

The Effect of COVID-19 on APRN Practice in North Carolina

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INTRODUCTION

Purpose

•To assess the impact of barriers to APRN practice and of COVID-19 on APRN practice in NC

Objective

•To identify the extent to which APRN practice has changed since practice restrictions were removed in NC during COVID-19 through examining survey data from APRNs practicing in NC

Significance

•APRN practice restrictions: a barrier to US health care access ^{1,2}
•Full practice authority APRNs: alleviate provider shortages in underserved areas and increase health care access during COVID-19 ^{3,4}

Problem

•A primary care provider shortage and lack of health care access ^{3,5}
•Full practice authority not legislatively granted throughout the US ⁶

BACKGROUND

•NC: restricted practice state for NPs ⁷
•Executive Order 130 (enacted 4/9/2020) ⁸
•Lifts NP quality improvement meetings with supervising physicians
•Allows NP reassignment to certain practice areas



FRAMEWORK

CDC Framework for Program Evaluation ^{9, 10}



METHODS

Project Design

•Descriptive

Participants

•NC APRNs with an active license
•Anonymous

Intervention

•National APRN Practice and Pandemic Survey
• Access: QR code via advertising
•Questions: demographics (5) and practice (20)
•PIs: Ruth Kleinpell, PhD; Wendy Likes, PhD; Carole Myers, PhD; Mavis Schorn, PhD

Data Collection

•6/1/20-9/23/20
•Software: REDCap

Data Analysis

•Quantitative and qualitative via thematic analysis

PARTICIPANT DEMOGRAPHICS

NC Respondents by APRN Role

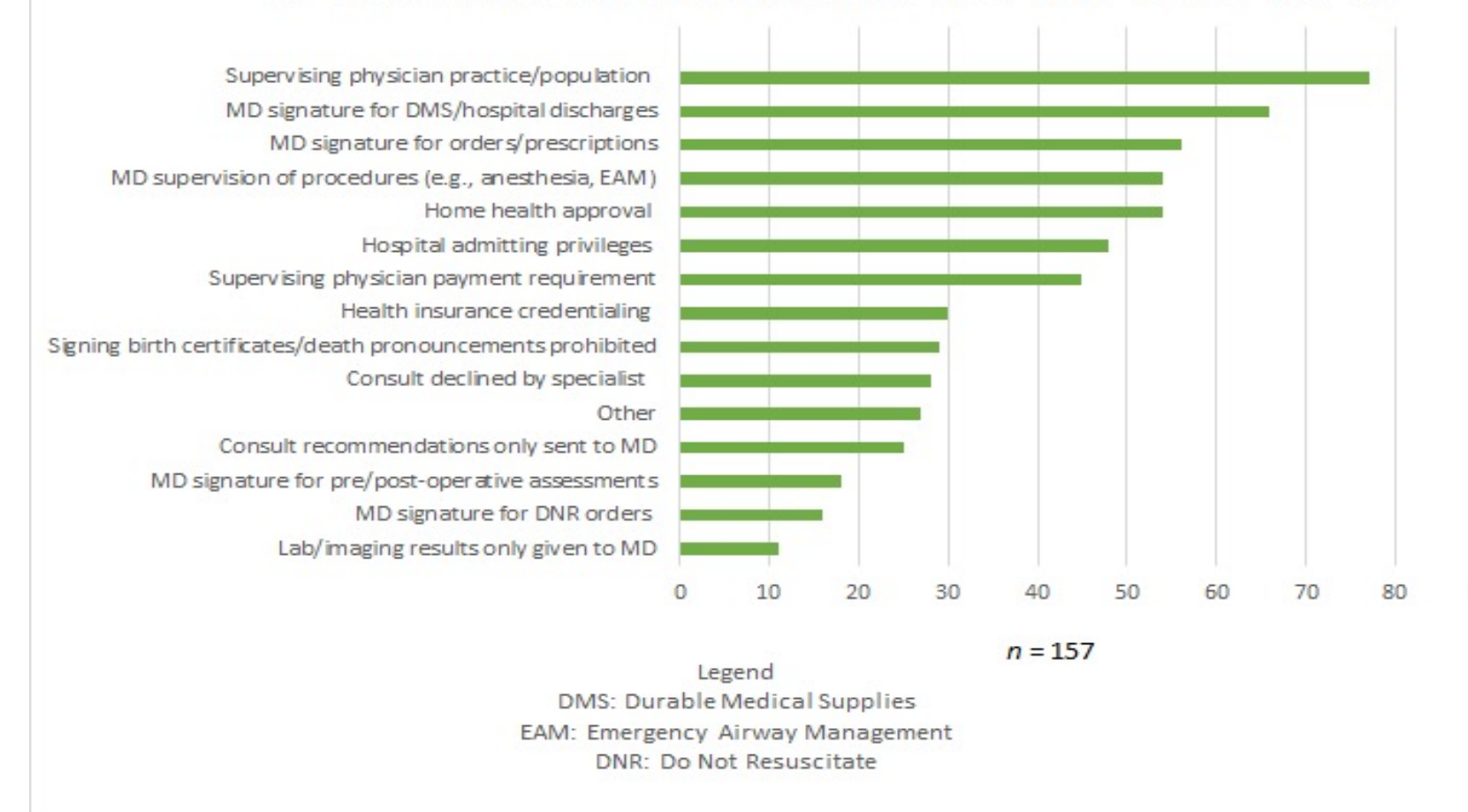
APRN Role	Number of Responses
CRNA	13
CNM	19
CNS	0
NP	128
n = 160	

