2024: Nursing's Public Policy Platform

Nursing organizations from across Virginia seek the following commitments from the commonwealth on behalf of Virginia's more than 118,000 registered nurses.

STRENGTHENING THE NURSING WORKFORCE

Ensuring Safe Staffing and Promoting Workplace Safety
If nurses are to meet the needs of patients now and in the future, urgent action is needed to protect and preserve our workforce.

Inadequate staffing is a longstanding problem that dramatically worsened due to the COVID-19 pandemic, and it poses a threat to patient safety and the sustainability of the nursing workforce. When hospitals and other practice settings are inadequately staffed, nurses work longer hours and are assigned excessive workloads, making it difficult or impossible to provide the high-quality care that patients deserve. This causes significant moral distress and job dissatisfaction among nurses, often pushing them away from the bedside or out of the profession entirely. As demands for care continue to increase, we cannot afford to lose any more nurses.

Nurses deserve to feel safe in their workplace. Violence against healthcare workers is rising in hospitals across the nation, and because nurses spend more time with patients than any other healthcare professionals, they are the most likely to be victimized by verbal abuse and physical violence from patients, families, visitors, and others. Workplace violence and other hazards that threaten the health and wellbeing of nurses, such as the presence of surgical smoke in operating rooms, must be mitigated immediately. We will continue to collaborate with stakeholders and support legislative efforts that ensure the safety, wellbeing, and sustainability of the nursing workforce.

Preserving “Just Culture” to Protect Patients
Our healthcare system relies on the concept of “Just Culture,” that is, an organization-wide mindset and process where mistakes or errors do not result in automatic punishment, but rather a process to uncover the source of the error. When an error is made, healthcare facilities rely on clinicians to voluntarily report the error so that a root cause analysis can be performed and the error can be prevented via system changes. If clinicians fear criminal prosecution for voluntary disclosure of a medication error, they will be much less likely to report errors, and this will allow system failures to go undetected and uncorrected, ultimately making patients less safe. It is vital that we preserve Just Culture as a means to protect patient safety. A voluntary disclosure of an unintentional medication error should not be used to criminally prosecute any clinician. There are currently no legal protections in place for clinicians in Virginia.

Investing in Nursing Programs and Growing the Workforce
The current and projected need for nurses and other healthcare professionals in the next 10 years is significantly larger than our capacity to produce them. Year after year, nursing schools across the commonwealth must deny admission to qualified applicants due to a lack of nursing faculty and clinical sites. To produce enough nurses to meet the demands of an aging populace, the commonwealth must expand its investments in nursing education programs so they can increase enrollment capacity. This includes investing in nursing faculty to make wages more competitive with clinical practice, and funding preceptor incentives so schools can secure additional clinical sites. We should also increase funding for programs that incentivize students, particularly the “Earn While You Learn” program. Investments should support nursing’s effort to diversify our pool of faculty and students so that our future nursing workforce better reflects the communities we serve.
.Supporting the Health and Wellbeing of All Virginia Communities
All Virginia communities deserve the opportunity to live in a state of well-being and have equal access to safe and affordable healthcare. To ensure the optimal health of all Virginians, it is imperative that health equity is at the forefront of all policy decisions, and that legislative solutions are advanced which promote a culture of health and reduce barriers to wellness for all community members, regardless of race, ethnicity, sexual orientation, gender identity, geographic region or socioeconomic standing. Furthermore, policymakers should work to safeguard privacy and autonomy within the patient-provider relationship. It is imperative that healthcare be inclusive of all patient populations and in accordance with the Code of Ethics for Nurses.

Employing a Nurse in Every Virginia School
School nurses are frontline healthcare providers, serving as the bridge between the healthcare and education systems. They serve as public health sentinels, overseeing the physical and mental health of all students. For many children living in or near poverty, the school nurse is the only healthcare professional they see. School nurses are essential in communicable disease surveillance, identification, and intervention. Above all else, access to a school nurse is a student health equity issue, and we must work to ensure that there is a nurse in every Virginia school by implementing the recommendations of the 2021 Study and Report by the Virginia Department of Education. We will continue to collaborate with public and private stakeholders and support innovative solutions to place a nurse in every Virginia school.

Advancing Full Practice Authority

Supporting Multi-State Privileges for Advanced Practice Nurses
Participation in the APRN Compact will allow an advanced practice registered nurse (APRN) who is licensed in Virginia to have greater mobility in clinical practice, and entice APRNs from other states to practice in Virginia which expands access to care for residents of the commonwealth. Participation in the compact may require the elimination of the Joint Boards of Medicine and Nursing so that APRN practice can be appropriately regulated by the Board of Nursing. This change is recommended by the national APRN Consensus Model, as well as the Virginia Department of Health Professions, who noted in a 2021 study that Virginia is one of only three states burdened with the extra layer of bureaucracy inherent to having joint boards of medicine and nursing.

Solidifying Practice Authority for Nurse Practitioners and Certified Registered Nurse Anesthetists
All Virginia nurses should be permitted to practice to the full scope of their education and training, just as other medical and healthcare professionals are able to do so. Virginia law currently requires nurse practitioners to enter into a physician-led collaborative practice agreement for five years before they become eligible to apply for autonomous license. This requirement is the most restrictive transition period in the nation, and there is no evidence of benefit. Many states do not require any transition period whatsoever, and among the states that do, the average transition period is between one and two years. Similarly, CRNAs in Virginia are required to practice under the supervision of a physician, despite the fact that numerous other states have no such requirement. The APRN Consensus Model, developed by the National Council of State Boards of Nursing, recommends that all APRNs be able to practice autonomously upon graduation of an accredited program, and the 2021 study of APRNs by the Virginia Department of Health Professions recommends amending state law to conform to the national APRN Consensus Model.