

Nursing Counts, highlighting data that illustrate the value of nursing, appears in the *American Journal of Nursing* as a periodic column and is provided by the Hartford Institute for Geriatric Nursing, the Division of Nursing, New York University, New York City.

Acute Care Nurse Practitioners

Standard in ambulatory care, they're also useful in hospitals.

Since the advent of the nurse practitioner (NP) in the 1960s, there's been substantial evidence of NPs' effectiveness, particularly in primary care settings. Until recently, the NP has been typically associated with ambulatory and community-based practices.

But NPs have also become attractive to acute care facilities. Managed care has put increasing pressure on hospitals to provide cost-effective, high-quality care, and intense pressure to reduce house staff has forced teaching hospitals to seek practitioners who can perform services heretofore performed by residents and interns. In addition, increasing acuity among the inpatient population—partially the result of the increasing average age of hospitalized patients—combined with the need to reduce lengths of stay, suggests a need to reconsider the delivery of care in acute care settings. The NP is helping hospitals meet these clinical and financial challenges.

Acute care nurse practitioners (ACNPs) are found in most specialty areas, including neonatal intensive care, acute care of the elderly, cardiothoracic intensive care, medical rehabilitation, and internal medicine. Different

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Distribution of Major Components of Health Care Expenditures Among Medicare Beneficiaries Age 65 and Older, 1996

Age Group	65-69	70-74	75-79	80-84	85 and older
Average Expenditure	\$5,864	\$6,744	\$9,414	\$11,258	\$16,465
Inpatient Hospital (%)	34.3	33.3	31.4	25.8	19.3
Medical and Outpatient (%)	38.5	37.8	32.0	26.9	16.9
Nursing Home Care (%)	6.5	8.6	15.2	26.5	46.1
Skilled Nursing Facility or Home Health Care (%)	5.4	7.1	11.6	13.1	13.3
Prescription Drugs (%)	10.7	9.0	6.9	5.4	2.8
Other (%)	4.6	4.2	2.8	2.3	1.6
Total (%) *	100.0	100.0	99.9	100.0	100.0

*All percentages were rounded. Total percentages may be less than 100% due to rounding errors.
 Note: Data include both out-of-pocket expenditures and expenditures covered by insurance.
 "Other" expenditures consist of dental and hospice expenses.
 Reference population: These data refer to Medicare beneficiaries.
 Source: Medicare Current Beneficiary Survey, Federal Interagency Forum on Aging-Related Statistics.
Older Americans 2000: key indicators of well-being. Washington (DC): Sauls Lithograph; 2000.
www.agingstats.gov/chartbook2000/default.htm

FAST FACTS

- ▼ Average length of stay in hospitals for patients aged 65 and older was 6.3 days, and for patients under age 65 it was 4.6 days, in 2000.
- ▼ In 1999, 86.8% of newly licensed nurses were employed in hospitals, as compared with 58% in 1996.
- ▼ Of those RNs who were employed in nursing in 2000, 59.1% (1.3 million) worked in hospitals.
- ▼ The injury rate among hospital workers in 1999 was the fourth highest among all service industries.

Sources: www.hcfa.gov/stats/indicatr/tables/tables.pdf; Hertz, JE, et al. *Linking the NCLEX-RN national licensure examination to practice: 1999 practice analysis of newly licensed registered nurses in the U.S.* Chicago: National Council of State Boards of Nursing, 2000; Bureau of Health Professionals. Division of Nursing. *The registered nurse population. National Sample Survey of Registered Nurses - March 2000: Preliminary findings.* Rockville (MD): Department of Health and Human Services; 2001 Feb., [ftp://158.72.84.9/ftp/bhpr/nursing/sampsurvpre.pdf](http://158.72.84.9/ftp/bhpr/nursing/sampsurvpre.pdf); Bureau of Labor Statistics. Department of Labor. *Safety and health statistics. Table 1: incidence rates of nonfatal occupational injuries and illnesses by selected industries and case types, 1999.* www.bls.gov/news.release/osh.t01.htm

models of care, such as unit-based and service-based NP practices, are emerging as ACNPs gain entry into highly specialized clinical areas.