NC Respondents by NP Certification

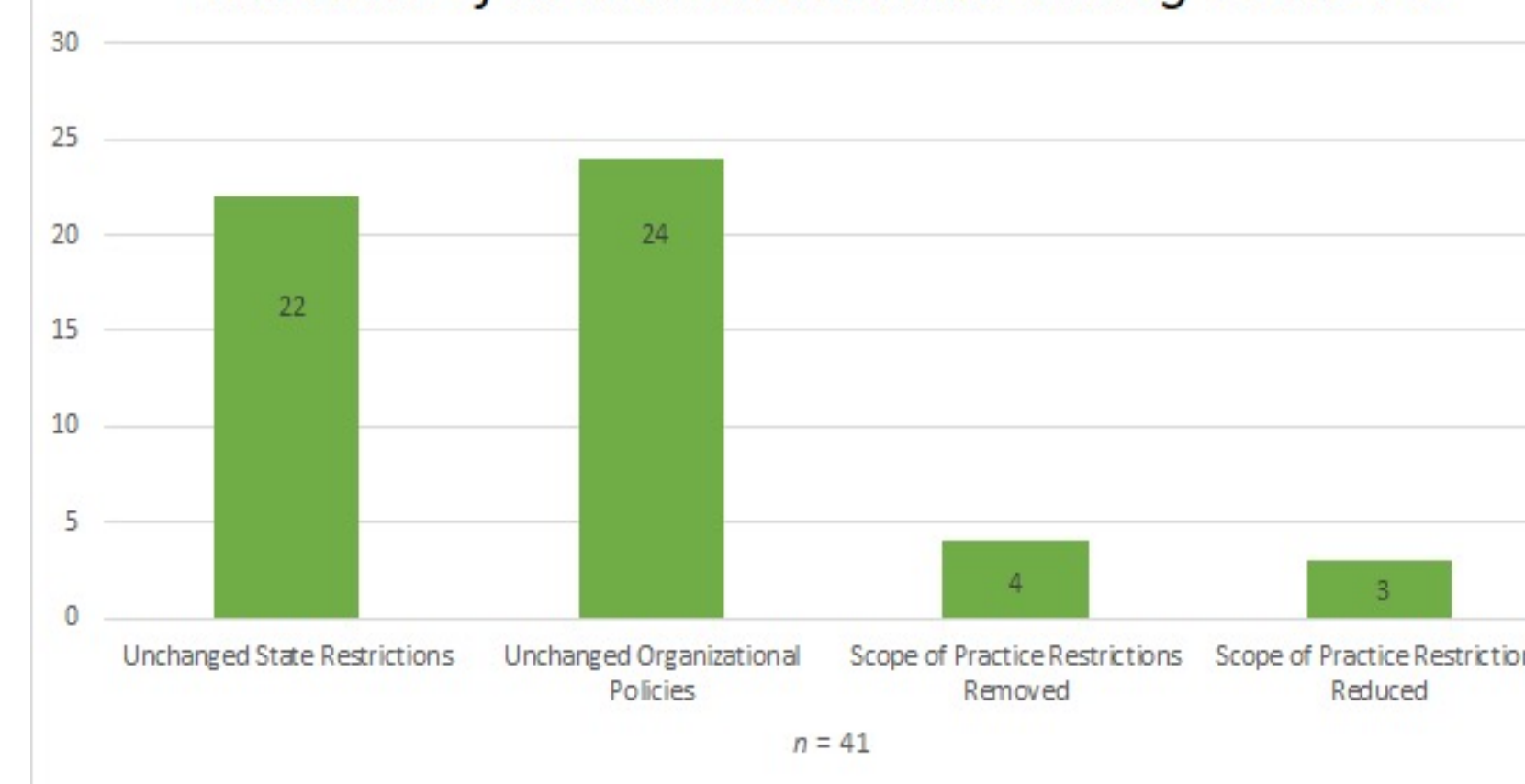
NP Certification	Number of Responses
Acute Care	13
Adult	15
Adult-Gerontology Acute Care	11
Adult-Gerontology Primary Care	17
Emergency	6
Family	58
Gerontology	4
Neonatal	0
Pediatric-Acute Care	3
Pediatric-Primary Care	6
Pediatric-Primary Care Mental Health	2
Psychiatric/Mental Health	9
Women's Health	6
None	0
Other	14
n = 128	

SURVEYS

APRN Practice Restrictions in NC Prior to COVID-19



The State of APRN Practice in NC During COVID-19



RESULTS

•Qualitative APRN survey comments
•Contact tracing and swabbing for COVID-19 instead of utilizing advanced nursing skills
•Administrative duties during COVID-19 and less in-person primary care/preventative office visits

Discussion

•Limited change in NC APRN practice during COVID-19 suggests limited health care access
•Strength: high proportion of NP participants (who provide a large portion of NC APRN patient care)
•Limitations
•No open-ended survey questions for practice changes during COVID-19
•Low number of participants
•Next Steps
•Education on removing NC health care access barriers
•Advocacy for NC APRN full practice authority

CONCLUSIONS

•NC APRN practice restrictions: continue to impact patient care
•No significant impact on the reduction or removal of APRN scope of practice barriers with Executive Order 130
•NC APRN full practice authority: should increase access to health care for underrepresented groups and underserved areas

REFERENCES



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