1-2013

Advancing the Future of Nursing: A Report by the Building Academic Geriatric Nursing

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In the United States, the number of older adults will double during the next 25 years (United States Census Bureau, 2008). This dramatic demographic shift is changing the landscape of health care practice as more people live longer with multiple chronic conditions. To better prepare nurses to care for this future population, the John A. Hartford Foundation partnered with the American Academy of Nursing in 2000 to launch the Building Academic Geriatric Nursing Capacity (BAGNC) program. Since that time, 251 scholarships and fellowships have been awarded to nurses to advance geriatric nursing education, research, and practice. In 2009, the BAGNC nurse scholars and fellows formed an alumni organization to expand and continue their leadership development through peer networking and mentored policy initiatives. The BAGNC Alumni organization represents an elite set of new leaders in gerontological nursing to advance geriatric nursing education, research, and practice (Fagin, 2012).

To this end, at the 2011 Council for Advancement of Nursing Science's Special Topics Meeting, the BAGNC Alumni presented their ongoing and completed projects that relate to the Institute of Medicine (2011) (IOM) report The Future of Nursing: Leading Change, Advancing Health. Summaries of the individual presentations from this panel addressed the four key IOM messages and are presented in this article to highlight the action of these scholars and fellows.

IOM Message 1: Enable Nurses to Practice to the Full Level of their Training

By Jennifer Bellot and Dana Carthron

By practicing to the full extent of their education, nurses will lead and improve the care of older adults. Varying scopes of practice across the United States, however, impede nurses from providing care that enhances successful aging of older adults. For example, some states require advanced practice nurses to have physician collaborative agreements or physician supervision and do not allow full prescribing privileges. Others do not have such restrictive scopes of practice and achieve equally safe standards of patient care (Institute of Medicine, 2011). Limitations placed on advanced practice nurses are unrelated to quality of care, patient outcomes, or limited education but result from political influence and bias not grounded in scientific findings (Inglis & Kjervik, 1993; Wilken, 2011). An important undertaking is an ongoing project at Thomas Jefferson University, where BAGNC alumni are working toward enabling nurses to practice at the full level of their training througha study of Nurse Managed Centers (NMCs). This study will explore characteristics of Medicare beneficiaries served by NMCs and examine the feasibility of full integration of NMCs as patient-centered medical homes. Results of this study will highlight the role of nurses as comprehensive primary care providers in the face of health care reform.

IOM Message 2: Improve Nursing Education

By Karen Rose

Evidence supports that a greater level of education in the nursing workforce leads to better patient outcomes (Aiken et al., 2011). To increase the level of education, this IOM message calls for 80% of all registered nurses to be prepared with a bachelor's degree in nursing and to double the number of nurses with doctorates by 2020 (Institute of Medicine, 2011). This IOMmessage also calls for clinical education in community settings in which older adults receive the majority of their care. Settings such as academic-owned nursing practices provide optimal practicum sites for all students to gain experience and insight into older adults' care. One such site, The Living Independently for Elders (LIFE) at the University of Pennsylvania School of Nursing, uses the Program for All-Inclusive Care for the Elderly (PACE) model to deliver comprehensive interprofessional care for 450 nursing home-eligible persons ages 55 and older through Medicare and Medicaid funding (Sullivan-Marx, Bradway, &

Barnsteiner, 2010). The LIFE program is unique in that the PACE model is owned and operated by the School of Nursing and integrates practice, research, and education on a 24-7 basis. Furthermore, this program provides an important forum for Penn's BAGNC Faculty and Alumni to forge interprofessional collaborations through educational activities for 150 nursing students and approximately 15 medicine, dental, and business students annually. Outcomes of the LIFE program include lower rates of preventable hospitalizations, emergency department visits, and nursing home use. Other nursing education reforms incorporate interprofessional educational activities in providing care to vulnerable older adults. At the University of Virginia, BAGNC alumni are working with physician colleagues to develop and implement shared learning experiences for undergraduate nursing and medical students that focus on the needs of cognitively impaired older adults transitioning between acute-care settings and their homes. These educational experiences provide nurses with the needed knowledge, attitudes, and skills to work as equal members of the health care team.To increase the level of nursing education, a greater number of innovative educational activities, such as nurse academic_owned PACE programs, are needed for interprofessional collaborative experiences in the care of older adults.