Both acute care and primary care NPs spend the bulk of their time in direct patient care that includes examination and assessment of patients and development of treatment plans. But a recent study showed that, on average, ACNPs spend more hours performing those tasks than do their primary care counterparts. In addition, ACNPs spend significantly more time in consultation with physicians and RNs, while primary care NPs are more

involved in writing prescriptions and ordering laboratory tests.

These distinct practice patterns reflect the characteristics of the settings and the acuity of the patient populations served in those facilities. In acute care, NPs care for a larger number of older adults than do primary care NPs. The complex needs of those patients may necessitate more frequent NP consultation with physicians than do those of younger patients. —*Peri Rosenfeld, PhD*

Source: Rosenfeld P and McEvoy ME, 2000 (unpublished). For a copy of the study, contact the authors at hartford.ign@nyu.edu., or (212) 998-5355.

RESEARCH BRIEF

CALIFORNIA'S MINIMUM NURSE STAFFING LEGISLATION

What to expect.

In a recent study, researcher Joanne Spetz analyzed data on the cost of implementing mandatory RN-to-patient staffing levels in hospitals. As concerns about the quality of care in hospitals and long-term-care facilities grow, one thing being considered is the establishment of minimum staffing levels for RNs and LVNs. In 1999, California became the first state to pass such legislation pertaining to hospitals. As a result, the California Department of Health Services is drafting regulations that will stipulate minimum nurse-to-patient ratios, to become effective January 1, 2002.

Using hospital data collected by the California Office of Statewide Health Planning and Development, Spetz found that hospital expenditures for RNs might increase 30.7%, 18.5%, or 4.6%, based on the staffing proposals of the Service Employees International Union (SEIU), the California Nurses Association (CNA), and the California Healthcare Association (CHA), respectively. Not surprisingly, the CHA's proposal produces the lowest expenditure increase, while the SEIU's proposal results in the highest one. In addition, large and medium-sized hospitals are likely to experience the greatest increases in RN expenditures because of the new minimum staffing requirements.

According to Spetz, after minimum staffing is implemented in California, researchers will need to examine the extent to which hospitals actually change RN staffing, the cost of the changes, and their effects on the quality of care.—*Laureen A. Otto, MS, RN*

Source: Spetz J. What should we expect from California's minimum nurse staffing legislation? *J Nurs Adm* 2001;31(3):132-40. ▼

The Geriatric Resource Nurse

A model of caring for older patients.

The geriatric resource nurse (GRN) provides a model of practice based on the premise that the primary nurse at the bedside is best able to discern the needs of the patient and the practice approaches most appropriate to those needs. This model has been accepted and adopted by many hospitals across the country; it's cost-effective and builds on the strengths of the existing staff. In any given hospital, 47% of patients are older than 65. Knowledge and skills related to geriatric care are essential to best practice on these units.

The GRN-based model requires a staff nurse knowledgeable in geriatrics who will serve as a resource for peers on the unit as they address common geriatric issues, including sleep problems, problems with eating and feeding, incontinence, confusion, evidence of falls, and skin breakdown (SPICES). Best practice

protocols for these geriatric problems will help the staff and the interdisciplinary team identify appropriate evidence-based interventions and will lead to continuity of care on the unit and throughout the institution.

To develop their roles and work effectively, GRNs require the support of an advanced practice geriatric nurse who can provide resources from the literature, lead monthly journal clubs, provide in-service education on selected geriatric topics, and serve as a mentor. With these supportive factors in place, the GRN can readily respond to the day-to-day issues and clinical questions that arise in the care of older patients. —*Terry Fulmer, PhD, RN, FAAN*

Sources: Fulmer TT. The geriatric nurse specialist role: a new model. *Nurs Manage* 1991;22(3), 91-3; www.hcfa.gov/stats/indicatr/tables/tables.pdf.