

Resolution on the Current Crisis in Care: Beating Back Crisis Standards of Care is Necessary to Securing Holistic Registered Nursing Practice to Protect Patients

WHEREAS, the purpose of California Nurses Association/National Nurses Organizing Committee (CNA/NNOC) is “to foster high standards of nursing practice, promote the professional advancement of nurses, and promote and safeguard the welfare of nurses to the end that all people may have better health care services”; and

WHEREAS, CNA/NNOC establishes essential principles of RN conduct to “foster high standards of nursing practice and promote quality patient care,” including:

- » Participating in “efforts to implement and advance the nurse’s role of patient and consumer advocate.”
- » Providing health care services “with respect for human dignity and the individual unique needs of the patient unrestricted by considerations of social or economic status, nature of health problems, age, color, creed, disability, gender, lifestyle, nationality, race, religion, or sexual orientation.”
- » Recognizing “the importance of collective patient and social advocacy to the public health and the integrity of professional nursing standards of care, and participating in necessary and appropriate actions and exercises of collective patient advocacy to protect public health and safe patient care standards against erosion, restructuring, degradation, deregulation, and abolition by the large health care corporations, hospital chains, insurance companies, pharmaceu-

tical corporations, and other powerful economic institutions and interests which today seek to control the availability, access, and quality of health care services for purposes of profit and surplus revenue generation against the interest of patients and health care consumers”; and

WHEREAS, restructuring is the corporate model of reorganizing a company with goals of achieving greater efficiency and productivity, thereby increasing profit with little regard for patient safety and outcomes; and

WHEREAS, the health care industry has aimed to end the right of RNs to advocate in the exclusive interest of the patients for over three decades through restructuring schemes, and seeks to further this goal by making registered nurses accomplices by coopting them through industry-promoted schemes such as magnet status, corporate colonization of education, and undermining of educational standards; by promoting disdain for the direct-care RN role and distance from the patient advocacy role; and by endorsing lack of leadership and respect for direct-care RNs from nurse academics and nurse executives; and

WHEREAS, the health care industry aim has been to increase profits through clinical restructuring and deskilling of the nursing process specifically by inappropriately pushing care to the lowest-cost and least-regulated setting, including retail clinics, outpatient surgery centers, and the patient’s home; and



WHEREAS, the attack on nursing practice and patient advocacy includes displacing RNs and RN professional judgment with health information technology, automation, and remote monitoring tools and, ultimately, abandoning the patient by leaving complex clinical care to be provided in the home by the family or even by the patient alone; and

WHEREAS, health and human care services are in danger of being redefined from human touch to electronic virtual “care” where RN skill and independent professional judgment are replaced with so-called smart technologies, such as artificial intelligence and algorithmic programs, and RN hands-on patient care is replaced with a virtual presence through the control centers of e-hospitals, e-ICUs, and e-home care, enabled by remote patient monitoring technology, mobile health apps, and other information management systems; and

WHEREAS, the health care industry and its allies aim to accelerate the preferential hiring of the BSN RN over the ADN and diploma graduates and, ultimately, to designate the BSN degree as the entry level into the nursing profession in order to promote divisions among nurses based on class, race, and socioeconomic status; escalate RN dependency on and compliance with hospital management through a constantly upgraded entry-level-into-practice requirement and the correlated increased student debt, and create an additional source of revenue for the ANA and other industry-allied entities by replacing CEs with frequent competency testing as a condition of licensure and employment, preferential treatment for winning Magnet designation, and similar schemes as a method of avoiding government regulation and accountability; fill industry-created expanded roles including encroachment of nursing and medical practice; and supplant holistic nursing care and clinical competency with RN mastery of technology; and



WHEREAS, the current COVID-19 pandemic has revealed the health care industry’s utter disregard for registered nurses and other front-line health care workers’ safety and well-being, as evidenced by a lack of planning and preparation to mitigate the spread and effects of, and treat the victims of, a predictable and expected pandemic, thereby putting frontline health care workers in grave danger as evidenced by the number of frontline health care workers both contracting and tragically dying of COVID-19; as further evidenced by the American Hospital Association’s lobbying to lower standards of personal protective equipment against scientific evidence, despite the hospital industry receiving more than \$100 billion in government bailout funds; and

WHEREAS, during the COVID-19 pandemic, the disposability of nurses under the current economic system can be plainly observed as health industry employers, among many other things, refuse to provide necessary personal protective equipment, mandate endless shifts, refuse sick or quarantine leave and pay, refuse COVID-19 tests for health care workers, demand nurses work even if they have been exposed to COVID-19, and discipline nurses who speak out about unsafe conditions for workers and their patients; and