IOM Message 3: Prepare and Enable Nurses to Lead Change

By Casey Shillam

Particularly for older adult care, nurses are the best prepared to lead change in the health policy arenas. To ensure implementation of the IOM report messages, the Robert Wood Johnson Foundation and the American Association for Retired Persons Center to Champion Nursing in America partnered to support each state in creating an Action Coalition. The California Action Coalition, with leadership by BAGNC Alumni, was one of the first five states to be designated as an Action Coalition in 2010 and to develop a strategic plan supporting nurses to lead change. Many of the implementation strategies of the Coalition directly impact the care of older adults through engagement of nurses at all levels of care to enact policy changes. Coalition leadership brings together key stakeholders such as health care organizations, professional associations, and foundations to identify and promote new models of care delivery that use the nursing workforce to its fullest capability. The California Action Coalition actively involves nursing students, the future nurses who will enact the changes the Coalition plans today, in town hall meetings used to encourage older adults in the community to become active in the Coalition. With the voice of the largest consumer group of health care, the Coalition strives to ensure that older adults' health care needs are met. In addition, Coalition members participate in the state's health workforce planning council to give voice to older adults' needs by informing state legislators and the governor's office of specific target areas related to aging that impact the health care system within California. One such example can be seen in nurse leaders during the California Action Coalition's recent participation in proceedings of the state's health workforce planning council. This contribution provided critical changes to the language submitted to the governor's office for final approval. Many of the recommendations initially mentioned creating nurse residencies and clinical rotations for underserved and rural populations, yet these nurse

leaders ensured that settings providing care for older adults, such as assisted living facilities, long-term care settings, and adult day-care centers, were included in these recommendations.

IOM Message 4: Improve Workforce Data Collection and Analysis

By Janet H. Van Cleave

The pressing issue of the aging of the U.S. population influences nursing workforce health policy regardless of a lack of requisite research to inform initiatives aimed at achieving quality. State health policy-makers, faced with strained budgets from increasing Medicaid expenditures, are implementing initiatives to prevent high-cost care incurred by vulnerable populations. For example, California policy-makers are planning to launch a demonstration project to promote capitated managed care plans for residents enrolled in both Medicare and Medicaid, a population consisting of the most sick and vulnerable (Meyer, 2012). These initiatives, however, are undergoing implementation without a clear understanding of the nursing care required by frail older adults (Gold, Jacobson, & Garfield, 2012). To provide this understanding, BAGNC Alumni conducted exploratory work as part of Dr. Mary Naylor's large, observational study "Health Related Quality of Life: Elders in Long Term Care (R01AG025524)" (Zubritsky et al., 2012). BAGNC Alumni examined exploratory nursing workforce data at managed Medicaid home-and community-based services. Researchers worked with agency personnel to systematically collect, combine,and analyze data regarding the quantity and type of nursing care. For example, the researchers identified patients who transitioned across health care settings and found that patients experiencing transitions received a significantly greater number of care coordination visits than those not experiencing transitions (Van Cleave et al., 2010). Barriers to examining these data included differing electronic health records and documentation methods across multiple programs. The preliminary findings from the exploratory work support the feasibility of collecting and analyzing workforce data at home-and community-based services sites to help inform nursing workforce policy initiatives.

Conclusion

By Melissa O'Connor and Amy Vogelsmeier

For more than a decade, the John A. Hartford Foundation, in partnership with the American Academy of Nursing, has funded the BAGNC program to expand academic geriatric nursing capacity and cultivate better-prepared and highly skilled gerontological health care practitioners and faculty. This article highlights important BAGNC Alumni activities to eliminate barriers for nurses to practice to the full level of their education and training, improve geriatric nursing education, lead public policy transformation, and explore methods to improve workforce data collection and analysis. Despite our many successes, much work lies ahead. To sustain and advance their work, BAGNC Alumni are currently forming strategic plans to achieve their mission of

advancing geriatric nursing education, research, and practice through building interdisciplinary collaborations, disseminating their scholarly work, promoting leadership opportunities, and developing policy initiatives.

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