

## ABSTRACT

**Problem Statement:** Specific APRN practice restrictions in Texas were waived during the COVID-19 pandemic but the effects were not known.

**Purpose:** Explore the effects of the COVID-19 pandemic on APRN practice in Texas.

**Methods:** Thematic analysis was used to conduct a secondary analysis of data from 303 Texas APRN respondents to a national survey on impacts of COVID-19 on APRN practice

**Results:** APRN practice barriers in Texas prior to the pandemic included: the requirement of MD supervision including co-signatures for orders, prescriptions, pre- and post-operative assessments, discharges; do not resuscitate (DNR) orders, pronouncing death; restrictions on hospital admitting privileges; and MD oversight of procedures essential to care and within APRN scope. Major themes identified that resulted from the pandemic were increase in responsibility; decrease in number of outpatients; decrease in revenue; loss of work. Perceived change in APRN scope of practice was not a major finding. Increased use of telehealth was a major finding

**Discussion:** The major effects of COVID-19 and waiving of practice restrictions on APRN practice in Texas included increased responsibilities and the increased use of telehealth. Barriers to APRN practice were identified that limit the ability of APRNs to provide care to the fullest extent based on their education and licensure with no perceived change from the removal of restrictions during the pandemic. Further study on strategies for lifting APRN practice restrictions is needed.

## PURPOSE

- Describe APRN practice barriers in Texas
- Determine the effect of COVID-19 pandemic-related waivers for APRNs in Texas
- Explore the effects of the COVID-19 pandemic on APRN practice in Texas

## BACKGROUND

- Texas healthcare policies contribute to poor healthcare
  - Highest uninsured rate in country (24%)
  - 33-percentage point disparity of insured between white adults and Hispanic adults
  - Mortality amenable to healthcare of greater than 100 deaths per 100,000 persons
  - Healthcare costs almost 225% of Medicare prices
- Restrictive APRN practice
  - Delegating Physician Authorization- "written authorization to provide medical aspects of patient care which are agreed upon and signed by the advanced practice nurse and the physician" (Texas Board of Nursing, 2020)
- COVID-19 pandemic
  - In U.S. in less than one year, 20.2 million people contracted the virus and 347,700 people died.
- Waived APRN restrictions
  - Out-of-state APRNs can practice in Texas with verbal delegating physician authorization
  - APRNs prescribe schedule III-V via telemedicine
  - Fewer requirements for license reinstatement and renewal

## METHODS

- Secondary analysis of 303 Texas APRN respondents to national survey exploring effects of COVID-19 on APRN practice
- Analyzed, organized and described APRN identified themes using Braun and Clark 6 phase thematic analysis