WHEREAS, the current COVID-19 pandemic has been exacerbated by three decades of previous restructuring of clinical care efforts by the health care industry and has afforded them an opportunity to cynically accelerate their push to deregulate health care and health care professionals by implementing crisis standards of care, such as the reintroduction of “team nursing,” rapid expansion of telehealth programs, emergency competencies and suspension of nurse-to-patient ratios, which they are aggressively lobbying to retain post COVID-19; and

WHEREAS, the current COVID-19 pandemic has put into stark relief the already existing disparities in health care access and outcomes suffered by marginalized communities as evidenced by the disproportionate rates of positive COVID-19 cases and deaths in African American, Latinx, Indigenous, Asian American and Pacific Islander, unhoused, and incarcerated communities.

THEREFORE, BE IT RESOLVED, that CNA/NNOC engage in an aggressive and sustained collective fight-back campaign against profit-driven health care restructuring to secure holistic registered nursing practice and promote, protect, and preserve our right to provide care and advocate in the exclusive interest of the patient; and

BE IT FURTHER RESOLVED, that CNA/NNOC will, in conjunction with likeminded groups and organizations, continue to work to ensure that health care delivery in the United States and globally provides health care services “with respect for human dignity and the individual unique needs of the patient unrestricted by considerations of social or economic status, nature of health problems, age, color, creed, disability, gender, lifestyle, nationality, race, religion, or sexual orientation”; and

BE IT FURTHER RESOLVED, that CNA/NNOC continue to engage in public awareness campaigns about the potential for life-threatening consequences should crisis standards of care

become permanent, shifting care to less-regulated or unregulated settings such as self-service with personal technology, ambulatory surgery centers, or the home, and substituting unsupervised, unlicensed, and family caregivers for direct, hands-on patient care from an RN; and

BE IT FURTHER RESOLVED, that CNA/NNOC will vigorously oppose all the following:

- » All technology that is used to replace, override, or undermine the professional judgment of RNs or otherwise compromise RNs’ ability to care for patients using the nursing process;
- » The use of electronic surveillance, record keeping, and data collection methods that are designed to capture additional charges for patient care delivery and increase profits under the pretense of improving care or reducing medical errors, often at the expense of patient safety;
- » The practice of utilizing other licensed professionals and unlicensed technicians, assistants, paramedical personnel, and volunteers in expanded roles as a substitute for licensed registered nurses in the provision of patient care;
- » Attempts to replace simulated clinical experience with computerized virtual learning centers and private, for-profit industry education models that deprive student and graduate nurses of hands-on, experiential learning;
- » The push to exploit new graduate nurses through licensed nurse residency programs, often unpaid, as a substitute for in-house preceptor and mentor programs that facilitate the development of clinical expertise, professional judgment, critical-thinking skills and support the demonstrated competency and validation of skills by experienced staff nurses at the bedside;

- » All legislation and regulatory proposals that promote the attack on nursing practice, the nursing profession, and safe patient care delivery;
- » All attempts to degrade RN staffing standards under the pretense of COVID-19 crisis such as telehealth/telenursing, team nursing, nurse extenders, and other schemes to remove direct-care nurses from their patients;
- » The expansion of the enhanced nurse licensure compact effort to additional states which is a direct threat to the nursing profession, nursing practice, and safe patient care standards;
- » All forms of harassment and retaliation by nurse executives, nurse managers, industry consultants, other health care executives, and their allies against nurses who advocate for patients and colleagues in challenging the health care industry's profit-maximizing, market-driven agenda that motivates the deskilling, fragmentation, routinization, digitization, automation, and robotization of the art and science of RN professional practice, as well as profit- or budget-focused cuts in patient services; and

BE IT FURTHER RESOLVED, that CNA/NNOC will continue to confront, contest, and expose those employers who are using surveillance technology and audits to promote fear, intimidation, and coercion as a method to promote adoption of industry partnership schemes that endorse algorithms, digitized staffing and acuity tools, scripting, rounding, self-service computerized patient menus, telemedicine, virtual "visits," and remote monitoring technologies as a substitute for the presence of direct-care registered nurses and their ability to use their professional judgment to plan and provide individualized patient care; and

BE IT FURTHER RESOLVED, that CNA/NNOC will actively educate, organize, and mobilize CNA/NNOC members and other registered nurses as individual, collective, and social advocates to control the conditions of our work and our practice, in our facilities and communities, in order to protect our patients' and the public's health, both locally and globally, in accordance with our organizational values of caring, compassion, commitment, and courage; and

BE IT FURTHER RESOLVED, that CNA/NNOC will continue to promote the social, economic, and political value and good public health policy benefits of care designed, planned, implemented, and evaluated by direct-care registered nurses.