

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 John A. Hartford Foundation Institute for Geriatric Nursing, the Division of Nursing, New York University, New York City, www.hartfordnig.org.

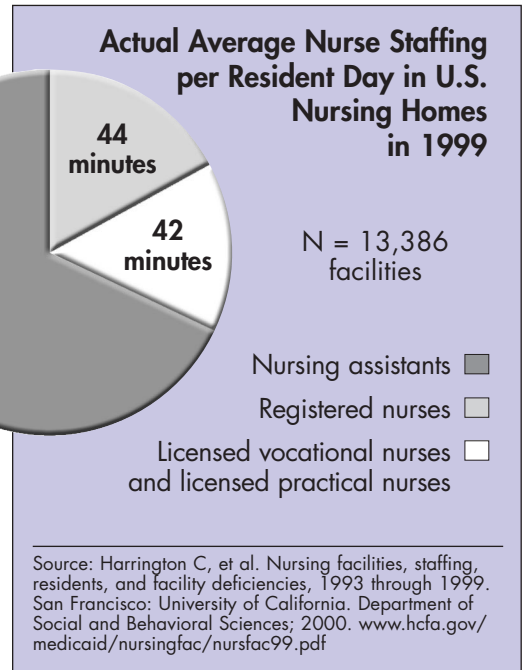
Strengthening the Caregiving Workforce

Improving the quality of long-term care.

Although nursing homes have improved in some respects in the past decade (as in reductions in the inappropriate use of physical and chemical restraints), serious concerns about the quality of care persist, according to the 2001 report by the Committee on Improving the Quality of Long-Term Care from the Institute of Medicine (IOM). Pain, pressure ulcers, malnutrition, dehydration, incontinence, and unnecessary hospitalization have been cited in recent studies of nursing home residents.

One of the committee's key findings was that the quality of long-term care depends largely on the quality of the labor-intensive services provided by the caregiving workforce. Nurse staffing levels vary widely among facilities; while many nursing homes provide high quality care, staffing levels in other locations are insufficient for providing basic services. Moreover, current federal standards for nursing home staffing were found to be inadequate. Research shows that high nurse-to-resident ratios are associated with improved outcomes. Based on those findings, the committee reaffirmed the IOM's 1996 recommendation that the Centers for Medicare and Medicaid Services (CMS), formerly known as the Health

Care Financing Administration, require RNs to be present in nursing homes 24 hours a day. The committee further recommends that the CMS develop minimum nurse staffing levels for direct care (in both number and skill mix), in accordance with the case mix of residents. Other factors that affect the quality of care—staff education and training, supervision, leadership, and management—are unsatisfactory in some nursing homes. Inadequate wages and benefits, high employee turnover rates, and low staff morale also contribute to poor quality of care. The IOM committee recommends that federal and state governments undertake measures, affecting all long-term care workers in all settings, "to improve work environments including competi-



tive wages, career development opportunities, work rules, job design, and supervision that will attract and retain a capable,

FAST FACTS

- ▼ In 1998, of the more than 1 million caregivers practicing in nursing and personal care facilities, 64.5% were nursing assistants, 18.6% were LPNs, 14.2% were RNs, and 2.8% were physical therapists or social workers.
- ▼ In contrast, in the same year, of 518,640 home health agency caregivers, 62.9% were nursing assistants, 24.9% were RNs, 7.9% were LPNs, and 4.2% were physical therapists or social workers.
- ▼ And of 251,875 employees of residential care facilities (or board and care, and assisted living facilities), 70.5% were nursing assistants, 15.4% were social workers, 7.4% were LPNs, only 6.5% were RNs, and 0.2% were physical therapists.
- ▼ In 1999, people working in nursing and personal care facilities had the highest injury rate among workers in any service industry.

Source: Wunderlich GS, Kohler PO, editors. *Improving the quality of long-term care*. Washington (DC): National Academy Press; 2001. Bureau of Labor Statistics. Incidence rates of nonfatal occupational injuries and illnesses by industry and selected case types, 1999-2000. <http://stats.bls.gov/special.requests/ocwc/oshwc/osh/os/ostb0880.pdf>.

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committed work force.” To prevent the employment of workers who’ve been convicted of any crime involving abuse, neglect, or exploitation, the committee proposes federal legislation requiring the “timely performance of criminal background checks before hiring for all personnel in all long-term care settings.”

Substantial improvements in the quality of care are not possible without augmenting the financial resources of the providers, especially in regard to Medicaid reimbursement rates. The committee recommends that Congress and state Medicaid agencies adjust their Medicaid nursing home reimbursement formulas to accommodate the increases in required nursing time. The report can be found at www.nap.edu/catalog/9611.html.

—Charlene Harrington

Source: Wunderlich GS, Kohler PO, editors. *Improving the quality of long-term care*. Washington (DC): National Academy Press; 2001.

RESEARCH BRIEF

Gerontologic Advanced Practice Nurses

A new role for APNs in improving nursing home outcomes.

Geriatric nurse practitioners (gerontologic clinical nurse specialists) in nursing homes have generally augmented the physician’s role in providing care. In a quasi-experimental study, Ryden and colleagues tested the effectiveness of these advanced practice nurses (APNs) in a new role. At two study facilities, gerontologic APNs were assigned newly admitted nursing home residents to whom they provided care, using standard, evidence-based clinical protocols for treating urinary incontinence, pressure ulcers, depression, and aggressive behavior.

The APNs used two approaches. First, they assisted the nursing home staff by providing inservice education, working one-to-one with nursing assistants who were responsible for residents’ care, and participating in unit conferences and wound care rounds. Second, they provided direct care to residents, meeting with each one 15 to 30 minutes a week to offer emotional support and guidance in managing the transition to the nursing home.

The findings of the six-month intervention in two nursing homes were compared with usual treatment in a third nursing home. Residents receiving APN treatment ($n = 86$) showed either greater improvement or lesser decline in three of the four protocols—incontinence, pressure ulcers, and aggressive behavior—when compared with the control group ($n = 111$).

Cognitively intact residents in the treatment group did not significantly improve with respect to depression, compared with those receiving usual care. However, cognitively impaired residents in the treatment group experienced significantly less deterioration in affect than did residents in the control group.

The study concluded that additional studies are needed to validate the findings and to determine the appropriate amount of time for APN care to be provided in the intervention.

—Charlene Harrington

Source: Ryden MB, et al. Value-added outcomes: the use of advanced practice nurses in long-term care facilities. *Gerontologist* 2000;40(6):654-62.

Nursing Counts—Making Your Point

Express it numerically.

How do you advocate your point of view on a nursing issue? Express it numerically. If your position is that we need more geriatric nurse practitioners, you could back it up with the fact that only 300 new geriatric nurse practitioners graduate each year in the United States, hardly enough to take care of our growing population of older adults. Make numbers speak for you.

You could let people know how important RNs are to health care by informing them that 2.2 million

RNs are employed in nursing in the United States and that 1.3 million of them work in hospitals.

“Nursing Counts” appears in *AJN* three times a year; our goal is to help readers make their points about RNs numerically. We include “fast facts” for you to relate to coworkers, government staff, families, and the public. Our “research brief” reviews findings from well-designed and well-implemented peer-reviewed research that can be used to substantiate points of view. For those who prefer a visual presentation as

a frame of reference, we include a graphic depiction. Finally, we present one or two brief pieces, either on the methodology of counting nurses and their jobs, or on new data regarding the nursing workforce. The briefs might include highlights of data soon to be published or present existing data in a new way.

Let us know which point of view you want to advocate and we’ll try to provide data to help you do it.

—Christine Tassone Kovner and Charlene Harrington ▼