## RESULTS

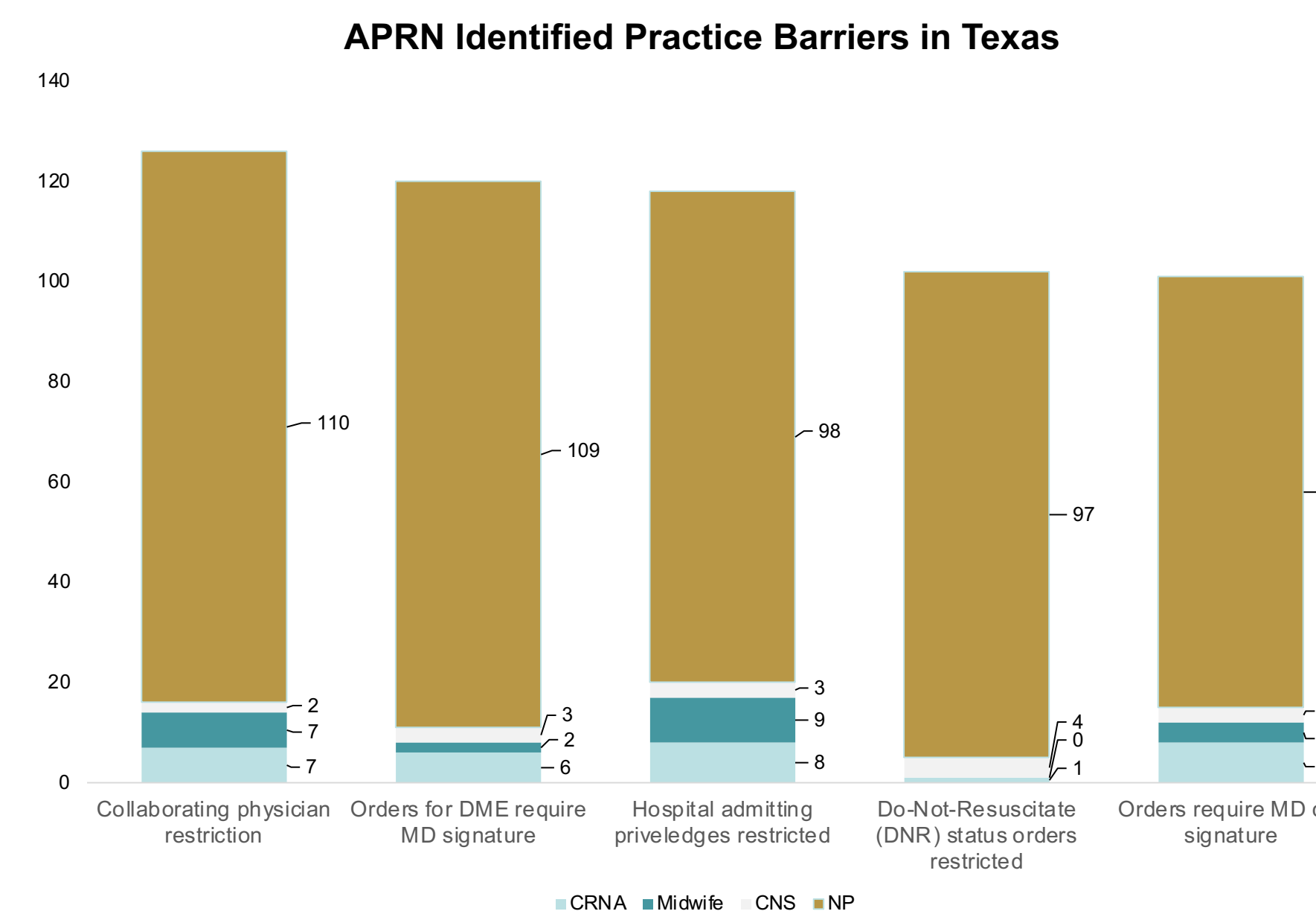
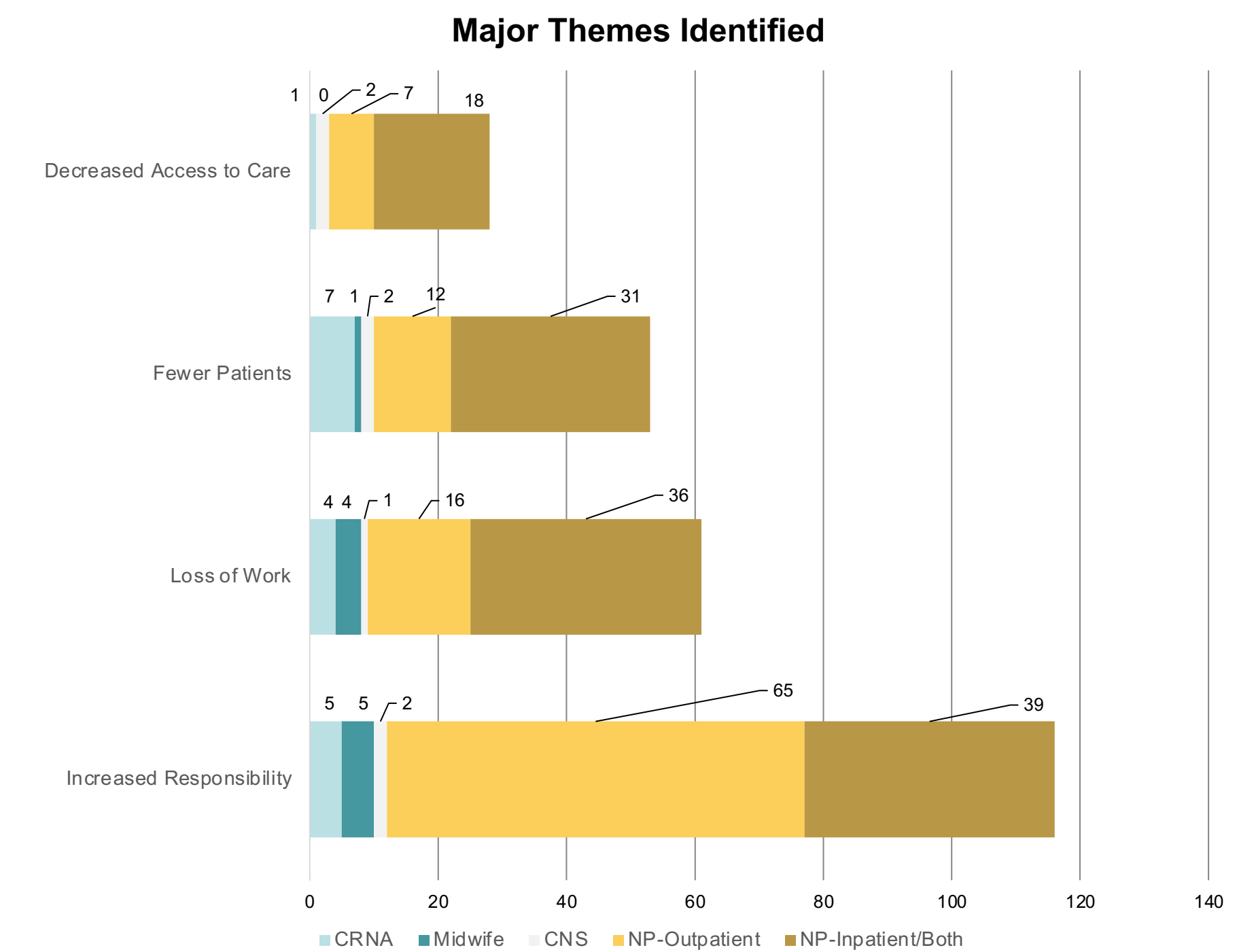


