

Building a Culture of Safety: A National License Model

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We have no conflicts of interest to disclose.

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Abstract

The nursing shortage has been prevalent for many decades and only continues to escalate annually. During crisis moments there are various hurdles that have obstructed the ability for appropriately skilled and licensed healthcare professionals to respond to the care that is required. Implementing a national nursing license model in the United States empowers key stakeholders and front-line practitioners to positively impact the access to care, the care provided, and patient and staff satisfaction and outcomes.

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Building A Culture of Safety: A National Nursing License Model

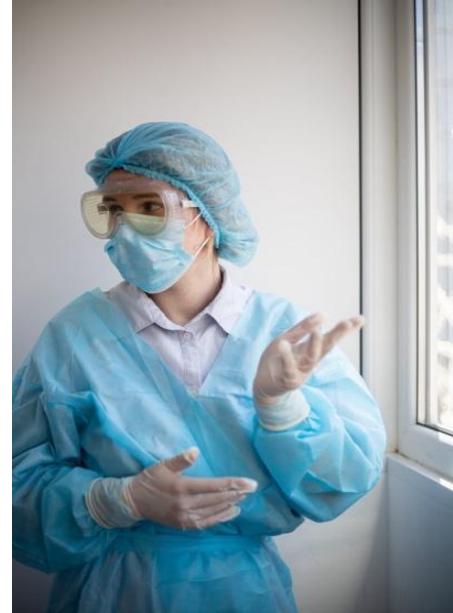
Introduction

In every society there has always been a nurse in one form or another, and 2020 has been dedicated to the year of the nurse, marking the 200th anniversary of Florence Nightingale's birth. This year the United States of America (USA) has been presented with a variety of serious health challenges, from the COVID-19 pandemic, to natural disasters, to social conflict and divide. Through it all, we watch nurses standing where they have always been, by the patient's side, in the face of adversity and danger while still performing selfless acts of caring and dedication to their profession.

The greatest lesson of 2020's recurring, yet extraordinary, circumstances are:

- Nursing is integral to the success of any healthcare delivery system, and
- The ability to move nurses freely from state to state in a crisis is of critical importance.

It is time for the United States' nursing model to move to a national licensure model.



Any state faced with the need to mobilize nurses quickly can be presented with a multitude of incumbent obstacles, such as being trapped at home in a natural disaster, falling ill to disease, as we witnessed in the COVID-19 pandemic, or simply not having enough nurses with the required specialty skill set.

In this paper we will explore the impact the following has had on a state's ability to deliver healthcare:

- COVID-19
- Natural disasters/Terrorism
- Telehealth Services
- Rising nurse shortage by the year 2035

A Challenge Unlike Any Other

Mobility of healthcare resources is a capability long overdue

The COVID-19 crisis has taught us that the country depends on the ability of states to quickly mobilize nurses to hot zones. Each state can abruptly be faced with a lack of appropriately specialized nursing staff during or in the aftermath of a natural disaster, or as in the case of COVID-19, a global pandemic.

New York City Health and Hospitals, in matter of days, faced the challenge not only to dramatically increase the capacities of their eleven acute care hospitals' emergency departments (ED), intensive care units (ICU), and medical/surgical units (MS), but also to erect three new facilities in attempt to meet the exponential rapid case volume growth associated with COVID-19 (Keeley, et al., 2020). These nursing care areas require specialized skills that this large city simply did not have enough well-trained and adequately educated nurses to fill the demand. On March 18, 2020 Governor Andrew Cuomo issued executive order 202.5 allowing any nurse with an active out-of-state license to practice in New York (NY) without civil or criminal penalty related to the lack of correlating licensure, during the instituted state of emergency (NY State, 2020).



During the silver tsunami phenomena, the US was already on a path to a severe nursing shortage. By the year 2030, it is projected that the USA will need to replace one-million nurses (Buerhaus, 2017). As leaders in healthcare, we have watched health systems face a variety of challenges, often unprecedented, with both nurse staffing and patient care supplies, disproportionate to their ability to care for their communities in the face of any crisis. This trend has led to a decrease in the ability of any one community to effectively and efficiently increase its properly specialized internal nursing capacity to meet a spike in healthcare demands.

