

Nursing Counts

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Nursing Counts, highlighting data that illustrates the value of nursing, appears in *AJN* as a periodic column and is provided by the John A. Hartford Foundation Institute for Geriatric Nursing, the Division of Nursing, the Steinhardt School of Education, New York University, New York City, www.hartfordign.org.

FOCUS ON:

Professional Responsibility

Providing high-quality care for more than 1.4 million older adults in the nation's 16,000-plus nursing homes is the responsibility of RNs in both the nursing home and hospital setting. It's estimated that the population of older Americans will double by 2030, growing from 31 million to 62 million among people ages 65 to 84 and from 4.3 million to 9.6 million for those ages 85 and older. Currently about 4% of people

age 65 and over and 18% of people age 85 and over reside in nursing homes. By 2020, when it's predicted that 46% of those who reach age 65 will spend some time in a nursing home, geriatric competence will become a professional necessity. Just as cultural competence cuts across all nursing practice, so does geriatric competence. As older adults will constitute the majority of patients cared for by all nurses, this issue of

Nursing Counts addresses the readiness of the RN workforce to care for frail older adults. —*Mathy Mezey, EdD, RN, FAAN*

Sources: American Health Care Association. 2004. http://www.ahca.org/research/statestatsrpt_2003040226_final.pdf; U.S. Census Bureau. 2004. <http://www.census.gov/ipc/www/usinterimproj/natprojtab02a.pdf>; U.S. Department of Health and Human Services. 1999. ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Datasets/nrhs/nrhs99/table1nhntemp.xls; Spillman B, Lubitz J. *Medical Care* 2002; 40(10):965-75.

NPs in Nursing Homes: An Issue of Quality

Nurse practitioners (NPs) are RNs who've received additional training, especially in diagnosis and treatment. Current educational standards for NPs require graduation from a master's degree program. Functioning as primary care providers, NPs have expanded into areas vacated by physicians in their quest for higher paying specialties. An excellent example of one such area is nursing home care. Geriatrics, once thought of as a specialty area, has developed into a major area of focus for NPs because of the growing number of older adults in need of primary care service. While the total numbers working in nursing homes aren't known, estimates show that fewer than 2% of NPs work in long-term care facilities; we also know that much of geriatric nurse practitioner (GNP) care is given by adult nurse practitioners (ANPs) and family nurse practitioners (FNPs).

Typically, NPs are employed by physicians or physician practices; NPs are less commonly employed by nursing homes or by HMOs to oversee the primary care needs of nursing homes residents. A few GNP programs have expanded their curricula to include the care of nursing home patients, providing training opportunities in primary care, institutional care, and hospice care of older residents. Since 1999 NPs have been able to apply for their own Medicare

provider identification numbers and bill for services provided to nursing home residents, which has enabled them to establish independent practices and contract with physicians to provide collaborative care. This has led the way for other insurance companies to pay directly for nursing services.

In a literature search of Medline and CINAHL databases, looking at studies conducted in the United States between 1966 and 2004, I found 20 studies that examined the benefit of NPs providing care in nursing homes. The studies indicate that the NP role is different from that of physician—beyond acting as the physician's substitute, NPs also participate in staff development and quality initiatives within their facilities. All of the studies demonstrated that NPs were cost-effective and that their clinical outcomes were equivalent to physicians'. The studies also showed that when compared with physicians, NPs spent more time in the facility with patients, had higher reported levels of family satisfaction, and had patients with fewer hospital admissions and ED visits.

RNs should seek to refer patients to practices and facilities that employ NPs. Since many NPs working in nursing homes are not prepared as GNPs, it's essential to include geriatric training in ANP and FNP programs. Research on NPs in the nursing home environment would help to validate NPs. —*Debra Priest, MSN, FNP*

Editor's note: For more information on this metaanalysis, please contact Debra Priest: debrap@gerimedcare.com.

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Sources: Kane RL, et al. *Gerontologist* 2004;44(1):95-103; Rosenfeld P, et al. *J Am Med Dir Assoc* 2004;5(1):9-15; Spratley E, et al. 2000. <http://bhpr.hrsa.gov/healthworkforce/reports/rnsurvey/rnss1.htm#14>.

Nursing Expertise in Caring for Older Adults

Gerontologic competence of RNs.