Chart 1. APRN Identified Practice Barriers in Texas prior to pandemic.

- APRN identified 20 practice barriers prior to the pandemic
- Only 24 (8%) APRNs commented on perceived change in practice restrictions related waivers
  - 14 (4.6%) APRNs indicated no change in practice restrictions in their work setting
- Effects of COVID-19 on APRN practice themes identified
- Increase in responsibilities indicated by 101 (33.3%) of APRN respondents to direct question and 116 (36%) of the open-ended comments
  - Twenty-eight comments (24.1%) indicated an increase in responsibilities related to fewer providers available.
- Reduction in patient volume
  - 92 (44%) outpatient respondents reporting canceled or delayed appointments significantly more than normal
  - 40 (27.2%) inpatient respondents indicating a significantly less than normal volume of patients
- Loss of work- of 320 open-ended comments, 61 (19%) reported a loss of work.
- Increase use of telehealth
  - 221(73.3%), had never used telehealth prior to the pandemic
  - 131 respondents (43.7%) indicated high or daily use and 70 (23.3%) indicated moderate or weekly use of telehealth during the pandemic



## Use of Telehealth

Degree of Use	Before the Pandemic	During the Pandemic
None	221 (73.7%)	71 (23.7%)
Low e.g. monthly	43 (14.3%)	28 (9.3%)
Moderate e.g. weekly	19 (6.3%)	70 (23.3%)
High e.g. daily	17 (5.6%)	131 (43.7%)

## CONCLUSIONS

- APRN respondents identified practice barriers in Texas prior to the pandemic with no noticeable change with waivers
- Further study is indicated for strategies on lifting APRN practice restrictions
- increased responsibilities was a major theme identified followed by loss of work and decrease number of patients
- The use of telehealth grew exponentially
- Future use of telehealth may prove a beneficial method of healthcare delivery

## REFERENCES

1. Please see handout for reference list