COVID Showed Us Where We Must Get Better

Equip the healthcare delivery system to rapidly meet critical spikes

Natural disasters and episodes, such as the COVID-19 pandemic require the rapid deployment of supplemental healthcare personnel to expand the existing local workforce to handle the anticipated increase in patients.

- The National Association of Traveling Healthcare Organizations (NATHO), which collects and monitors job activity in the healthcare staffing sector, notes the registered nurse (RN) job volume in March of 2020, at the beginning of the COVID-19 pandemic, increased by 12.5% over

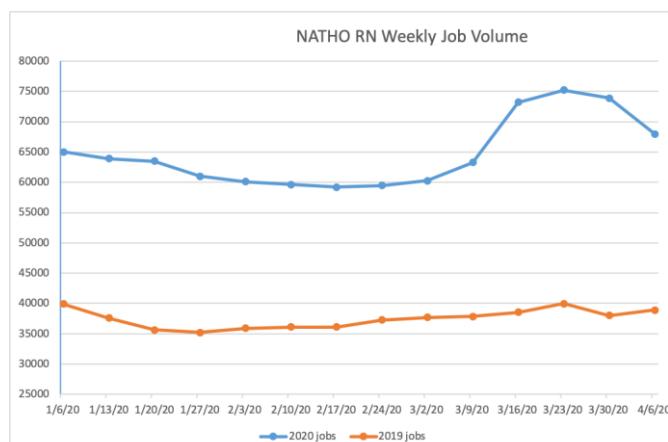
the first two months of the year, compared to an increase of 5% for the previous year's respective period (NATHO data, June 23, 2020).

- NATHO Clinical Executive Committee (CEC) members (personal communication, June 10, 2020) reported a greater than 35% increased need for specific acute care specialty jobs including ICU, Emergency Department (ED) and MedicalSurgical nurses, at the start of the pandemic, in March and April 2020.
- Additionally, there was a similar 30 to 35% spike in critical care jobs in the month of June, coinciding with the surge of COVID-19 hospitalizations in many of the southern states (CEC, personal communication, June 10, 2020).

On March 23, 2020 Governor Cuomo issue an Executive Order 202.10, directing the New York Commissioner of Health and NYC Hospitals to increase hospital bed capacity by 50% and if able, by 100% to manage the surge of COVID patients (New York State, 2020). In addition to estimating the need to increase ICU bed capacity from 3000 beds to 18,000-37,000 beds, Governor Cuomo also estimated the need for 50,000 additional health care workers to care for the NYC residents necessitating hospitalization due to the progression of COVID-19 (New York State, 2020). At the peak of the pandemic in NYC, the daily number of hospitalizations exceeded 1,700, a notable increase of approximately 1,000 additional daily admissions (New York City, 2020). Up to 25% of these hospitalized patients required critical nursing care (Anesi, 2020), which would equate to needing approximately 1,100 additional nurses every day during the noted peak.

According to American Association of Colleges of Nursing (2020), nationally there are more than 3.8 million RNs, comprising the largest profession as primary caregivers in acute and post-acute healthcare settings. Current times have shown that nurses are willing to answer the call. There are countless stories of nurses desiring to cross state lines and join the fight. It is imperative for our nation to recognize and champion nurses and their efforts to practice using a national license model to ensure our community thrives beyond future threats to our healthcare delivery systems.

The following chart from the National Association of Travel Healthcare Organization's OrderMetrics data shows the significant spike of weekly job volume from 2019-2020 and specifically throughout the pandemic.



Benefits of National License

A nursing workforce that can mobilize to areas of highest need

New York City Health and Hospitals, one of the largest public health systems in the United States, implemented many strategies, including training and redeploying existing staff and hiring additional local healthcare talent, to overcome the looming staffing shortage. Yet, within just a few weeks the qualified local talent pool was exhausted.

- Hence, a nationwide approach to staffing was commanded and the hospital system contracted with private healthcare staffing firms to hire and onboard an additional 5,000 nurses and over 1,500 allied healthcare professionals in April 2020 (Keeley, et al., 2020).
- A significant key to the staffing firms' abilities to rapidly deploy the volume of healthcare professionals from a national workforce directly resulted from the Governor issuing emergency legislation to allow out-of-state practitioners to practice in New York.

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A national license model yields rapid deployment of staff without the need for emergency legislation. Consequently, a proactive versus reactive solution is generated to emergent disaster situations, while also saving valuable time and generating higher quality healthcare workers.



