



requirements, how provisions influence the extent and frequency of interprofessional collaboration, and how telehealth usage changed, if at all.

In addition, how these resulting changes impact APRN discipline rates is unknown. To augment the literature on these important topics, NCSBN designed a cross-sectional study to identify APRN practice trends across the United States during the COVID-19 pandemic. The primary research question driving this study was, what is the impact of the executive orders lifting restrictions on Advanced Practice Registered Nurses' direct patient care during the COVID-19 pandemic?

Two primary objectives provided the framework for this inquiry. First, we wanted to assess summary discipline trends comparing overall APRN discipline rate and breakouts by jurisdiction from 2019 through 2021. The analysis includes a baseline snapshot prior to the pandemic, as well as two full years after the pandemic onset, to determine the safety profile of APRNs adjusting their practice in light of the issuance of temporary waivers in many jurisdictions.

With that discipline context established, we then wanted to determine the patient care implications of the executive orders lifting restrictions on APRNs. Regarding the methodology, as I mentioned, this was a cross-sectional observational study. The proposed study utilized a two-phased approach. The first was the survey of APRNs practicing across the U.S.

This confidential survey was designed to assess the extent to which temporary practice waivers during COVID-19 affected APRN practice and the resulting implications for patient access. The second phase of the study linked these response trends with discipline data to examine issues pertaining more directly to patient safety.

Given our dual interest in practice and safety, we leveraged NCSBN's Nursys database for the study. For those of you who are not familiar, Nursys is a national database for verification of licensure, discipline, and practice privileges for all nurses licensed in participating boards of nursing. We focused on APRNs in participating Nursys jurisdictions to ensure access to both the most up-to-date contact and licensure information, but also to establish a baseline understanding of disciplinary trends.

As of 2020, there were a total of 27 states that shared their APRN data through the Nursys database. These states are colored dark gray on the map you see on this slide. As you will note, while not a complete picture of the U.S., the Nursys database gave us good coverage across the country and strong geographic diversity. While these 27 states constituted the overall sample for our survey, we also drilled down further to highlight observed discipline trends for a four-state subset to better examine the safety of





Prior to the pandemic, only 53% of respondents indicated their supervising provider conducted regular chart reviews, and 9% indicated their supervising provider never conducted chart reviews. So as the chart before you illustrates, coordination between APRNs and their supervising providers was not always regular, even before COVID-19.

As further context, prior to the onset of the pandemic, 92% of respondents indicated their clinical

the board, respondents also underscored the durability of this trend, projecting a quarter of their care would continue to be delivered using telehealth after the pandemic subsides.

Those positive telehealth