RNs in nursing homes are 48% associate-, 25% diploma-, and 22% bachelor of science in nursing-prepared. Most have no preparation in geriatric nursing. Gerontologic certification is tangible evidence of competence for both the facility and the individual RN. According to the American Nurses Credentialing Center (ANCC), approximately 14,000 RNs are currently certified in gerontologic nursing. This represents less than 1% of all RNs.

The ANCC now offers its gerontologic nursing certification examination in a computer-based format, available seven days a week in more than 200 sites nationwide (www.nursecredentialing.org/certification/cert/certs/specialty.html). This change is part of Nurse Competence in Aging (NCA), an initiative of the ANA, the ANCC, and the John A. Hartford Foundation Institute for Geriatric Nursing at New York University, to incorporate a geriatric presence and

enhance competence in aging in more than 50 specialty nursing associations, with membership of more than 400,000 nurses (www.geronurseonline.org).

Information on the care of frail older adults, as well as a free online course to help nurses prepare for ANCC gerontologic certification, is available at www.hartfordign.org.

Gerontologic competence of advance practice nurses. Advance practice nurses (APNs) have been shown to significantly improve the care of older adults in nursing homes. Yet according to a spokesperson at the ANCC, only approximately 3,400 APNs have gerontologic certification, representing less than 6% of all APNs. Only a few APN programs specialize in geriatrics, and other nurse practitioner (NP) and clinical nurse specialist (CNS) programs lack standards for geriatric content. In 2004 the American Association of Colleges of Nursing (AACN) addressed the standardization issue by publishing

competencies for NP and CNS programs in gerontologic nursing (www.aacn.nche.edu/Education/Hartford/OlderAdultCare.htm).

Necessary competence in nursing care of older adults is consistent with the recommendations of an expert panel convened by the Hartford Institute and the Coalition for Geriatric Nursing Organizations. Recognizing the AACN competencies, the panel called for educational programs preparing family and adult NPs and CNSs to require gerontologic content.—*Sarah Greene Burger, RN-C, MPH, FAAN*

Editor's note: For copies of the panel's report, please contact Malvina Kluger: hartford.ign@nyu.edu.

Sources: American Nurses Credentialing Center. 2003. <http://www.nursingworld.org/anc/certification/cert/certfaqs.html>; Kane RL, et al. *J Am Geriatr Soc* 2003;51(10):1427-34; Spratley E, et al. 2000. <http://bhpr.hrsa.gov/healthworkforce/reports/rnsurvey/rnss1.htm#14>; Berlin L, et al. 2002-2003 enrollment and graduations in baccalaureate and graduate programs in nursing. Washington, DC: American Association of Colleges of Nursing. 2003.

FAST FACTS

- ▼ According to a study conducted in 2003, of nurse practitioners (NPs) working in long-term care facilities, 60% were employed by primary care physician practices, 38% by other organizations or companies, and 19% by the facility. (Total exceeds 100% because some NPs had more than one source of employment.)
- ▼ Fewer than 2% of the nation's NPs were employed in long-term care in 2000.
- ▼ In 2000, of adults ages 65 and over, nearly 2.7 million received some nursing home care, 800,000 received services in an assisted-living setting, and almost 1 million received home care services.

Sources: Rosenfeld P, et al. *J Am Med Dir Assoc* 2004;5(1):9-15; Spratley E, et al. 2000. <http://bhpr.hrsa.gov/healthworkforce/reports/rnsurvey/rnss1.htm#14>; Centers for Medicare and Medicaid Services. 2003. <http://www.cms.hhs.gov/medicaid/survey-cert/datacomp.asp>.

Research Brief

Physicians and NPs in Nursing Homes

A comparison of two models of nursing home care.

In a retrospective chart-review study looking at data from 203 residents in eight nursing homes in Texas, researchers compared two models of care for nursing home residents: nurse practitioner (NP) and physician team care versus physician-only care. All of the facilities already had both models of care in place. The researchers found that the NP and physician teams made significantly more acute care visits than the physician-only group and that within the teams, the NP made most of those visits (more than twice as many visits as physicians). Additionally, team care resulted in significantly more eye, ear, nose, throat, and dermatologic treatments during acute care visits.

The authors concluded that NP-and-physician teams can provide additional access to care without additional cost; they may even reduce costs because team care saves the physicians time. NPs act as additional providers and as resources for consultation and education. Patient care is improved when nursing home staffs have access to NPs.—*Malvina Kluger*

Source: Aigner MJ, et al. *J Am Med Dir Assoc* 2004;5(1):16-23. ▼