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Helping Hospitals. Helping Patients. Faster.

Increase speed and access to the care communities need

A sampling of over 1000 nationwide hospitals surveyed for this document, identified several advantages to having a national license model for nurses to assist during staffing crisis, including seasonal changes in population (snowbird or retiree states), influenza outbreaks, and peak vacation periods and locations. The top benefits of the national licensure identified by hospitals surveyed include:

- Improved speed to fill open positions
- Access to a larger pool of qualified candidates
- Reduced credentialing and compliance roadblocks
- Decreased delivery time/time-to-fill openings (talent can start quicker to fill urgent needs)
- Eliminate the need for governmental intervention and approval in emergent situations

- Less cumbersome for the healthcare talent

Christian Brown of Qualivis, who manages staffing for several hospitals in the state of Virginia, stated;

“

“The greatest benefits of a national license for my hospital clients would be the ability to get RNs started quicker, saving money on compliance while easing the compliance process, having more candidates interested (and qualified), not needing to get the license, and it would make it easier to track and streamline licensure disciplinary actions.” (C. Brown, personal communication, June, 26, 2020).

Eddie Parizek, the Assistant Vice President, of Managed Service Provider Operations with Healthtrust, responded to how a national license would assist his ability to fill the staffing needs for his 100+ hospital organizations.

“It would allow us to balance staffing in areas that aren’t busy with areas that are busy. We could pull our employees in a market or region that isn’t busy and move them to other areas where the need for additional staff exists. It is a balancing act. It would help hospitals tremendously to fill their orders. Think about the single state license states such as California. If California was under a national license, they could reduce their (bill) rates knowing that it would open a larger candidate pool and we would not be limited to just talent with a California state license” (E. Parizek, personal communications, June, 18, 2020).

As far as being able to respond to the COVID-19 Pandemic, Parizek states;

“Candidates could get started as soon as compliant. There would be no waiting on a license to clear them, (we would) not have to rely on federal entities and all the parties involved for that candidate to obtain a state license if that candidate didn’t have a license in that specific state. We could get people in much quicker and pull from a larger candidate pool and allocate the resources we already have more effectively” (E. Parizek, personal communications, June, 18, 2020).

Fueling Continuation of Care via Telehealth Services

As healthcare needs transform, so must the delivery of care

According to the National Council of State Boards of Nursing (NCSBN, 2020), modern health care demands a more dynamic and flexible patient care delivery model that supports a smoother transition of care across states.

- The COVID pandemic has forced a rapidly transformative patient care model that includes the expanded delivery of virtual care.
- In the wake of the COVID-19 outbreak, telehealth has been critical to ensure patients still have access to care, while mindfully reducing the risk of coronavirus transmission.
- Not only does a national license model improve the ability to physically mobilize a nursing workforce, but it also supports the ability to continue the services of other healthcare needs via telehealth services.

Hence, this improves the fluidity and mindfulness of this care, promoting services in a safe and effective manner. Whereas, access to healthcare would otherwise be limited due to the existing disaster or other geographic limitations.

The Centers for Disease Control and Prevention (2020) reports that telehealth services have been used to facilitate public health risk mitigation strategies and to reduce potential infectious exposures through the provision of low-risk urgent care services, patient coaching and therapy, and other non-emergency care services via video and telephonic telehealth services. The CDC (2020) also notes there are present existing limitations to telehealth services primarily due to interstate licensure stipulations.



Unifying Standards Drives Consistency & Reliability

Promote continued confidence in nursing mobilization

Standardization provides consistency and reliability.

- As part of the Nurse Licensure Compact, each participating state agrees to abide by the policies and processes of the licensee's state of residency, in addition to the 11 Uniform Licensure

Requirements (ULR) needed for a multistate license (National Council of State Boards of Nursing (NCSBN), 2020).

- In addition, to support consistent standards of high-quality and further safeguard measures, each licensee is obligated to complete state and federal criminal background checks (CBC) and will be denied compact licensure status if ever convicted of a felony (American Nurses Association, 2016).

The significant lack of nationwide licensure standardization presents numerous obstacles for the deployment of nurses. Omobola (2019) notes that the lack of standardized entry-to-practice requirements creates unreasonable barriers and limits physical and professional mobility. Supporting NLC standardization promotes confidence that every nurse utilizing this license model has already met the minimum compliance requirements.

