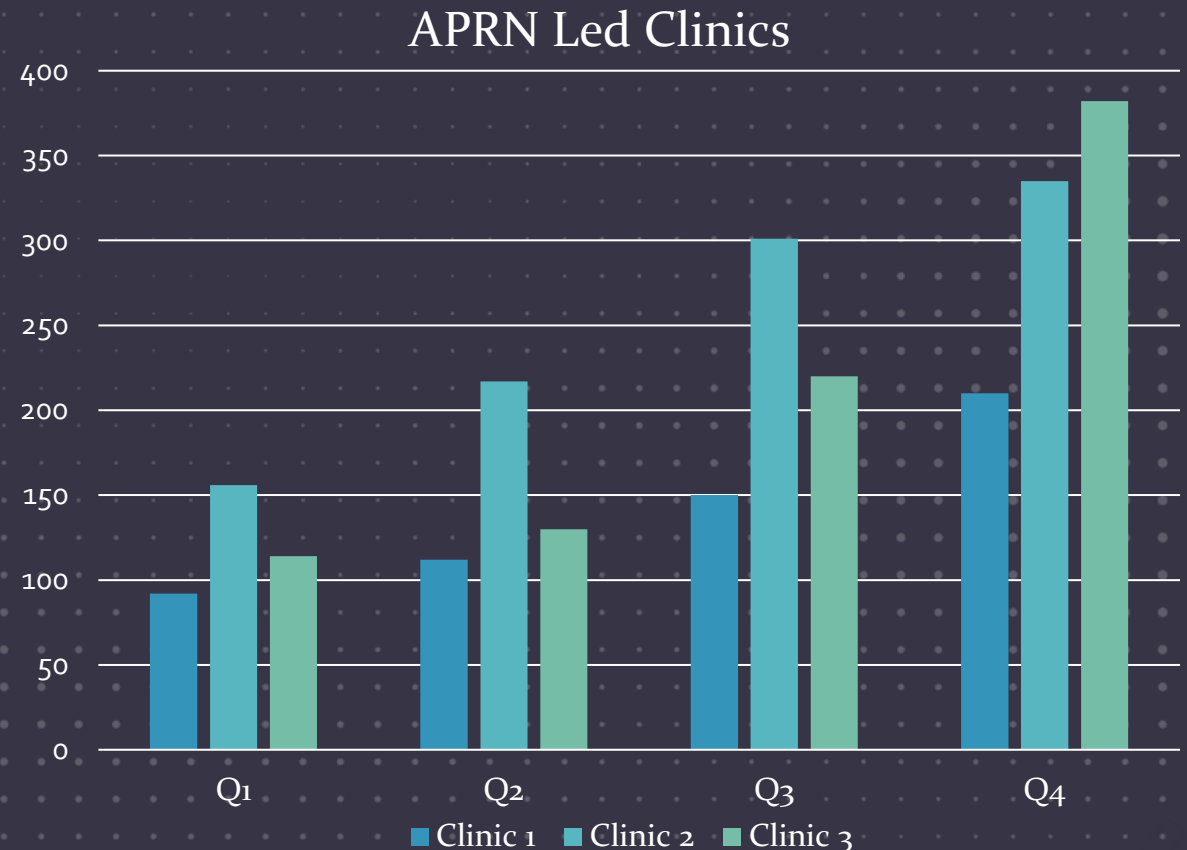
Review and revise Nursing and APRN reporting structures
(e.g., APRN to APRN practice leader)

Establish APRN- leadership roles to evaluate, maintain, and promote APRN practice

Leverage nursing-physician relationships at the system and practice levels to elevate APRN practice and sustain changes in practice

MEASURING IMPACT

- Doubling the number of patients seen in clinic
- RN Educational Visits prior to treatment
- Increased cancer screenings
- Increased follow up
- Establishing Survivorship clinics
- APRNs Billable providers
- Revised policies
- APPs annual evaluations



CULTURE SHIFT

SYMBIOTIC AND SYNERGISTIC RELATIONSHIPS



DISCUSSION AND THANK YOU!

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