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80%

Eliminating Barriers to Addressing the Nursing Shortage

A catalyst for nursing recruitment that is much needed

One trend that continues to cycle and be a recurring theme in healthcare is the shortage of health care staff, specifically nursing staff. There needs to be a strong national focus and policy adjustments to potentially overcome and prevent this issue.

- Buchan, Duffield, and Jordan (2015) report that the World Health Organization (WHO) estimates that by 2035 there will be a 12.9 million health care worker deficit that will be largely comprised of nurses.
- A survey, conducted by AMN Healthcare, BE Smith, and The Center for the Advancement of Healthcare Professionals, involving 223 nurse leaders, indicated that more than 80 percent of the CNOs said their organization had moderate, significant or severe difficulty in recruiting nurses and sixty-one percent reported the shortages have had considerable or great impact on nurse morale (AMN Healthcare, 2017).

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AMN Healthcare, 2017

It is unlikely that nursing is going to be able to correct this shortage by simply hiring more nurses, because as the population ages and requires more healthcare, the experienced healthcare workers are also aging and heading toward retirement. Buchan, Duffield, and Jordan (2015) note that long term trends must be accounted for by policy makers through reconfiguring health services, allocations of funding for health care, more accurately projecting the supply of nurses, and by increasing productive

and efficient use of nursing staff and skills. By eliminating barriers, nursing will be able to more effectively meet the needs of the population.

The Impacts of Nursing Shortages on the Front Line

Nurses feel the expanding crunch

The following chart displays RN survey results from AMN Healthcare's 2019 RN Survey Report. Those completing the survey were asked about their views on the nursing shortages. The chart shows the increase in the issue over the last five years.

2019	2017	2015	
52%	48%	37%	The shortage is worse than five years ago.
17%	22%	34%	The shortage is not as bad as five years ago.
31%	30%	29%	There has been no change.

A National License is the Solution

Support is widespread for this proactive approach

As evidenced, varying natural disasters and the COVID-19 pandemic have highlighted the effectiveness, yet pressing need for a proactive national license approach. The successful deployment of nurses across the nation should inspire the national licensure movement to trudge forward at a more rapid implementation pace. The efforts for a national license are not a new phenomenon.

- The NLC (2020), has been operational and successful for over 18 years and continues to grow each year with the addition of new states. Currently, 34 state members are participating (NLC, 2020), and the NLC is an applicable solution to overcome the challenges of streamlining licensure without sacrificing safety and quality standards.
- Contrary to states lowering their standards of practice to accommodate nurses with an out-of-state license, the NLC standardization has created ULR to ensure that each nurse practicing within the NLC has met the minimum predetermined requirements.
- Furthermore, all states that participate in the NLC conduct criminal background checks to determine eligibility for a multistate license.

The Nurse Licensure Compact (NLC) is widely supported by organizations such as the American Organization for Nursing Leadership (AONL). Additionally, national licensure is supported by the U.S. Department of Commerce and by savvy hospital associations such as the Hospital Corporation of America Healthcare (HCA). Importantly, military personnel and their families, frequently displaced to new locations, are noticeably impacted by access to the cross-state licensing privileges that are provided by the NLC. Nurses have expressed strong advocacy for national licensing efforts, evident in a 2017 survey of registered nurses by AMN Healthcare, where 68% supported national licensing instead of state-by-state (AMN Healthcare, 2017).

The Time is Now

Immediate action to ease the strain in COVID-19 and future emergencies

During crisis times, it is not uncommon for regulatory specifications to be modified to accommodate the supply versus demand. However, reactively making endorsement adjustments can lead to compromising quality. At time of publication, numerous NATHO member organizations are reporting continued increased requests for high quality specialty staff.

The NLC provides a seamless framework for quick implementation of a national license solution to meet these increased demands yet maintain high quality. Immediately working to implement this solution would proactively position employers and our nation to be able to continually increase access to more clinicians nationwide, while also allowing quick response to emergency needs. Additionally, a national nursing license would improve information sharing amongst states and remove blocks to telehealth, all while promoting a more mobile workforce of appropriately qualified clinicians and ultimately benefiting the healthcare consumer.

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